ISRCTN83876843 https://doi.org/10.1186/ISRCTN83876843

Rehabilitation after hip resurfacing arthroplasty (RHA)

Submission date
23/04/2010

Recruitment status
No longer recruiting

Registration date
23/04/2010

Overall study status
Completed

Last Edited
22/07/2013

Condition category
Musculoskeletal Diseases

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[X] Results
[ ] Individual participant data

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

Contact name
Dr Karen Barker

Contact details
Windmill Road
Oxford
United Kingdom
OX3 7LD

Additional identifiers

Protocol serial number
4985

Study information

Scientific Title
Evaluation of a specific physiotherapy programme following resurfacing arthroplasty - is it more effective at improving function and muscle strength than standard rehabilitation?

Acronym
Rehab after RHA

Study objectives
To evaluate the effectiveness of a post-operative physiotherapy programme specifically designed to the needs of patients with hip resurfacing arthroplasty (RHA) compared to standard protocols based upon total hip arthroplasty (THA) rehabilitation guidelines.

Hypothesis:
A specific rehabilitation programme following hip resurfacing arthroplasty (RHA) will improve functional outcome assessed at one year post surgery.

Design:
Single blind prospective randomised clinical trial.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Oxfordshire Research Ethics Committee (REC) B approved in August 2006 with an amendment in April 2008 (ref: PB-PG-0407-13216)

Primary study design
Interventional

Study design
Randomised interventional treatment trial

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Topic: Musculoskeletal; Subtopic: Musculoskeletal (all Subtopics); Disease: Musculoskeletal

Interventions
A specific rehabilitation programme focussing on range of hip flexion, hip extension strength and single stance higher-demand activities. The content of the rehabilitation programme has been developed following appraisal of the existing literature, focus groups with arthroplasty practitioners and by involvement of a group of patients/service users.

Data will be analysed on an intention to treat basis.

Follow up length: 12 months

Intervention Type
Other

Phase
Not Applicable

Primary outcome(s)
Oxford Hip Score at 6 and 12 months

Key secondary outcome(s)

Mesaured at 6 weeks, 4 months, 12 months:
1. Timed sit-to-stand
2. Timed Single leg stand
3. Maximal isometric torque strength for flexion

Completion date
31/12/2009

Eligibility

Key inclusion criteria
All patients (either sex, no age limit) who are listed to receive a hip resurfacing arthroplasty will be eligible to take part in the study.

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Not Specified

Sex
All

Key exclusion criteria
1. Undergoing bilateral arthroplasty
2. Minimally invasive surgery
3. Further lower limb joint surgery is planned within the next twelve months
4. Unable to provide informed consent

Date of first enrolment
01/09/2008

Date of final enrolment
31/12/2009

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Windmill Road
Oxford

United Kingdom
OX3 7LD

Sponsor information

Organisation
Nuffield Orthopaedic Centre NHS Trust (UK)

ROR
https://ror.org/0036ate90

Funder(s)

Funder type
Government

Funder Name
National Institute for Health Research (NIHR) (UK)

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?

Results article	results	01/09/2013	Yes	No