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.

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.

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.

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.

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.
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 approaches to treatment. The most recent approved clinical practice guidelines have been published in the patient communications process and enhance the diagnosis and treatment of musculoskeletal conditions. AAOS physician volunteer work groups develop How This List Was Created


