

DINKS, SWINGERS AND MULTIS

Return to sport following TKA, UKA, THA

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DISCLOURES

- I have no actual or potential conflict of interest in relation to this program/presentation.

OBJECTIVES

- Discuss how these patients are different
- Specific surgical techniques with THA/TKA
- Restrictions following TJA?
- Discuss sport-specific considerations
- Counseling about reasonable expectations

HOW ARE THESE PATIENTS DIFFERENT

Growing demand for return to activity

Luckily these patients are *generally healthy* and from an overall standpoint do great.

Patient expectations: high

We have to balance evidence based practice with realistic patient expectations post operatively.

Sometimes their pre-op disability score is...low.

Sometimes these two are incongruous.



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NEE



HOW ARE THESE PATIENTS DIFFERENT

	THA Only	TKA Only	Both THA/TKA	
Variables	(N = 788)	(N = 1,175)	(N = 403)	P-value
Participation in sports/physical activities around the following times				
5 y before TJA	684 (86.8%)	958 (81.5%)	329 (81.6%)	.006
1 y before TJA	545 (69.2%)	723 (61.5%)	247 (61.3%)	.001

Participation in Sports and Physical Activities After Total Joint
arthroplasty

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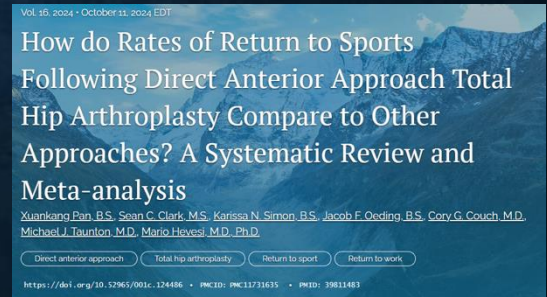
Characteristic	THA	TKA	UKA
Mean Age (yrs)	~65	~66–68	~60–62
Mean BMI (kg/m ²)	28–31	30–32	26–29
% Active in Sports Pre-Op	≈73%	≈72% (≈50% in some registries)	≈80–90%
% Inactive (No Sport)	≈27%	≈28–50%	<20%
Common Sports	Walking, cycling, swimming, golf	Walking, cycling, swimming, golf	Tennis, skiing, running, golf, cycling

PRE-OPERATIVE SPORTS PROFILE IN JOINT ARTHROPLASTY

- Takeaway: Most patients are still active before surgery, but their activities are usually low-impact (walking, cycling, swimming, golf).
- High-impact sports (running, singles tennis, skiing) are uncommon, except in younger/lower BMI subgroups (more common in UKA).

ANY SPECIFIC CONSIDERATIONS WITH REGARDS TO APPROACH IN THA?

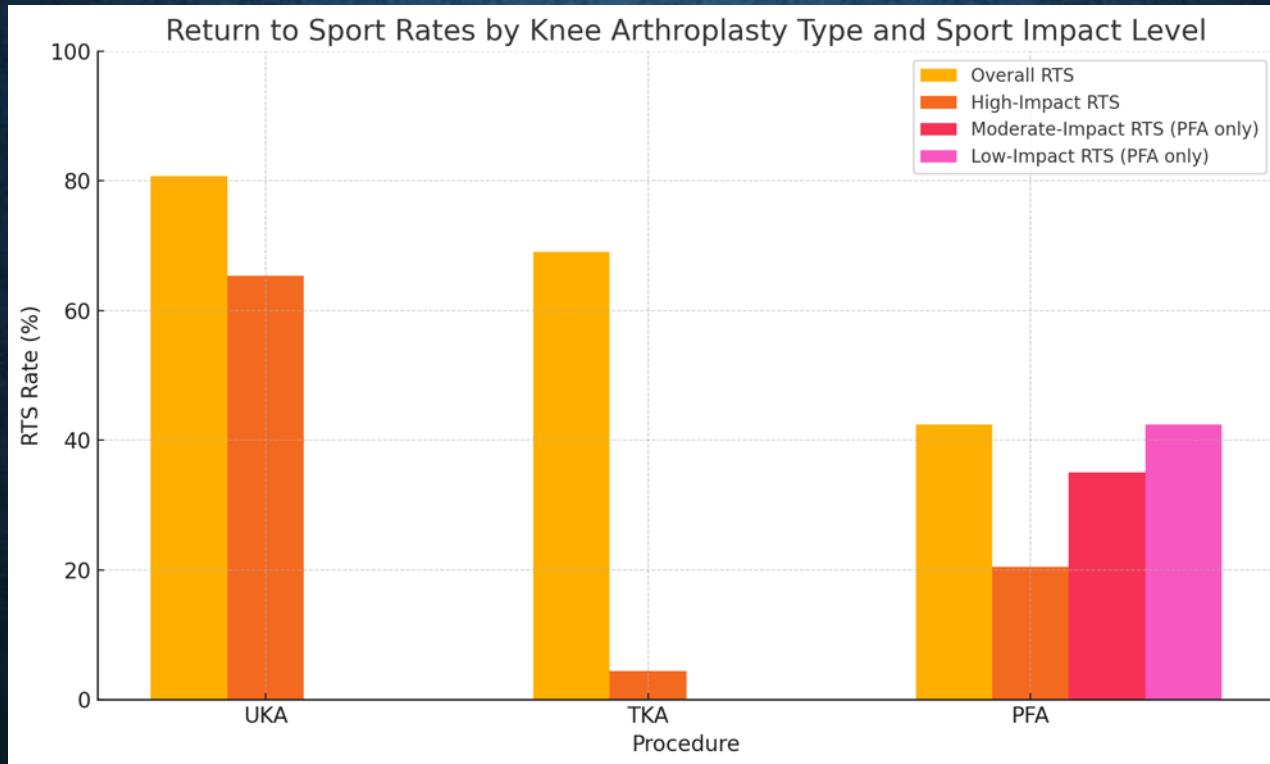
- 5 studies looked at RTS studies specific to DAA, and found rates similar to pooled data without regards to specific approach.



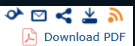
ANY SPECIFIC CONSIDERATIONS WITH REGARDS TO APPROACH IN TKA?

- Subvastus
 - Some studies show quicker return to quad function, but no specific increased return to sport numbers
- Robotics
 - Theoretical benefit, not borne out in studies
- UKA/PFA
 - Reasonable data with higher RTS rates
- PS/CR
 - Similar rates of return to sport
- Cemented vs Cementless
 - Possible benefit with cementless although survivorship bias not yet proven

UKA VS TKA



J Knee Surg
DOI: 10.1055/a-2684-8148

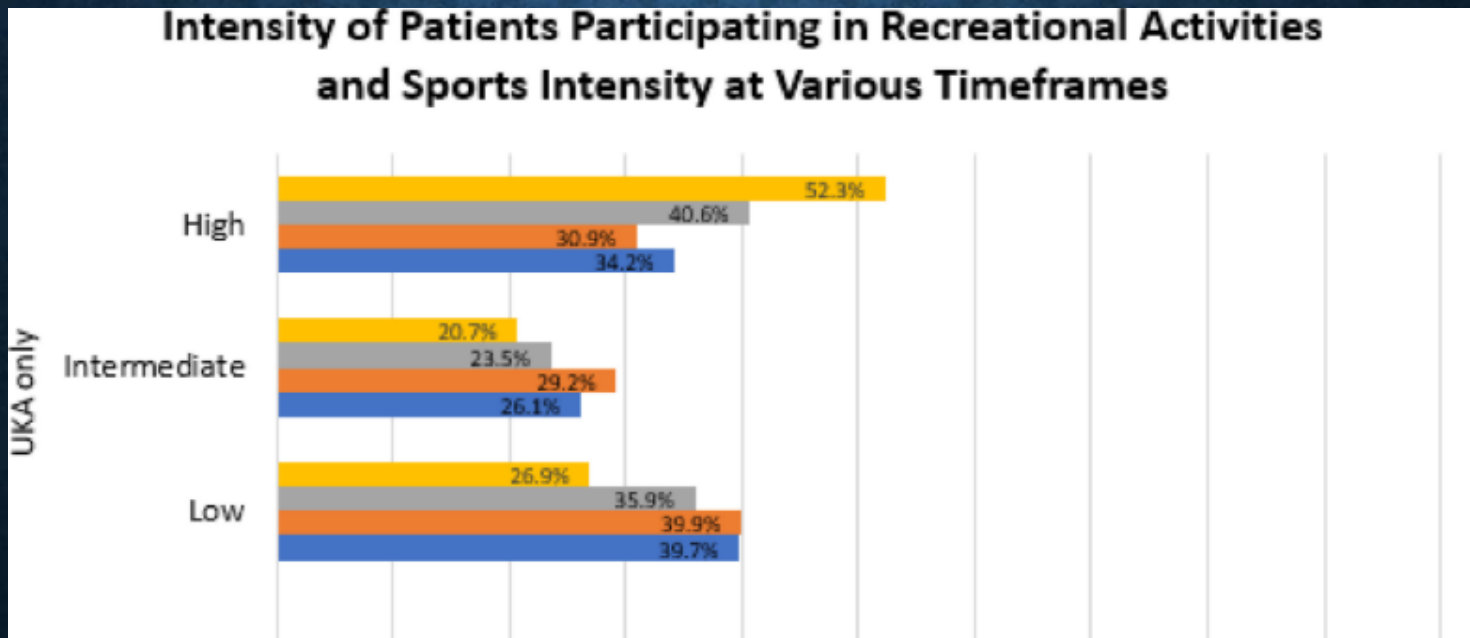


Original Article

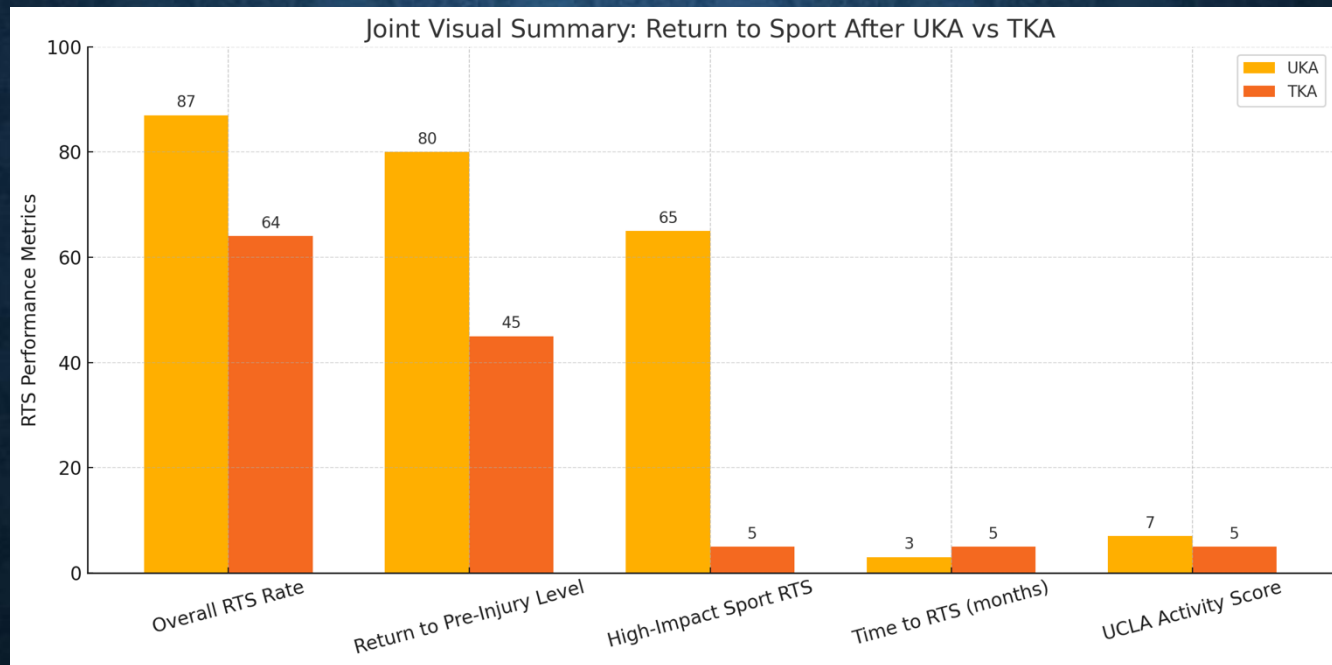
A Greater Rate of Return to High-Impact Sports Favoring Unicompartamental Knee Arthroplasty Compared with Total Knee Arthroplasty: A Systematic Review with Meta-Analysis

Roderick J.M. Vossen , Gaby V. ten Noever de Brauw, Jelle P van der List , Gino M.M.J. Kerkhoffs, Andrew D. Pearle, Hendrik A. Zuiderbaan

UKA VS TKA




UKA VS TKA



Response/Recommendation: We recommend no specific activity restrictions following total joint arthroplasty. The patient's ability to return to preoperative activity levels depends on their baseline health status, living environment, and adherence to postoperative rehabilitation guidelines.

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Should Patient Activity Be Restricted After Total Hip, Total Knee, or Unicondylar Knee Arthroplasty?

[Mehmet K. Yılmaz, MD ^a](#) · [Ji Baochao, MD ^b](#) · [Niyazi Çakır, MD ^a](#) · ... · [Brian Culp, MD ^d](#) · [Roger Torga-Spak, MD ^e](#) · [İbrahim Azboy, MD ^a](#) ... [Show more](#)

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CURRENT RECOMMENDED RESTRICTIONS

CURRENT RECOMMENDATIONS?

Return to Sport After Hip and Knee Arthroplasty: Counseling the Patient on Resuming an Active Lifestyle

Armin Arshi¹ · Andrew J. Hughes¹ · Joseph X. Robin¹ · Javad Parvizi² · Yale A. Fillingham²

Table 2 Activity recommendations following total joint arthroplasty based on AAHKS, Hip Society, and Knee Society consensus statements

Low-impact sports: recommended	Intermediate-impact sports: recommended with experience	High-impact sports: generally not recommended*
Golf	Doubles tennis	Running/jogging
Swimming	Stair climber	Basketball
Walking	Hiking	Soccer
Treadmill	Downhill skiing	Baseball/softball
Stationary bicycle	Snowboarding	Racquetball/squash
Elliptical machine	Weightlifting	Martial arts
Cycling	Ice skating/roller blading	Volleyball
Rowing	Aerobics	American Football
Dancing	Horseback riding	Rugby
Pilates		Singles tennis
Stationary skiing		
Water aerobics		
Bowling		
Table tennis		

SPECIFIC SPORTS AND RETURNS

PICKLEBALL

- Explosive laterals + stop/start
- Hip: generally well tolerated
- Knee: more demanding, risk of falls
- Recent study found 13% of TJA patients played a raquet sport before surgery
- 72% of these patients were able to return to play
 - Most were able to return to similar skill/duration/frequency by 6 months

PICKLEBALL

Metric	TKA (Knee)	THA (Hip)
Returned to Pickleball	~70%	~78%
Returned to Same or Higher Level	~52%	~58%
Average Return Time	6.5 months	5.8 months
Major Complications (e.g., dislocation)	Very low	Very low
Most Common Barrier to RTS	Knee stiffness or fear of re-injury	Hip instability fear

Primary Hip and Knee Arthroplasty

Can I Pickle Doc? Return to Pickleball and Other Racket Sports After Total Joint Arthroplasty

Adam J. Taylor, MD, Dalton L. Braathen, BS, Brenna E. Blackburn, PhD, Christopher L. Peters, MD, Christopher E. Pelt, MD, Jeremy M. Gililand, MD, Michael J. Archibeck, MD, Lucas A. Anderson, MD

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GOLF


- High return rates after THA/TKA
- Swing mechanics: hip rotation stress
- Walking vs cart: patient dependent
- Return typically by 3–6 months
- Interestingly, the LEAD leg in TKA tends to cause the most dysfunction
 - Most patients did NOT experience a change in their handicap

GOLF

Arthroplasty Type	Return to Golf Rate	Average Time to Return	Notes
Total Hip Arthroplasty (THA)	90% (CI: 82–98%)	~4.5 months	Highest return rate overall
Total Knee Arthroplasty (TKA)	70% (CI: 39–100%)	~3.8 months	One study reported only 30% return rate for TKA; excluding UKA cases drops average to ~60%
Unicompartmental Knee Arthroplasty (UKA)	100% (from 1 study)	Not specified	Significantly higher than TKA

Rate and Timing of Return to Golf After Hip, Knee, or Shoulder Arthroplasty

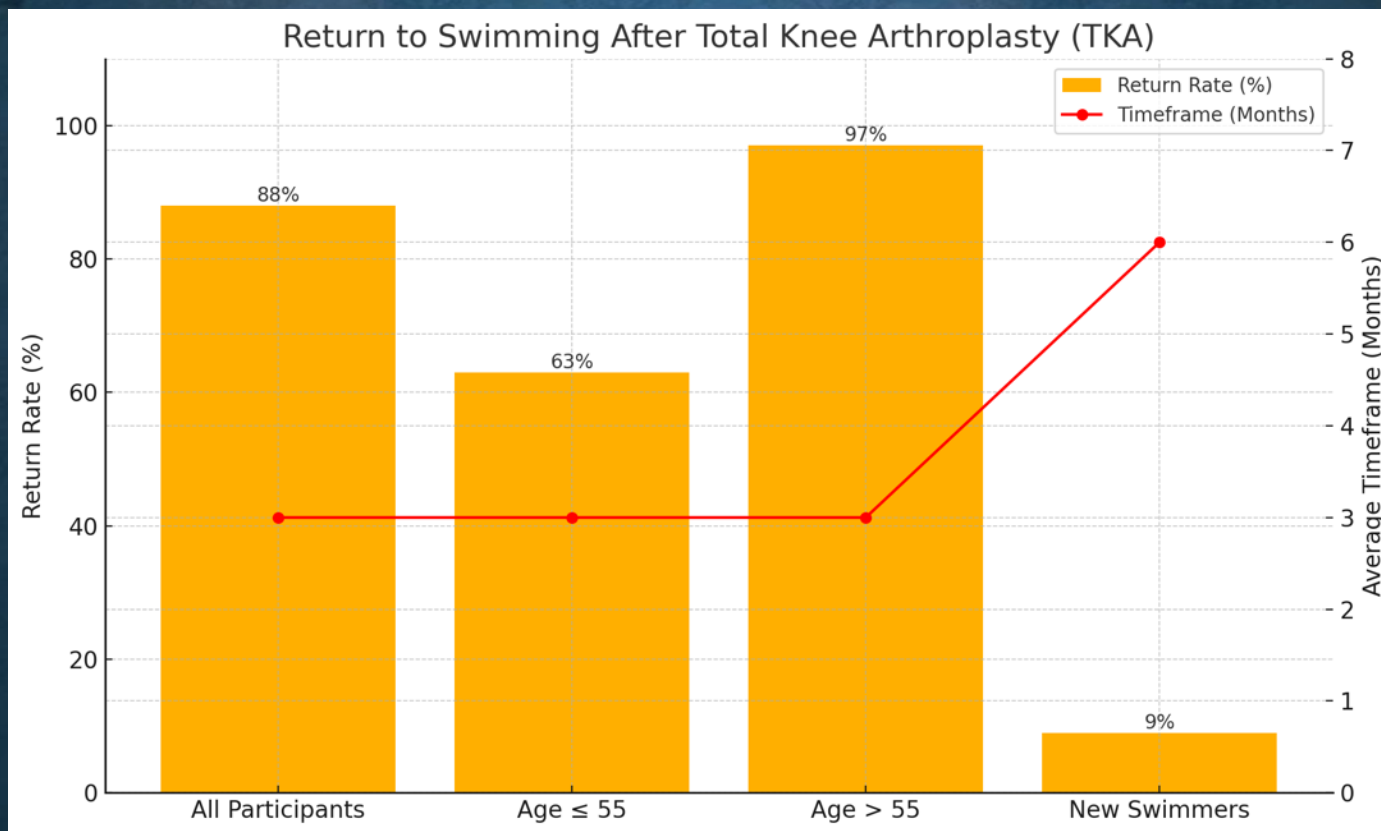
A Systematic Review and Meta-analysis

Patrick G. Robinson,^{*†‡} MBChB, MSc(Res), Tom R. Williamson,[‡] MBChB, Andrew P. Creighton,[§] DO, Jennifer Cheng,[§] PhD , Andrew D. Murray,^{‡¶} MBChB, Heidi Prather,[§] DO, Joshua S. Dines,[¶] MD, Lawrence V. Gulotta,[¶] MD, Edwin P. Su,[¶] MD, Joel M. Press,[§] MD, Roger Hawkes,^{**} MBChB, and Nick D. Clement,[‡] MBChB, PhD
Investigation performed at Edinburgh Orthopaedics, Royal Infirmary of Edinburgh, UK

TRIATHLON – SWIMMING

- Low impact, excellent cardiovascular option
- Hip flexion strength recovery important
- Most patients love getting back into the water
- Personally have had a couple patients that have a hard time with breaststroke

TRIATHLON – SWIMMING

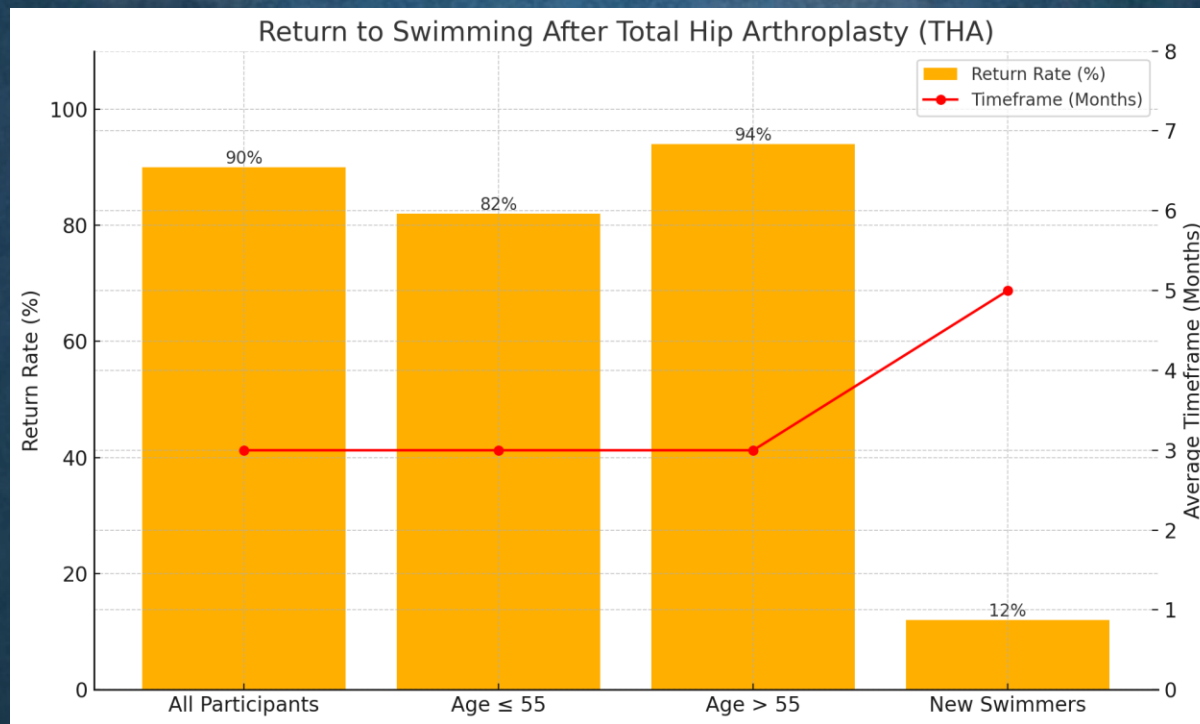


Return to sport after total knee arthroplasty: an Australian perspective

Research | [Open access](#) | Published: 11 April 2025

Volume 145, article number 236, (2025) [Cite this article](#)

TRIATHLON – SWIMMING



Return to sport after total knee arthroplasty: an Australian perspective

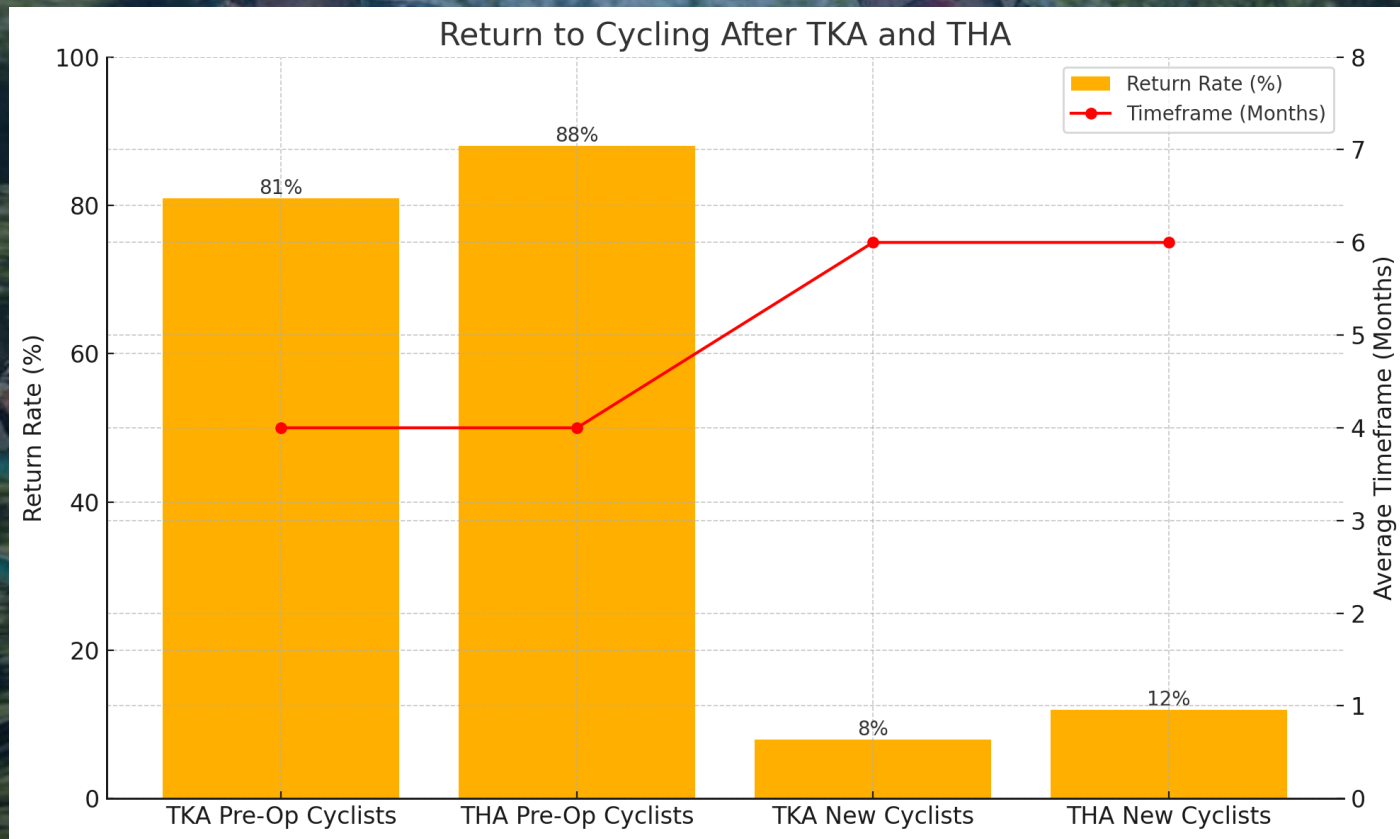
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TRIATHLON – CYCLING

- Very well tolerated post-THA/TKA
- Adjust seat height to reduce joint stress
- Good training and competitive option

TRIATHLON – CYCLING



Return to Cycling After Total Joint Arthroplasty

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TRIATHLON – RUNNING

- 5000 patients, 12% ran preoperatively. **Of those, 10 percent were able to return to running.**
- Of the patients that were able to return to running, 67% were satisfied with their running ability.

Few Runners Return to Running after Total Joint Arthroplasty, While Others Initiate Running

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Rebecca Teng, BA
Rebecca G. Breslow, MD
Matthew Jamison, MD

ABSTRACT

Introduction: This study examines self-reported running practices in total joint arthroplasty (TJA) patients.

SURGEON PERSPECTIVE

- Evolving evidence base
- Better surfaces and implants may mean better longevity which may mean less restrictions
- I don't think we know what patient weight has to do with implant longevity and possible advice modifications
- Press fit vs cemented
- Importance of physical therapy and strength recovery

SURGEON PERSPECTIVE

What do you do with patients that are minimally affected but still have pain that is unacceptable to them?

Especially if you know someone will do it if you don't?

What do you do if you don't think you can make the patient better, but the patient wants to proceed??

THANK YOU

