

Five Things Physicians and Patients Should Question

1

Avoid performing routine post-operative deep vein thrombosis ultrasonography screening in patients who undergo elective hip or knee arthroplasty.

Since ultrasound is not effective at diagnosing unsuspected deep vein thrombosis (DVT) and appropriate alternative screening tests do not exist, if there is no change in the patient's clinical status, routine post-operative screening for DVT after hip or knee arthroplasty does not change outcomes or clinical management.

2

Don't use needle lavage to treat patients with symptomatic osteoarthritis of the knee for long-term relief.

The use of needle lavage in patients with symptomatic osteoarthritis of the knee does not lead to measurable improvements in pain, function, 50-foot walking time, stiffness, tenderness or swelling.

3

Don't use glucosamine and chondroitin to treat patients with symptomatic osteoarthritis of the knee.

Both glucosamine and chondroitin sulfate do not provide relief for patients with symptomatic osteoarthritis of the knee.

4

Don't use lateral wedge insoles to treat patients with symptomatic medial compartment osteoarthritis of the knee.

In patients with symptomatic osteoarthritis of the knee, the use of lateral wedge or neutral insoles does not improve pain or functional outcomes. Comparisons between lateral and neutral heel wedges were investigated, as were comparisons between lateral wedged insoles and lateral wedged insoles with subtalar strapping. The systematic review concludes that there is only limited evidence for the effectiveness of lateral heel wedges and related orthoses. In addition, the possibility exists that those who do not use them may experience fewer symptoms from osteoarthritis of the knee.

5

Don't use post-operative splinting of the wrist after carpal tunnel release for long-term relief.

Routine post-operative splinting of the wrist after the carpal tunnel release procedure showed no long-term difference in range of motion, grip or lateral pinch strength. In addition, the research showed no difference in wound complication rates.

How This List Was Created

The American Academy of Orthopaedic Surgeons (AAOS) routinely develops evidence-based clinical practice guidelines as valuable tools to advance the physician-patient communications process and enhance the diagnosis and treatment of musculoskeletal conditions. AAOS physician volunteer work groups develop evidence-based clinical practice guidelines to serve as an educational tool based on an assessment of the current scientific and clinical information and accepted approaches to treatment. The most recent approved clinical practice guidelines have been published in the *Journal of Bone and Joint Surgery*. AAOS staff, led by the medical director, conducted a review of the approved clinical practice guidelines previously developed by the work groups and selected a variety of topics frequently used in orthopaedic surgical practice. After input from the orthopaedic specialty society leaders and approval from the AAOS Presidential Leadership and Board of Directors, the final five topics were selected for this campaign. The AAOS disclosure and conflict of interest policy can be found at www.aaos.org.

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The American Academy of Orthopaedic Surgeons (AAOS) is proud to be a partner in the *Choosing Wisely*® campaign. As the premier provider of education for orthopaedic surgeons and allied health professionals, the Academy champions the interests of patients and advances the highest quality of bone and joint health. The more than 37,000 orthopaedic surgeon members aim to increase people's quality of life by improving mobility, reducing pain and returning patients to their jobs and hobbies.

The AAOS has been a leader in developing quality improvement and safety programs—from the "Sign Your Site" campaign aimed at eliminating wrong-site surgery to the introduction of evidence-based clinical practice guidelines and appropriate use criteria to enhance the diagnosis and treatment of musculoskeletal conditions. By partnering in the *Choosing Wisely* campaign, the AAOS hopes to facilitate dialogue between patients and physicians about appropriately using diagnostic and therapeutic interventions and avoiding those that are unnecessary.

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