Delaying knee flexion after unicompartmental knee replacement leads to improved outcomes: Changes to a physiotherapy pathway.

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Aim
✓ Reduce the length of stay for all unicompartmental knee replacements (UKRs)
✓ Reduce post-operative pain and speed up mobilisation
✓ Introduce a new pathway, delaying knee flexion

Methods
• Assume all UKRs are day surgery
• Physiotherapists extending their working day
• Mobilise WBAT as soon as able
• Keep knee straight for 5 days
• Remove dressings and begin knee flexion at day 5 clinic

Results
✓ Flexion at 6 weeks:
  • Mean FFD was 2.5° (range 0-20)
  • Mean flexion 110° (range 30-140)
✓ Savings in 18 months:
  • 937 bed days
  • £281,100

Key Factors
• Delayed knee flexion
• Physiotherapists working late shifts
• Consistent team message
• Patient education
• The changes were the result of marginal improvements in all areas of the pathway, rather than any one major change