# Discussion Guide

All questions were developed with input from inpatient and outpatient orthopaedic therapists at the lead research centre.

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| Background Discussion (Note: These initial questions were designed for background information rather than to specifically address the research question.) |
| * How many primary THAs are performed at your centre each year?
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| * What is the most common surgical approach used at your centre for primary THA?
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| * What is the most common type of implant (short stemmed, constrained, head size etc.)?
 |
| * Has this changed from what has been used historically at your centre, in terms of technique, technology, approach or implant used (or size of head)?
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| * Have there been any issues or changes over time regarding new findings for certain types of prosthesis (e.g. metal on metal)?
 |
| * What is your rate of dislocation for primary THA at your centre?
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| * What are the most common causes of dislocation (approach, malposition, soft tissue imbalance)?
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| * When do they tend to dislocate (initially or later down the line? In bed etc.)?
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| * If the surgery is performed well, do you think the THA is likely to dislocate with general movements?
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| Discussion on the use of hip precautions |
| * Does your centre use hip precautions?
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| * Have you always used hip precautions or is this a change?
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| * With regard to hip precautions, are they applied differently at your centre for elective primary THA vs trauma vs revisions?
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| * What is the general rationale, in your opinion, for using hip precautions?
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| * Do you feel that rationale is valid and relevant?
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| * What is your personal opinion regarding the use of hip precautions?
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| * In your experience, how has compliance to hip precautions been at your centre?
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| * Is there agreement in your centre about the use of hip precautions (surgeons, therapists etc.)?
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| * Do your think there is a difference of opinion about hip precautions between consultants and junior doctors?
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| * Do you have any concerns about the idea of discontinuing hip precautions?
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| * In your opinion, do you think that hip precautions affect levels of anxiety in patients (patient experience)?
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| * Do you think they affect range of movement or strength in patients post-operatively?
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| * Do you think they affect length of stay?
 |
| * Do you think there are any particular surgical or therapy techniques that could be used to change the need for hip precautions?
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| * Have you noticed any financial implications in relation to hip precautions (e.g. equipment cost, carer cost)?
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| * Do you think discontinuing hip precautions would affect therapy input? If so, in what way?
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| * Have you been involved in any research/audit/service evaluation about hip precautions?
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| * From a therapy perspective, have you noticed any trends in length of stay, functional independence or participation in therapy in relation to hip precautions?
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| * In your centre, are there any other plans for changes in the future that are relevant to our discussion?
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