

Nieuwe inzichten in de fracturrevalidatie

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Inhoud

- Fractuurrevalidatie “therapy as usual”
- Kritische beschouwing “therapy as usual”
- Nieuwe inzichten en overwegingen

Afbakening

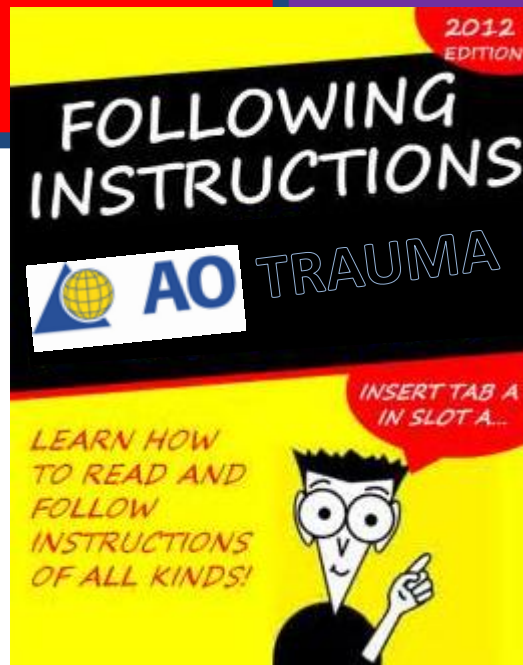
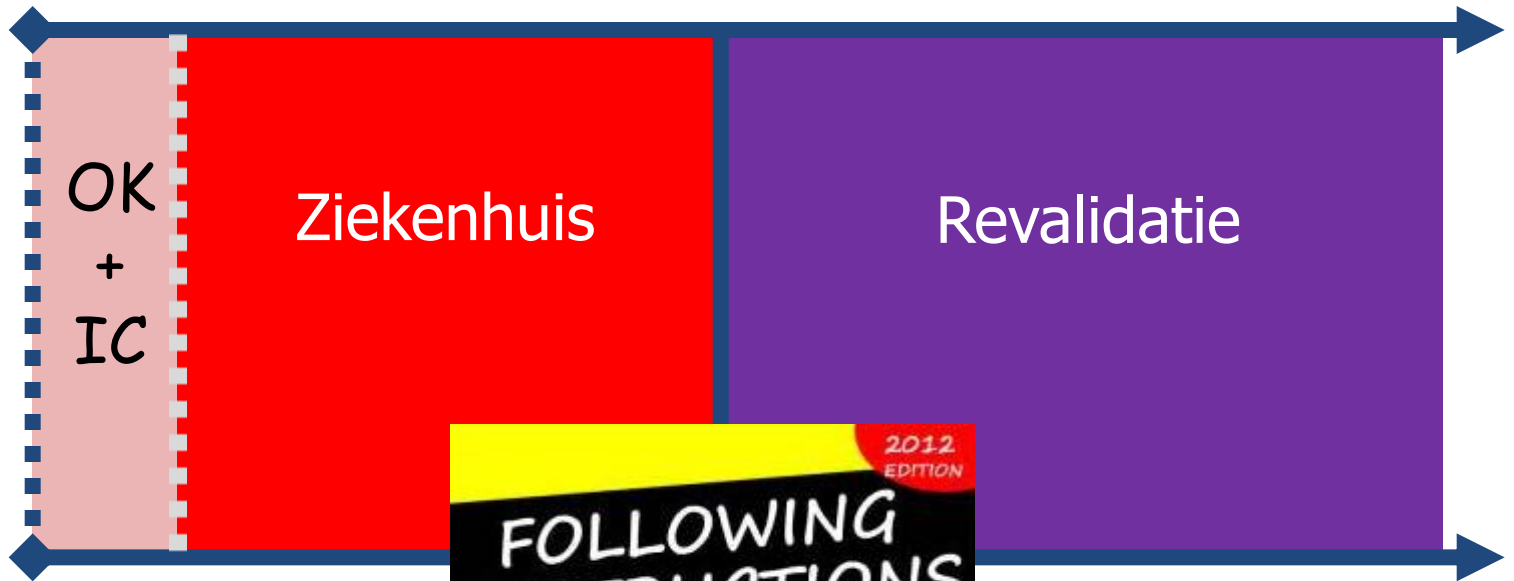


Inhoud

- Fractuurrevalidatie “therapy as usual”
- Kritische beschouwing “therapy as usual” part I
- Nieuwe inzichten en overwegingen

Trauma

time

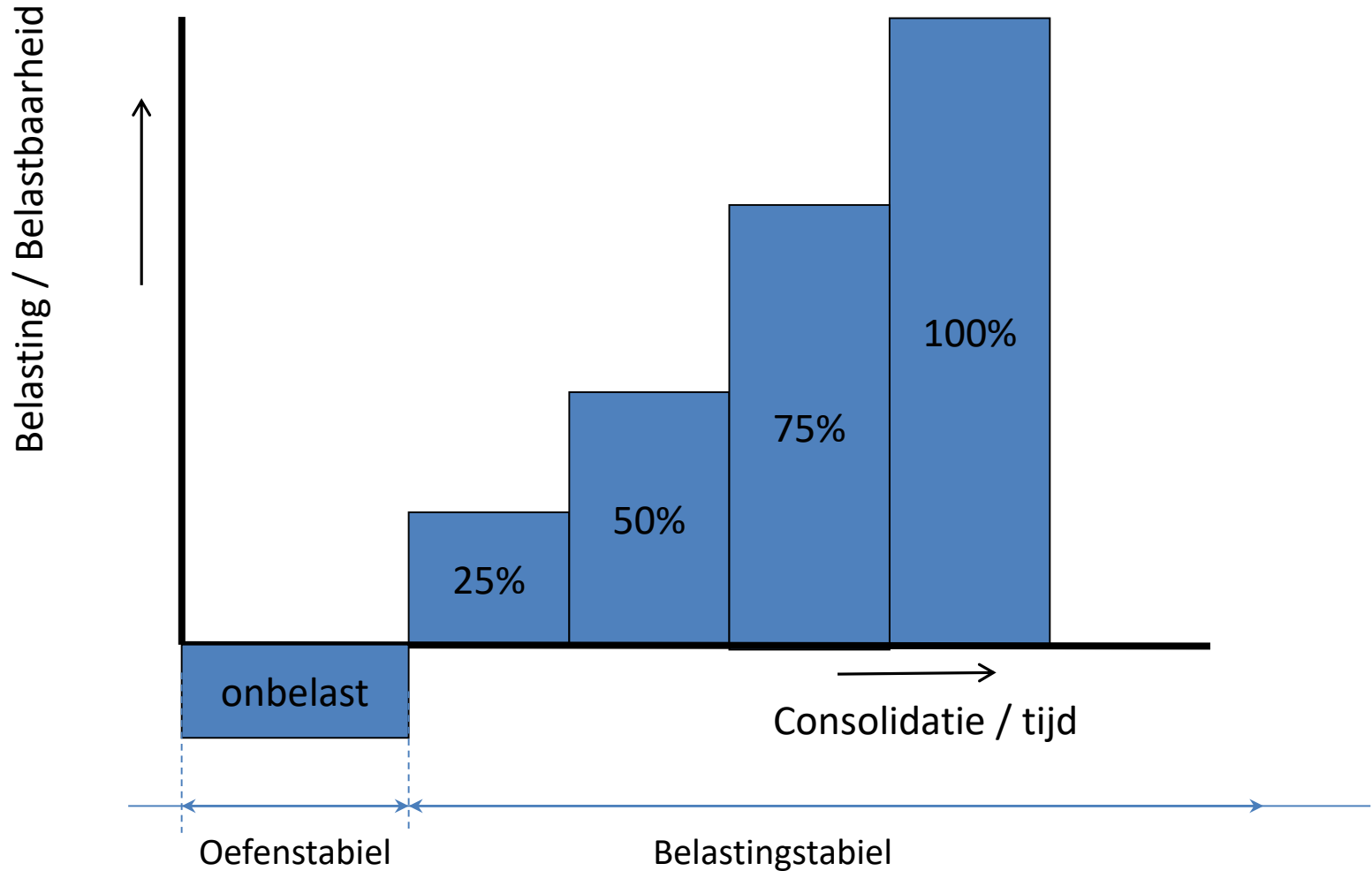


EVIDENCE ?

Specialist bepaalt het beleid voor nabehandeling (revalidatie)

- Oefenstabiel
- Belastingstabiel
- Onbelast mobiliseren
- Aantippend belasten
- 10% / 25% / 50 % belast mobiliseren

Opbouw van belasting



Hulpmiddelen en technologieën

- Hydrotherapie
- Therapeutische feedback (functioneel / advisereren)
 - Observatie
 - Palpatie
- Apparatieve feedback (functioneel / advisereren)
 - Weegschalen
 - Krachtenplatform
 - Druksensor

Evidence

- De therapietrouw t.a.v. de opgelegde restricties is pover (onbedoeld).
- Het is moeilijk om de adviezen op te volgen, meestal wordt de grens overschreden.
- Weegschaal = te statisch, moeilijk om de transfer naar functioneel te maken.
- Palpatie / observatie therapeut = onbetrouwbaar.
- Hydrotherapie: minder of meer gewrichtsbelasting?

Inhoud

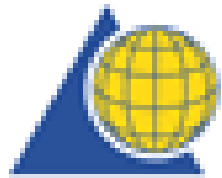
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Traumafoto's mevr. G

Traumafoto's dhr. C

Richtlijnen voor chirurgen



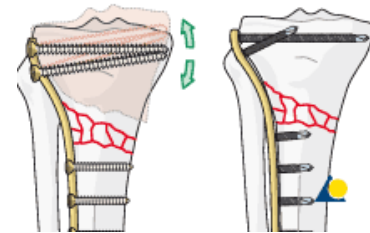
AO Foundation

www.aofoundation.org → education
→ AO surgery reference

Let's ask the surgeon

Tibia-plateau Fracture

- AO-guideline: 10-12 weeks non weight- bearing¹



- Goal of questionnaire: criteria postoperative treatment in the Netherlands?

¹ Ruedi et al AO principle of fracture management 2nd edition NY Thieme 2008.

Method

- Set up of the digital questionnaire:
 - 111 responders:
 - 50 trauma surgeons
 - 61 orthopaedic surgeons

Picture courtesy of Marc vd Vusse



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Evidence?

- Geen revalidatieprotocollen in de literatuur.
- Eén studie over nabehandelingsadviezen:

NCBI Resources How To

PubMed.gov
US National Library of Medicine
National Institutes of Health

PubMed

[Create RSS](#) [Create alert](#) [Advanced](#)

Format: Abstract

[Send to](#)

[J Am Acad Orthop Surg](#). 2013 Dec;21(12):727-38. doi: 10.5435/JAAOS-21-12-727.

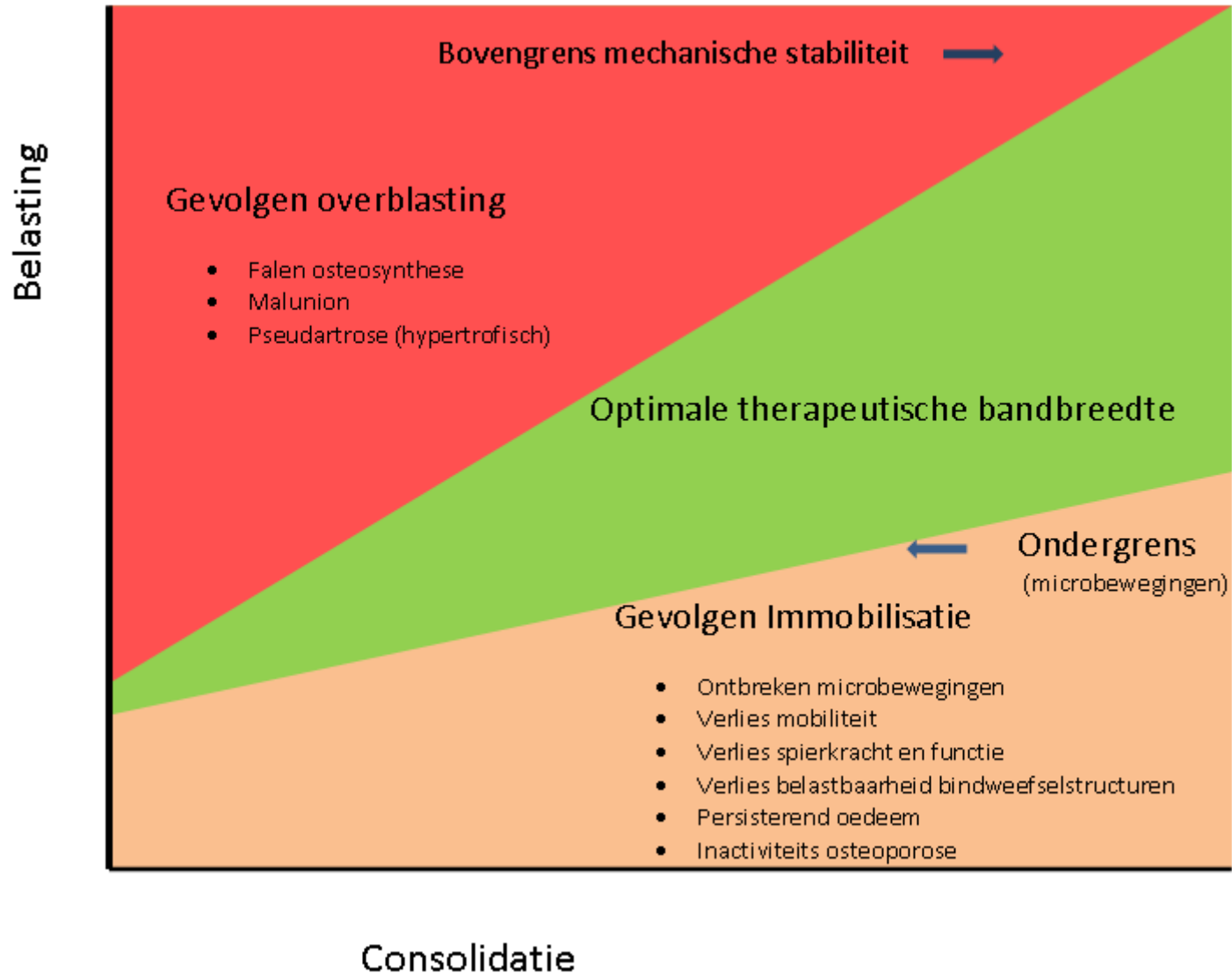
Early weight bearing after lower extremity fractures in adults.

[Kubiak EN](#), [Beebe MJ](#), [North K](#), [Hitchcock R](#), [Potter MQ](#).

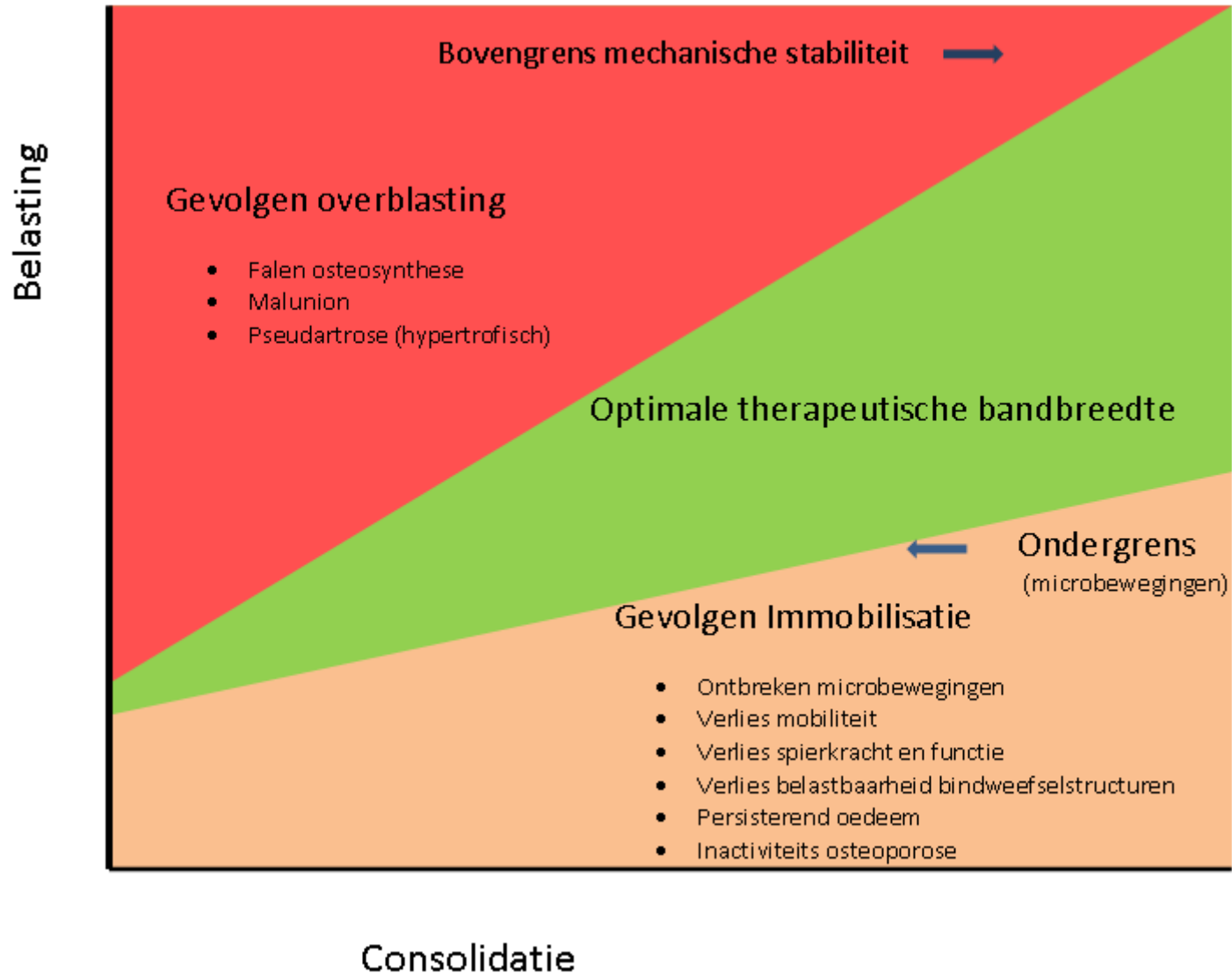
Abstract

Weight-bearing protocols should optimize fracture healing while avoiding fracture displacement or implant failure. Biomechanical and animal studies indicate that early loading is beneficial, but high-quality clinical studies comparing weight-bearing protocols after lower extremity fractures are not universally available. For certain fracture patterns, well-designed trials suggest that patients with normal protective sensation can safely bear weight sooner than most protocols permit. Several randomized, controlled trials of surgically treated ankle fractures have shown no difference in outcomes between immediate and delayed (≥ 6 weeks) weight bearing. Retrospective series have reported low complication rates with immediate weight bearing following intramedullary nailing of femoral shaft fractures and following surgical management of femoral neck and intertrochanteric femur fractures in elderly patients. For other fracture patterns, particularly periarticular fractures, the evidence in favor of early weight bearing is less compelling. Most surgeons recommend a period of protected weight bearing for patients with calcaneal, tibial plafond, tibial plateau, and acetabular fractures. Further studies are warranted to better define optimal postoperative weight-bearing protocols.

PWB

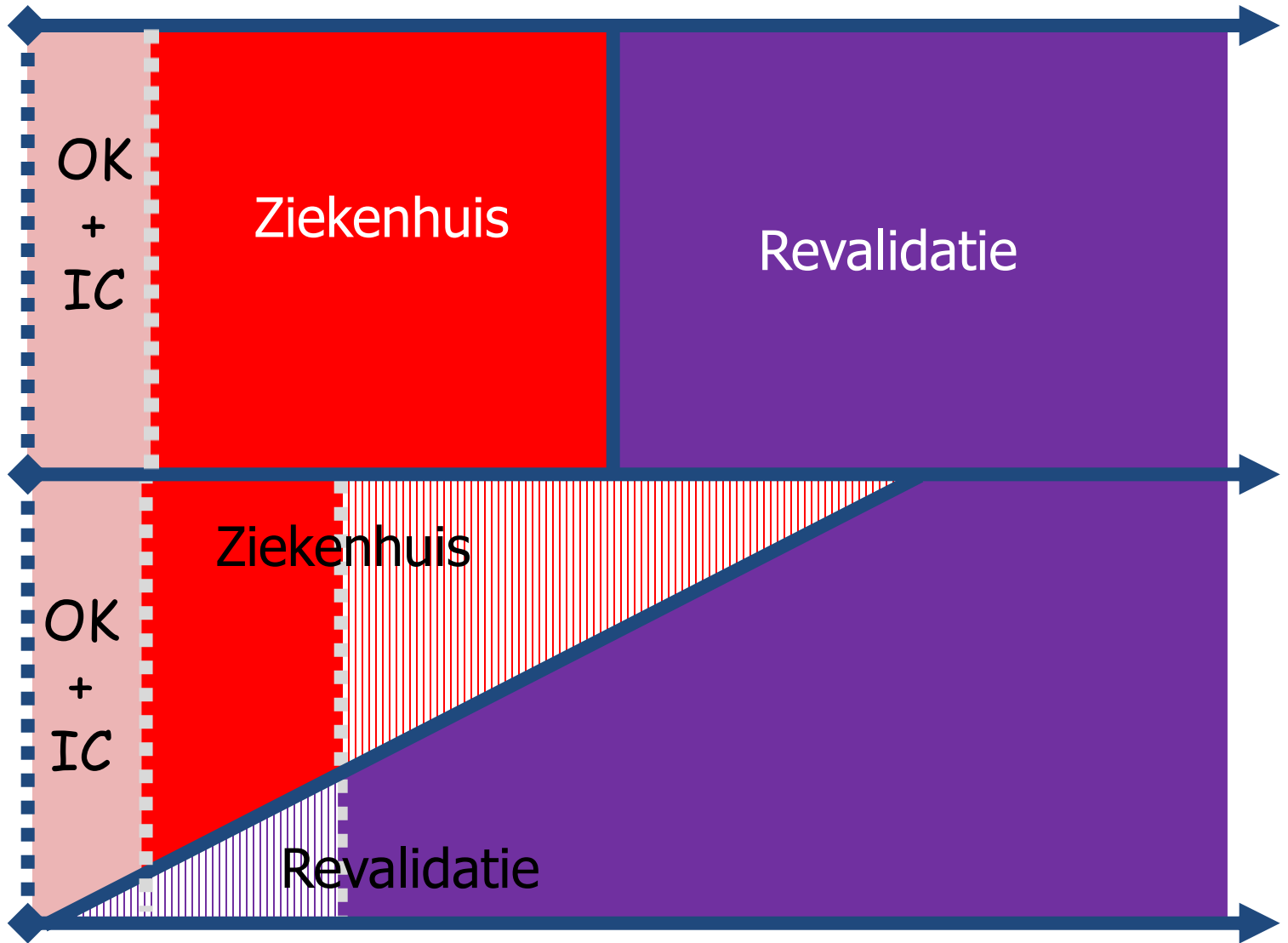


PWB



Trauma

time



Permissive Weight Bearing

- Hulpvraag op participatieniveau als uitgangspunt
- “Lezen” fractuur en daarop beleid afstemmen
- Kennis van belasting van activiteiten
- Hydrotherapie
- Weegschalen
- Normaalgang benaderen

Hoe is de revalidatie van mevrouw G
en mijnheer C volgens deze inzichten
verlopen?

Complicaties?

- Adelante
- N=77
- 52% full weight bearing < 12 weken
- Nonunion 1 (1,5%)
- Sec. dislocatie 0
- Literatuur
- Nonunion 0-5%
- Sec. Dislocatie 1-8,5 %

Resultaat?

- Permissive weight bearing leidt niet tot meer complicaties dan restrictive weight bearing
- Cave:
Permissive weight bearing
 \neq
Belasten op geleide van de pijn
- Vervolgonderzoek (korte- en langetermijneffecten) loopt nog.

Conclusie

Eerst hoofdbreken

Dan fractuur
behandeling

