**Factors Associated With Loss to Follow-up During the First Year After Total Knee Arthroplasty**

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**Background**

As Patient Reported Outcomes become more cemented in the realm of Orthopaedic surgery for not only research but also reimbursement, understanding who is and who isn’t following up is critical.

**Objective**

Our goal was to determine who is following up and who isn’t taking into consideration multiple patient factors.

**Methods**

This was a retrospective review of medical records of primary total knee arthroplasty patients treated by a single surgeon at an urban academic private hospital. Inclusive dates of records were between July 2013-Dec 2016. Navigated total knee. Follow up appointments were at two (2) weeks, six (6) weeks, three (3) months, 6 months and one year. PROs preop and all visits following for 1 year post op. Pt demographics and location obtained. Appointment scheduling and reminders standardized

**Results**

Attendance at follow-up visits declined from a high of 95.7% at day 14 to lows of 69.2% and 64.4% at 6 months and 1 year, respectively. As hypothesized, the follow up among patients differed. Attendance at follow-up visits declined from a high of 95.7% at day 14 to lows of 69.2% and 64.4% at 6 months and 1 year, respectively. Patients who lived 80 km (50miles) or farther from the clinic were 76% (OR, 0.37; 95% CI, 0.07-0.90; P=.042) less likely to attend the 1-year follow-up visit than patients who lived within 20 km of the clinic. KOOS Symptoms, Pain, and ADL subscale scores at 3-month follow-up were 76% (OR, 0.24; 95% CI, 0.07- 0.83; P=.0018), 90% (OR, 0.32; 95% CI, 0.04-0.40; P=.002), and 68% (OR, 0.32; 95% CI, 0.09-1.11; P=.041) less likely, respectively, to attend the 6-month follow-up visit than patients with the least favorable KOOS scores (first quartile).

**Conclusion**

Follow up is affected by multiple factors and should be take into consideration when discussing reimbursement and research affected by such. Follow up after TKA was significantly lower over time and distance to clinic as well as PROs seem to play a role. Larger studies are needed to confirm and likely reveal further discrepancies.

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