



Poster Presented at:

DOI: 10.3232/ajph.2016.100.10.1616

Orthopedic issues
Piet de129--PP-M
9T0ZHM

Definition

MJP is defined as any combination of Total Hip (THA), Total Knee arthroplasty (TKA) and ankle arthrodesis (AA) during one hospital admission (one session or staged).

Introduction

Elderly PWH commonly suffer haemophilic arthropathy (HA) in four or five joints. Pain in the lower extremities interferes with essential functions such as standing and walking. Elective orthopaedic surgery should be considered in cases where conservative treatment is no longer effective and participation is at stake.

In 2011, we analysed the post-operative clinical rehabilitation of 53 PWH undergoing MJP, revealing 11 subgroups based on different combinations of surgery (Haemophilia, 2011; 17: 971-78). A start was made for a core set in order to recommend specific tools for long-term follow-up of this population.

In these case studies the McMaster Toronto Arthritis Patient Preference Questionnaire (MACTAR) is compared pre- and post-operatively in order to detect if personal goals are obtained, but also how personalised instruments like the MACTAR could contribute to long-term follow-up.

Aim

The present case series aims to provide insight into individual post-operative changes as a result of MJP, with emphasis on self-reported activities. A second aim is to complete our measurement tool set in order to perform a long term follow-up of this particular group (published in Haemophilia, 2014;20(2):276-81).

Rank	Pre-operative	Post-operative
1	Getting up (ground)	Same energy
2	Riding a bicycle	Home trainer
3	ICT job (sit/stand/walk)	No regular job (volunteer)
4	Walking the stairs	Less energy
5	Walking distance	Less energy

Table 1 MACTAR Top 5 - case 1

Rank	Pre-operative	Post-operative
1	Walking distance	Able to walk in the woods
2	Riding a bicycle	Less energy
3	Walking the stairs	Less energy

Table 2 MACTAR – Top 3 - case 2

Rank	Pre-operative	Post-operative
1	Walking distance	Less energy
2	Standing	Less energy
3	Upholstering (furniture)	Less energy
4	Wood cutting	Same energy
5	Walking stairs	Less energy

Table 3 MACTAR top 5 – case 3

Conclusion

We were able to complete our measurement set for long term follow-up with four performance based tests, resulting in a complete set of measurement tools, covering all ICF levels:

- *Body level*
 - ROM (active)
 - VAS
 - per joint
 - nocturnal
 - overall pain
- *Activity level*
- *Performance – based activities**
 - HAL
 - 50MWT
 - TUG
 - Figure 8
 - preferred speed
 - maximum speed
- *Self-reported activities**
 - MACTAR
- *Participation level*
 - SF36
 - EQ-5D

Discussion

These case studies contribute to the discussion about measuring persons with haemophilia, and the difficulties arising on this path. Recent studies focus on instruments used in haemophilia care and research, and are categorised according to the International Classification of Functioning.

In haemophilia care and research there has been a tradition to focus on the level of body functions and structure. Results of interventions like orthopaedic surgery are most often a reduction of pain. Instruments like the MACTAR measure this merely in an indirect way, namely by questioning the level of energy of an activity mentioned by persons with haemophilia themselves. In our opinion instruments as the MACTAR not only shift focus from body to activity level, but also show the importance of dividing the activity level into self-reported and performance based instrument, which is not in accordance with the ICF*.