CHAPTER 6

CONCLUSION

The results of this study indicate that a mobility programme on its own has the same functional outcome as a mobility programme plus this bed exercise program, on patients following primary total hip arthroplasty, during the initial hospitalisation phase. There appears to be no significant differences in any of the outcome measures of functional ability, resting pain level and active range of operated hip motion.

It is the recommendation of the author that since bed exercises appear to not add any further benefit to patients post primary THA during the acute hospitalisation phase, that a mobility programme alone should be the standard approach used with this subgroup of patients. The researcher would like to emphasise that this recommendation cannot be extrapolated to THA patient’s who have prolonged bed rest periods postoperatively or to other types of patients who are immobilise in bed for their specific conditions. This recommendation would need to be confirmed in long term follow-up studies to ensue no long term detrimental effects of a rehabilitation approach of a mobility programme only.