Choosing Wisely Canada

In partnership with the Canadian Medical Association

Canadian Orthopaedic Association

Five Things Physicians and Patients Should Question

1 Avoid performing routine post-operative deep vein thrombosis ultrasonography screening in patients who undergo elective hip or knee arthroplasty.

Since ultrasound is not effective at diagnosing unsuspected deep vein thrombosis (DVT) and appropriate alternative screening tests do not exist, if there is no change in the patient's clinical status, routine post-operative screening for DVT after hip or knee arthroplasty does not change outcomes or clinical management.

2 Don't use needle lavage to treat patients with symptomatic osteoarthritis of the knee for long-term relief.

The use of needle lavage in patients with symptomatic osteoarthritis of the knee does not lead to measurable improvements in pain, function, 50-foot walking time, stiffness, tenderness or swelling.

3 Don't use glucosamine and chondroitin to treat patients with symptomatic osteoarthritis of the knee.

Both glucosamine and chondroitin sulfate do not provide relief for patients with symptomatic osteoarthritis of the knee.

4 Don't use lateral wedge insoles to treat patients with symptomatic medial compartment osteoarthritis of the knee.

In patients with symptomatic osteoarthritis of the knee, the use of lateral wedge or neutral insoles does not improve pain or functional outcomes. Comparisons between lateral and neutral heel wedges were investigated, as were comparisons between lateral wedged insoles and lateral wedged insoles with subtalar strapping. The systematic review concludes that there is only limited evidence for the effectiveness of lateral heel wedges and related orthoses. In addition, the possibility exists that those who do not use them may experience fewer symptoms from osteoarthritis of the knee.

5 Don't use post-operative splinting of the wrist after carpal tunnel release for long-term relief.

Routine post-operative splinting of the wrist after the carpal tunnel release procedure showed no benefit in grip or lateral pinch strength or bowstringing. In addition, the research showed no effect in complication rates, subjective outcomes or patient satisfaction. Clinicians may wish to provide protection for the wrist in a working environment or for temporary protection. However, objective criteria for their appropriate use do not exist. Clinicians should be aware of the detrimental effects including adhesion formation, stiffness and prevention of nerve and tendon movement.

How the list was created

The Canadian Orthopaedic Association (COA) established its *Choosing Wisely Canada* Top 5 recommendations by asking its National Standards Committee to review the evidence base associated with the five treatments and procedures chosen by the American Academy of Orthopaedic Surgeons for the Choosing Wisely® campaign in the United States. Satisfied that the list was relevant to the Canadian clinical context, the Committee recommended its adoption to the COA's Executive Committee, and the motion was then unanimously approved by the Board of Directors. Therefore, all five items were adopted with permission from the *Five Things Physicians and Patients Should Question*. © 2013 American Academy of Orthopaedic Surgeons

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About *Choosing Wisely Canada*

Choosing Wisely Canada is a campaign to help physicians and patients engage in conversations about unnecessary tests, treatments and procedures, and to help physicians and patients make smart and effective choices to ensure high-quality care.

For more information on *Choosing Wisely Canada* or to see other lists of Five Things Physicians and Patients Should Question, visit www.choosingwiselycanada.org. Join the conversation on Twitter @ChooseWiselyCA.

About The Canadian Orthopaedic Association

The Canadian Orthopaedic Association (COA) is a proud partner of the *Choosing Wisely Canada* campaign. With some 1,300 members, the COA is the national professional association that represents Canada's orthopaedic surgeons. Its mandate is to promote excellence in bone and joint care through continuing professional development, models of care, practice-management strategies, government relations and a code of ethics. The COA has met annually since 1945, providing a venue for Canada's orthopaedic surgeons to update and refine their skills, as well as discuss and respond to professional and patient issues. Faced with increasing subspecialization, the COA has avoided fragmentation by forming subspecialty societies within the parent organization. Thus, the COA continues to speak with a united voice on behalf of the orthopaedic community in Canada.