



## Delay in Joint Replacement Arthroplasty due to Covid Pandemic Leading to Increased Orthopaedic Morbidity and Poor Outcomes

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**Received:** April 26, 2021

**Published:** May 01, 2021

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As the global community is still reeling under the continued pressure of covid pandemic the ramifications which it lays out for the Orthopaedic patients are poorly understood and grossly underreported.

The pace of Covid pandemic though seem to have been reduced in different parts of the globe due to stringent government measures and vaccination policy still large parts of the world were vaccination drive has been minimal due to multitude of political and regional factors lead a unexplored challenge. There has been a recent surge in infections in some parts of the world specially Indian subcontinent due to new mutations which has been suspected B1.617 [1] various.

Theories regarding the strain and types of mutations which are responsible for the sudden rise of cases in India are still debated, but as the infection figures are rising consistently and faster than expected the death figures have risen sharply [2].

The challenges which this unique scenario bring to the Orthopaedic community is unique and unprecedented [3] while the Orthopaedic community has always been proactive towards its patient and their clinical outcome, the pandemic has created a huge divide between the patient and their Orthopaedic surgeons which is leading to a very detrimental outcome to the patient [4].

The patient are struggling to cope in their normal environment their mobility and physical care has significantly dropped they have put on more weight due to outdoor restrictions and due to their decreased mobility as the joints are subsequently going into

state of contractures and developing fixed flexion deformity the surgical challenges are increased manifold which will have a compromised outcome [5].

The Outcome measures in Orthopaedic has some of the stringent scoring systems which relies both on subjective and clinical outcome measures [6], it takes into account joint scoring system and patient satisfaction scores which are recorded in various joint registries which then subsequently assess the clinician outcome to see that if that particular surgeon has poor or compromised result which will have bearing on long term outcomes for that surgeon [7].

As we are in this unprecedented time the proposal from Orthopaedic community should be to assess these long awaited joint replacement patient urgently and their outcome and scores measured differently with a covid acronym so that variation in the outcomes can be easily measured and highlighted so that if a surgeon were to have a poor run with the patient he can easily identify the subgroups of patients which have performed poorly, it should also provide with a yard stick to measure similar patients who have been delayed in past or will have unforeseen delays in the future to predict the outcomes.

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