

Review of Orthopedic Weight-bearing Terms at the University of Virginia

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PURPOSE

The purpose of this study is to investigate the terminology used within our department to indicate the prescribed weight-bearing restrictions for orthopedic patients. Anecdotally there appears to be confusion stemming from the weight-bearing lexicon currently used that leads to miscommunications within and between surgical and therapy teams (physical and occupational).

METHODS

A 7-question survey was drafted that reviewed current terminology used within our department for weight-bearing status of orthopedic surgery patients. The survey was distributed via group email chains to the orthopedic surgery residents and attendings, as well as the physical and occupational therapy teams. Responses to the survey were anonymous. The responses were collected and reviewed on the UVA QualtricsXM Research Suite. Using the data to identify areas of confusion, new recommendations for accepted weight-bearing terms and definitions were made, and this information was reviewed with all departments. A follow up 6-questions survey was sent to evaluate the effectiveness of the intervention on overall agreement of the weight-bearing definitions.

RESULTS

92 providers responded to the initial survey. 38 were physicians, and 54 were therapists. Our survey demonstrated that physicians within our department had a consensus agreement on the use and definition of “non-weight-bearing”. However, when intending to limit (but not completely restrict) a patient’s weight-bearing, they use different terms for weight-bearing interchangeably, with 24% (n= 9) of physicians using “partial weight-bearing”, 45% (n=17) using “touchdown weight-bearing” and 29% (n=11) using “toe-touch weight-bearing”. Further, our survey indicated that there was no consensus agreement on the definition of these terms, with confusion as to the position of the foot as well as the intended amount of force transmitted through the foot when using “toe-touch” vs “touch-down” with no majority agreements.

Following the educational intervention with the updated weightbearing terms and definitions, a new survey was sent out. 83% of providers agreed on the accepted updated terminology, and there was >90% agreed upon definitions for all accepted weight-bearing terms.

CONCLUSION

The use of multiple interchangeable weight-bearing terms, as well as disagreement on their definitions, led to confusion within our department and to poorly streamlined care of our patients. A standardized lexicon was adopted across our surgical and therapy departments. Educational resources on these terms were provided and lectured on at grand rounds and demonstrated a significant improvement in overall agreement of weight-bearing terminology.