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Self-management programmer after recovery from total knee arthroplasty: A randomized control trial

Jung Hua Shao
Chang Gung University, Taiwan

Background: Osteoarthritis (OA) of the knee is a major cause of mobility impairment. The prevalence of OA is expected to increase dramatically with aging, contributing to a growing demand for total knee arthroplasty (TKA). According to statistics results, there are more patients that are returning home during a more acute phase of recovery; thus there is a demand of home care interventions for patients still recovering from the TKA. The effectiveness of self-management (SM) programs is evident for people to deal with chronic conditions.

Aim: The aim of the study is to examine the effects of SM intervention for people with TKA, over a 12 months follow-up.

Methods: A randomized controlled trial was applied to examine the SM intervention. Total 139 patients undergoing TKA in the hospital were randomly assigned to two groups. In order to examine the effects of SM intervention, health-related outcomes were collected on 12 months following hospital discharge.

Results: This study shows that there were significant differences ($p < .05$) for both groups, including knee function measurement, self-efficacy for coping with arthritis, symptoms of pain and the frequency of the self-management behaviors. However, there were no significant differences ($p > .05$) for both groups, including quality of life and depressive symptoms.

Conclusion: The study suggests that the SM programmer could improve self-care capability and daily self-management behaviors for patients after TKA. This trend has been facilitated by learning how to self-manage their behaviors of the physical rehabilitation and symptoms. The study provides nursing staff to implement policy and offer health education with references.

shaomjcn@yahoo.com.tw

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