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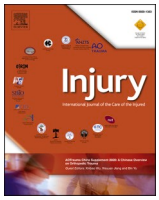

Guidelines for Treatment

Weightbearing instructions after orthopaedic injury or surgery

ARTICLE INFO

Keywords:
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Weightbearing after musculoskeletal injury or trauma surgery remains a contentious issue. There is an increasing body of evidence in support of early weight bearing and rehabilitation after fracture surgery. Multiple studies have shown no difference in complication profiles between early / immediate weightbearing and delayed weight bearing after ankle fracture [1], tibial plateau [2], or distal femur [3] fracture surgery. Similarly, there is overwhelming basic science evidence in support of early mobilisation in terms of bone healing and patient physiology [4], not to mention the potential socioeconomic benefits.

One of the major issues in researching this area, and evolving patient care, is the lack of consistent terminology. Studies have shown there is limited inter-professional agreement on many of the terms used when prescribing weight bearing instructions, and that there is a need for uniform terminology to facilitate research and improve patient care [5].

Through a national consensus exercise, the British Orthopaedic Association has produced a new Standard (BOASt) (Fig. 1) recommending the language and terminology to be used when describing the weightbearing status and rehabilitation requirements for a patient with orthopaedic injury or undergoing orthopaedic intervention[6]. The stakeholders covered the breadth of healthcare professionals involved in the patient journey, as well as patient representatives. The hope is that by standardising terminology, there will be better communication between health care professionals and patients, and a better quality to the research conducted in this arena.

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British Orthopaedic Association

BOA STANDARD

Mobilisation and weightbearing after orthopaedic surgery / musculoskeletal injury

August 2024

Background
All clinical stakeholders and patient representatives participated in a consensus exercise[1] to establish recommendations for weightbearing terminology and instructions after orthopaedic surgery or musculoskeletal injury. The aim is to provide an agreed lexicon with precise definitions that can be used by all care providers involved in a patient's rehabilitation pathway.

Inclusions:
All patients with orthopaedic conditions affecting the pelvis, upper, and lower limbs.

Standards for Practice

1. All patients should have a clearly documented rehabilitation plan detailing instructions for weightbearing as an integral part of their mobilisation status.
2. Patient instructions should be provided in a format that is tailored to their individual needs.
3. A weightbearing status should be attributed to each affected limb.
4. The following specific terms should be used to define weightbearing status:
   a. **Non Weightbearing**
   b. **Limited Weightbearing**
   c. **Unrestricted Weightbearing**
5. Terms such as touch, partial, proportional, permissive, or progressive weightbearing should no longer be used.
6. All instructions for non- and limited weightbearing require the following detail to be documented:
   a. **Clinical justification** - including the rationale for prevention / limitation of weightbearing by the clinician making the recommendation
   b. **Quantification**
      i. Limitations should include accurate descriptions of functional restrictions (e.g. no stairs, no sports) or distance restrictions (e.g. indoor only, bed to chair)
      ii. Limitations should not be quantified by percentage body weight, kilograms of force or similar descriptors
   c. **Duration**, including planned phases of care progressing through any weightbearing statuses outlined in 4 a-c
7. Any requirement for walking aids or additional specific rehabilitation protocols (e.g. braces) should be recorded alongside the weightbearing and mobilisation instructions.
8. Inpatients should have a weightbearing status review at intervals no longer than 72 hours.
9. Any patient whose weightbearing status directly affects their ability to be discharged from hospital should have it reviewed within 24 hours.
10. All weightbearing prescriptions should be reviewed at each point of follow up.

1. https://boneandjoint.org.uk/Article/10.1302/0301-620X.106B.BJJ-2024-0371.R1

This document was produced by the BOA Clinical Standards Committee, including representation from the BOA Executive Group, Trauma Committee and Orthopaedic Committee on 01 August 2024. This document will be reviewed in August 2028 in compliance with the BOA BOASt review process.

Fig. 1. Mobilisation-and-weightbearing-after-orthopaedic-surgery-musculoskeletal-injury-BOAST.

Fig. 1. . (*continued*).

Declaration of competing interest

None.

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