

# Objective Activity Reflection Template

Date:

Names of osteopaths discussing the case:

## 1. Brief description of case (all identifying factors to be removed):

Female patient presented 1 year ago with R knee pain that had been getting worse over the last 6 months (insidious onset). Walking was becoming more painful and some night time pain. Swelling/joint shape change and loss of flexion and extension (passive and active). No other joint pain, Pt convinced did not want surgery but was on an NHS waiting list to see a consultant (NHS physio had diagnosed OA). After assessment we agreed we would try a course of ttts to see if we could improve pain. Relief from hands on and some improved function with exercise - but pain not fully resolved after 6 ttts.

Pt eventually saw consultant - knee replacement agreed but long wait on NHS.

Pt self referred to private consultant and partial knee replacement booked in for Jan 2025 (this was in September 2024)

Sudden and dramatic improvement in knee symptoms - less pain walking, no night pain. This went on for a few weeks and pt started to doubt need for op...

This threw me a bit - I was still of the opinion this was a short term improvement and surgery was still required. I did struggle on how to communicate this with the patient as she was so pleased with her knee and was meeting the consultant to discuss cancelling the op, the consultant agreed op was still needed and pt went ahead with it.

The initial 4/5 week recovery was not good post op. Lots of pain, but reluctant and fearful of doing exercises. She was seeing private physio (as part of package and I told her to continue that).

I saw her at 2 weeks post op.

## 2. What went well in the case?

I think my overall long term management was good pre op - I felt my communication around what could be achieved with ttt was well explained. We managed to keep the knee moving and managed pain levels. Pt did well and complied with rehab exercise.

## 3. What went less well in the case?

I felt like my communication around her sudden unexpected improvement pre op could have been better (the surgeon was much more blunt than I was, but I wonder if this should ultimately be the surgeon's call anyway).

I also felt like my knowledge of her post op recovery and milestones were not as good as they should have been. I don't think generally we see a lot of patients post operatively. From reading there does seem some variation in this and where we are at a disadvantage is in not having direct links with the surgeon who I would think would ultimately be setting the milestones for rom.

I was surprised at the level of discomfort the pet was advised to tolerate while doing her exercises. I took a much softer/gentle approach compared to the physio. While the patient appreciated this I wonder if I need to find a better balance here as doing too little could have slowed down her progress (as explained by physio)

#### 4. What would you do differently next time?

I have since looked up post op protocols/milestones so have a better understanding of what is expected. I think in future asking for this from the surgical team or working towards general standards found with my own research would be better managed.

I was also surprised at the level of discomfort the pt was expected to experience while doing her rehab as set by the physiotherapists.

I know a level of discomfort while doing rehab exercises is fine but this has made me consider whether i grade this to low (generally up to a VAS of  $\frac{3}{4}$  out of 10 would be my norm)

A good suggestion from the physio team was a protocol of taking the painkillers, 20 minutes of cold, 20 minutes without the cold and then do the exercises.

#### 5. What impact is this activity likely to have on your practice as an osteopath?

For example, in order to avoid future miscommunications, I discussed this case with another osteopath to get a different perspective. The feedback provided was ... And I reviewed the OPS standards in theme A in relation to communication and consent.

#### 6. Has the activity highlighted any other learning needs, and, if so, how do you plan to meet these?

I am considering further CPD on rehab/post op care.

Also communication CPD is something that I always find I need to keep on top of.

#### 5. Which themes of the Osteopathic Practice Standards have you discussed today?

Communication and patient partnership <input checked="" type="checkbox"/>	Knowledge, skills and performance <input checked="" type="checkbox"/>	Safety and quality in practice <input checked="" type="checkbox"/>	Professionalism <input checked="" type="checkbox"/>
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