



# Optimal Care for Orthopedics

Evidence driven~Better outcomes~Lower cost

## REFERRAL RECOMMENDATIONS

- ✓ Orthopedic referral typically equals MRI - Early referrals increase imaging utilization/costs and incidental findings can lead to unnecessary surgery.
- ✓ In the absence of acute injury requiring immediate attention, a trial of **conservative therapy** is indicated prior to orthopedic referral.
- ✓ In the absence of **red flag signs** and symptoms, spine referral should be sent to physiatry or pain management prior to consideration of a surgical opinion.

**CONSERVATIVE THERAPY:** Weight loss, home exercise program, NSAID's, time, cortisone injections when appropriate, physical therapy in person or virtual.

**RED FLAGS:** Sensory level on the trunk/saddle anesthesia, acute onset of bilateral sciatica, bowel/bladder incontinence/retention, acute foot drop, fever.

## SHARED DECISION-MAKING

- ✓ "The Pinnacle of Patient-Centered Care"<sup>1</sup>
  - ◆ 15 to 30 percent of patients decline surgery.
  - ◆ Better postoperative outcomes.
  - ◆ Improved patient satisfaction and liability.



## TREATMENT RECOMMENDATIONS

- ✓ Opioids, TCA's, benzodiazepines, and muscle relaxants are not indicated for musculoskeletal pain including osteoarthritis of the spine.<sup>2</sup>
- ✓ Knee arthroscopic meniscectomy is not indicated in the presence of knee osteoarthritis.
- ✓ Rarely use viscosupplementation.
- ✓ Routine spine imaging is not indicated at any age in the absence of red flag signs.
- ✓ ESI's have very limited short-term benefit and only in the setting of radicular pain, and no benefit in the absence of radicular pain.
- ✓ Shoulder impingement syndrome and chronic rotator cuff tears require surgical opinion only after maximal attempt at rehabilitation. Long term success of chronic rotator cuff surgery is only about 50 percent.

## ORTHOPEDIC MANAGEMENT OF KNEE AND ACUTE/CHRONIC SPINE

- ✓ Two thirds of young adults did not require ACL repair for disruption. Instability is the major indication.<sup>3</sup>
- ✓ Three sham controlled studies have shown that there is no benefit to vertebroplasty or kyphoplasty.<sup>4</sup>
- ✓ 87% of disc herniations improve in three months.<sup>5</sup>
- ✓ Microdiscectomy is an option and may be effective for persistent radicular symptoms after four months of conservative therapy.

1. NEJM, 366, 780-781. doi:10.1056/NEJMp1109283

2. *Jama*. 2017;318(1):68. doi:10.1001/jama.2017.7918.

3. NEJM, 363, 331-342. doi:10.1056/NEJMoa0907797

4. *New England Journal of Medicine*. 2020;382(12):1093-1102. doi:10.1056/nejmoa1912658.

5. *BMJ Open*. 2016;6(12). doi:10.1136/bmjopen-2016-012938.