

## Follow-up after arthroplasty of the hip and knee are we over-servicing or under-caring?

T. M. Lovelock, N. S. Broughton

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### **Follow-up after arthroplasty of the hip and knee: are we over-servicing or under-caring?**

[Lindsay K. Smith](#), NIHR Clinical Lecturer/Advanced Physiotherapy Practitioner University of the West of England

Sir,

We are delighted to see the international interest in follow-up after arthroplasty of the hip and knee, and agree with the authors' views on the current state and future direction of this care pathway.

Our own interest, and concern at the widespread disinvestment without an evidence base to support the changes, has informed our current research projects which are funded by the National Institute for Health Research in England.<sup>1,2</sup> They include a Health Services and Delivery Research programme of work with an observational study in over 30 orthopaedic centres across the country. Completion of all of the four streams of work in this programme is anticipated in 2019. The research has the support of the major British specialist orthopaedic societies in view of its importance to the questions rightly raised by Lovelock and Broughton: are we over-servicing or under-caring?

L. Smith, NIHR Clinical Lecturer/Advanced Physiotherapy,  
University of the West of England

M. Stone,

On behalf of the UK SAFE research team.

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Lindsay K. Smith

#### **Authors' reply:**

- [Thomas M Lovelock](#), Resident Medical Officer Peninsula Health
- Other Contributors: Nigel S Broughton, Orthopaedic Surgeon

*Sir,*

Thank you for the opportunity to respond to the letter from our colleagues in Bristol and Leeds about our Specialty Update article on follow-up after arthroplasty of the hip and knee.

We are pleased with their interest and acknowledge the significant contribution they have already made in this important area. As they imply, it is important that we have good data on which to base future guidelines, and we recognise the substantial resources allocated to their projects. Although data from Australia and the UK have been presented at major meetings,<sup>1,2</sup> there is little published and it is important that this deficiency is rectified.

All countries have limited healthcare resources; it is important we use these wisely so that we do not overburden our patients or our resources but can still maintain safe care for all. We look forward to publication of the data that SAFE will provide, so that we can target our follow-up to those patients who would most benefit.

T. M. Lovelock, Resident Medical Officer,  
N. S. Broughton, Orthopaedic Surgeon,  
Peninsula Health,  
Victoria, Australia.

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