VHA PROSTHETIC CLINICAL MANAGEMENT PROGRAM (PCMP)
CLINICAL PRACTICE RECOMMENDATIONS
FOR IMPLANTATION OF
PRIMARY TOTAL HIP AND KNEE JOINT REPLACEMENT

I. BACKGROUND

VHA's Prosthetic and Sensory Aids Service Strategic Healthcare Group was directed by the Under Secretary for Health to establish a Prosthetic Clinical Management Program (PCMP). The objectives are to coordinate the development of clinical practice recommendations for prosthetic prescription practices and contracting opportunities to assure technology uniformity and ease of access to prosthetic prescriptions and patient care that will lead to valid outcome measures and analysis for research purposes.

A work group with input from selected VA field orthopedic surgeons convened to recommend clinical practice recommendations regarding primary total hip and knee joint replacements, as well as hemiarthroplasties of the hip.

II. POLICY

The purpose of the clinical practice recommendations is to assist orthopedists in clinical decision-making, to standardize and improve the quality of patient care, and to promote uniform prosthetic device prescribing.

III. CLINICAL PRACTICE RECOMMENDATIONS

A. *Indications* for primary total hip and knee joint replacements are indicated and might be summarized in general terms as follows:

1. If a patient has enough pain or disability to decrease quality of life associated with radiographic evidence of disease and has undergone unsuccessful conservative management, such patients are justified for primary joint replacements.

2. The most common conditions are degenerative joint disease/osteoarthritis, rheumatoid arthritis including juvenile and other inflammatory arthritides, osteonecrosis or trauma. Contraindications are generalized infection, generalized neurological and vascular conditions, active infection in the affected joint, certain abnormal mental conditions, and certain co-morbidities. Commonly Total Joint Replacements are done

on patients between ages 60 and 75 years with exceptions based on the needs of patients. Failures might be expected in ten to fifteen years.

3. In order to consider technological advancements, the design criteria for such implants are inclusive in nature and should include:

- For Total Hip Replacement (arthroplasty): acetabular cup, acetabular liner, acetabular screws, femoral stem, femoral head, stem centralizer and any other necessary items as required.

- For Total Knee Replacement: cemented or hybrids, posterior-cruciate-ligament sparing and substituting components, femoral component, femoral augments, patellar component, tibial component, tibial augments, tibial plastic inserts and screws and any other accessory items as required for primary Total Knee.

- For Hip Hemiarthroplasty: femoral stem, modular neck, modular head, and possibly a bi-polar design. Specifically, this design is used for intracapsular and occasional extracapsular fractures of the hip in the elderly.

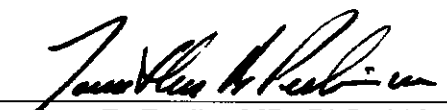
B. These Clinical Practice Recommendations are subject to change in accordance with technological and surgical advances.

IV. REFERENCES

NIH Consensus Statement, Total Hip Replacement. Vol. 12, Number 5, Sept 12-14, 1994.

NIH Consensus Final Statement, Total Knee Replacement. Feb 17, 2004.

APPROVED / DISAPPROVED:



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