

Critical Analysis Of Pain Management in Orthopaedic Patients

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Introduction:

Pain management in Orthopaedic patients is critical as, in most cases, these patients suffer from chronic pain either after various kinds of surgery or sometimes without surgery. The pain that prolongs for longer than three months or twelve weeks is chronic pain regardless of treatment or medication Grasdalsmoen et al., (2020). For the sake of critical analysis of pain management focusing on key findings through a specific type of research, two articles are appropriate, i.e., Johns et al. (2020) * and Wylde et al. (2018) **. Both articles mainly focus on and deal with pain assessment and pain management in orthopaedic patients, primarily focusing on the role of nurses in this aspect.

Johns et al. (2020):

The article by Johns et al. (2020) is a systematic review that mainly aims to evaluate the effectiveness of chronic pain management patients after total. Secondary research sources are used to meet the main objectives of the study. The randomized data regarding rehabilitation strategies have been reviewed to treat orthopaedic patients with chronic pain after surgery. The data sample in this scenario reaches 254 abstracts, along with the full-text screening of thirteen articles. Meehan et al. (2020) concluded that the main rehabilitation programs comprised patient awareness and education, self-management, various physiotherapist exercises, and cognitive strategies.

The key findings of this qualitative research review depict that there is a high frequency of moderate to severe chronic pain in orthopaedic patients after total knee replacement. However, there is no evidence that any reason strategy starting after twelve weeks of surgery does have an effect on chronic pain management in these patients. The severity of pain and functioning loss are the main reasons for such surgeries among patients Price et al., (2018). At the same time, the chronic pain in these patients was reported as 8-26% of total orthopaedic patients. Various other studies reported this range as 30% or 55 % or flexibly more than that (Miles & Miles, 2021).

The key findings show that at baselines, the pain scores were not much different from each other. The pain severity in patients commencing treatment after three months or more depicts a mean value of 16.8 in training and 17.0 in the controlled group. In contrast, in immediate post-trial, the patients had a pain scale with a mean value of 13.0 in training and 15.5 in the controlled group. The key findings depict that rehabilitation strategy after surgery has effects in reducing pain management if the trials start without wasting time. Meanwhile, the pre-surgical rehabilitation activities have no impact on

managing or reducing chronic pain after surgery. Further, the stated study shows that nurses are more trained in managing chronic pain in orthopaedic patients than orthopaedic doctors.

Wylde et al. (2018):

The article by Wylde et al. (2018) is all about finding the impact of post-discharge interventions to reduce chronic pain after total knee arthroplasty (TKA) in reviews of relevant research articles. The type of research source used for this study is secondary research sources, i.e., observation and study through reviews of multiple research articles Cole et al., (2018). However, pain assessment and pain management have the main focus on patient pain control as well as chronic pain management. The article is about a study to assess the effectiveness of non-physiotherapy and interventions, i.e., physiotherapy or non-physiotherapy intervention, in reducing chronic pain. The selection of relief and rehabilitation strategy in this aspect mainly depends upon the severity of chronic pain.

However, the key findings in the said research report are that no evidence is there to prove that one specific type of physiotherapy intervention is more valuable and helpful than the other type. The randomized data of screened records of 7955 review articles in this study provided key findings regarding various types of physiotherapy intervention. The key findings of this primary research indicate that physiotherapy interventions lead to maximum studies ($n=13$). On the other hand, nurse-led interventions have fewer studies ($n=2$) and neuromuscular electrical stimulation (NMES) with the least number of studies ($n=1$). Meanwhile, key findings also emphasize that the amalgamation and combination of two or more types of intervention need more research. Regarding further clarity with respect to the beneficial aspect of the non-physiotherapy intervention, more diversified research is required. The study also depicts that home-based exercise resulted in lower pain severity, with the exception of a single piece of evidence from the whole review.

The key findings also indicate that the only way is to ensure optimal care of the patients while considering clinical and cost-effective interventions (Lee et al., 2021). The development and understanding of the complex aetiology of chronic pain after surgery are recommended. The key findings reveal that multidimensional research is needed, especially to reduce individual, societal and economic impact regarding chronic pain and its treatment after total knee arthroplasty (TKA).

Learning Need with Concluding Remarks:

The said articles regarding pain management reveal the main common entity, and that is the research requirement on various dimensions of rehabilitation strategies to relieve pain. The study by Johns et al. (2020) depicts that nurses have more training regarding rehabilitation and pain management compared to doctors. The article by Wylde et al. (2018) forces the nursing staff to learn more skills and strategies to relieve chronic pain in orthopaedic patients. The timely treatment of orthopaedic patients is useful in reducing chronic pain. In this way, both studies indicate the learning

potential and learning need for nursing students to assess and manage chronic pain in orthopaedic patients effectively. The need of the hour is that all the stakeholders in this aspect play a vital role.

References

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