

PT better after hip surgery than opioids in younger adults

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hip surgery. However, adjusted hip-related mean costs were similar for both isolated treatment groups (\$11,628 versus \$11,579). For patients receiving both treatments, the group receiving opioids first had mean hip-related downstream costs that were significantly higher than the group receiving physical therapy first (\$18,806 versus \$16,955). The opioid first group also had greater opioid use in terms of number of prescriptions, total days' supply of opioids, and percentage of patients with chronic opioid use.

"Decisions related to the use and timing of physical [therapy](#) and opioid prescriptions may influence downstream health care utilization," the authors write.

More information: [Abstract/Full Text](#)

(HealthDay)—Physical therapy management is associated with better outcomes for young patients undergoing arthroscopic hip surgery, compared to primary or exclusive opioid treatment, according to a study recently published in *Physical Therapy*.

Daniel I. Rhon, P.T., from Baylor University in San Antonio, and colleagues compared downstream health care utilization and [opioid](#) use following arthroscopic hip surgery for different patterns of [physical therapy](#) and [prescription opioids](#). The authors utilized data from the Military Health System Data Repository (2004 to 2013) for patients who were 18 to 50 years old.

The researchers found that of 1,870 total patients, 82.7 percent received physical therapy only, 71.6 percent received prescription opioids, and 56.1 percent received both physical therapy and opioids. The group receiving only physical therapy had significantly lower overall total mean health care costs (\$18,185 versus \$23,842 for the opioid-only group) and fewer patients requiring another

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