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| **Study Title:** | CLEAT: a cycling and education programme in the treatment of hip OA |
| **UHD study ID:** | UHD55248 |
| **IRAS ID:** | 232991 |
| **Chief Investigator:** | Dr Tom Wainwright |
| **Study status:** | Open |
| **Disease Area:** | Musculoskeletal |
| **Short summary:** | Over 2 million people have hip osteoarthritis in the UK. Hip osteoarthritis can cause pain and interfere with many usual daily activities. The latest NICE guidance on the treatment of osteoarthritis recommends exercise, education and weight loss, if indicated. Cycling strengthens muscles around the hip and is an excellent form of low impact exercise.  This study will compare the effectiveness of an eight-week static-cycling and educational programme with usual physiotherapy care for the treatment of hip osteoarthritis. Patients’ ability to complete activities of daily living, pain levels, and quality of life will be compared and cost-effectiveness assessed. |
| **Study protocol:** |  |
| **Publications and results:** |  |

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| **Study Title:** | The ID-RFA Trial |
| **UHD study ID:** | UHD76311 |
| **IRAS ID:** | 274029 |
| **Chief Investigator:** | Dr Clare Bent |
| **Study status:** | Open |
| **Disease Area:** | Cancer |
| **Short summary:** | This is a pilot randomised controlled multicentre trial to evaluate the feasibility of recruitment, randomisation, retention, assessment procedures set out herein. Patients will undergo block randomisation in a 1:1 allocation between intraductal radiofrequency ablation with stent placement versus stent placement alone for malignant biliary obstruction in a blinded fashion. |
| **Study protocol:** |  |
| **Publications and results:** |  |

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| **Study Title:** | Investigation of bleeding risk in pre-operative patients (FFP) |
| **UHD study ID:** | UHD97495 |
| **IRAS ID:** | 195973 |
| **Chief Investigator:** | Jason Mainwaring |
| **Study status:** | Open |
| **Disease Area:** | Blood |
| **Short summary:** | To understand why the international normalized ratio (INR) is increased in this cohort of patients using factor assays, how it affects the whole blood clotting process using thromboelastography (TEG), a method of testing the efficiency of blood coagulation, and whether the administration of FFP causes changes in other clotting factors. |
| **Study protocol:** |  |
| **Publications and results:** |  |

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| **Study Title:** | The Regulation of hormone activity |
| **UHD study ID:** | UHD25555 |
| **IRAS ID:** | 244999 |
| **Chief Investigator:** | Margaret Ghilchik |
| **Study status:** | Open |
| **Disease Area:** | Metabolic and endocrine |
| **Short summary:** | Laboratory based study analysing surplus tissue taken during routine thyroid surgery as part of the patient’s treatment for an unspecified diagnosis. |
| **Study protocol:** |  |
| **Publications and results:** |  |

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| **Study Title:** | The EDICT Trial |
| **UHD study ID:** | N/A |
| **IRAS ID:** | 135055 |
| **Chief Investigator:** | Dr Tamas Hickish |
| **Study status:** | Closed |
| **Disease Area:** | Cancer |
| **Short summary:** | Exercise induced changes In Colorectal Cancer Tissues. A pilot study to assess the clinical and biological effects of a preoperative exercise programme in colorectal tumour, adipose and skeletal muscle tissues. |
| **Study protocol:** |  |
| **Publications and results:** |  |

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| **Study Title:** | Can you get sutures wet? |
| **UHD study ID:** | UHD45107 |
| **IRAS ID:** | 121142 |
| **Chief Investigator:** | Mr Simon Richards |
| **Study status:** | Open |
| **Disease Area:** |  |
| **Short summary:** | There has always been an unwritten rule that patients should not get surgical wounds and sutures wet, due to the concern about infection and wound dehiscence. Despite NICE guidance suggesting that it is safe for patients to shower 48hrs after surgery in practice the majority of surgeons advise against wetting surgical wounds until sutures are removed (usually around two weeks postoperatively). This practice can cause functional difficulties for patients and can be a bone of contention.  The aim of this pilot study is to explore the effects of wetting a surgical wound in the early postoperative period, auditing the NICE guidelines, and to assess the viability of undertaking a larger randomised control trial to assess these aims in greater detail. |
| **Study protocol:** |  |
| **Publications and results:** |  |

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| **Study Title:** | Longitudinal Study of Autonomic Function and Cancer |
| **UHD study ID:** | N/A |
| **IRAS ID:** | 192442 |
| **Chief Investigator:** | Steve Perring |
| **Study status:** | Closed |
| **Disease Area:** | Cancer |
| **Short summary:** |  |
| **Study protocol:** |  |
| **Publications and results:** |  |

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| **Study Title:** | The MOVE trial - MetabOlites in VitrEous fluid |
| **UHD study ID:** | UHD30914 |
| **IRAS ID:** | 127776 |
| **Chief Investigator:** | Dr Tamas Hickish |
| **Study status:** | Open |
| **Disease Area:** | Eye |
| **Short summary:** | Vitreous humour (a jelly­like liquid that fills the cavity of the eye) is becoming widely recognised as a matrix for analysis in post-mortem investigation particularly in cases where conventional specimens such as blood may be unavailable e.g. fire deaths, individuals exposed to severe trauma, decomposed bodies or in cases where the interval between death and autopsy exceeds more than a few days. Little is known however about the relationship between drugs in blood and vitreous humour.  Several autopsy studies have demonstrated that many drugs and their metabolites can enter vitreous humour in measurable quantities (Sanches et al 2012, Rees et al 2013) however the interpretation of blood: vitreous ratios is complex since information is often lacking about the timing and doses of drug consumed by individuals who have died.  This study takes the opportunity to utilise vitreous humour taken at vitrectomy, which is typically discarded, to explore the relationship and distribution between the metabolites of the opiates and benzodiazepines used in routine premedication for general anaesthesia. The study would also provide a basis to facilitate the investigation of new non-invasive technologies i.e. Raman spectroscopy, that could be developed for near patient drug screening. |
| **Study protocol:** |  |
| **Publications and results:** |  |

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| **Study Title:** | IDIOM 3 |
| **UHD study ID:** | N/A |
| **IRAS ID:** | 201759 |
| **Chief Investigator:** | Dr Jonathon Snook |
| **Study status:** | Closed |
| **Disease Area:** | Oral and gastrointestinal |
| **Short summary:** | This was an observational study following a simple universal intervention (FIT assessment). Consecutive patients with IDA presenting via the Poole IDA service were offered FIT testing on stool samples prior to investigation, and the relationship between FIT result and final diagnosis were determined. The IDA clinic currently received about 300 new referrals per annum. |
| **Study protocol:** |  |
| **Publications and results:** | <https://doi.org/10.1186/ISRCTN18342140>  [Refinement and validation of the IDIOM score for predicting the risk of gastrointestinal cancer in iron deficiency anaemia | BMJ Open Gastroenterology](https://bmjopengastro.bmj.com/content/7/1/e000403) |

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| **Study Title:** | HeART of Stroke project V1 |
| **UHD study ID:** | N/A |
| **IRAS ID:** | 125154 |
| **Chief Investigator:** | Caroline Ellis-Hill |
| **Study status:** | Closed |
| **Disease Area:** | Stroke |
| **Short summary:** | Stroke can have a major impact on the individual, physically, and also psychologically in terms of sense of self and identity. While talking therapies (such as counselling) may help they don’t suit everyone, especially those with communication difficulties, who make up a third of people following stroke. In an Arts for Health (AfH) approach, people work alongside an artist in small groups and are supported to feel safe to express themselves through creative activity without needing words.  We’re interested in exploring whether an AfH intervention (‘HeART of Stroke’) offers an acceptable way for stroke survivors to explore their new sense of self alongside others. To see if it could be a beneficial addition to standard stroke care offering value for money, we need to carry out a large study. To make sure that such a study is possible we are carrying out a smaller ‘feasibility’ study.  In this feasibility study 64 people up to one year post stroke will take part (32 from the Royal Bournemouth Hospital and 32 from Cambridge Community Services). They will be randomly assigned to attend a 10 session AfH group held in the community or to continue with their usual care. At the study start and end we will ask participants to complete a questionnaire booklet (with support if needed) about wellbeing, mood, quality of life, confidence and use of medication, health, social care and informal support. We will also interview some participants about their experiences of taking part, collect feedback from the artists delivering the intervention and information about the cost of providing AfH groups.  This will help us to find out if a large national study is possible, and if it is, to help us to plan it. |
| **Study protocol:** |  |
| **Publications and results:** | [ISRCTN - ISRCTN99728983: A feasibility study of a randomised controlled trial of an Arts for Health group intervention (HeART of stroke) to support self-confidence and psychological wellbeing following a stroke](https://www.isrctn.com/ISRCTN99728983)  [HeART of Stroke: randomised controlled, parallel-arm, feasibility study of a community-based arts and health intervention plus usual care compared with usual care to increase psychological well-being in people following a stroke - PubMed (nih.gov)](https://pubmed.ncbi.nlm.nih.gov/30852528/) |

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| **Study Title:** | TOPHIP: Topical NSAIDs in the Treatment of Hip Osteoarthritis |
| **UHD study ID:** | N/A |
| **IRAS ID:** | 217380 |
| **Chief Investigator:** | Robert Middleton |
| **Study status:** | Closed |
| **Disease Area:** | Musculoskeletal |
| **Short summary:** | Hip osteoarthritis is a common condition that leads to pain and reduced function in the joint. Current treatment options involve non-operative and operative interventions, in the case of early hip osteoarthritis the use of analgesic agents is a key component of management. Current guidelines advise the use of oral paracetamol, however there is increasing evidence that this is relatively ineffective for joint pain. Non-Steroidal Anti Inflammatory (NSAID) drugs are more effective, but oral preparations are associated with significant side effects, in particular with relation to gastric mucosa, renal function, and airway hypersensitivity. Topical NSAIDs avoid many of these side effects. The use of topical NSAIDs has been shown to be beneficial in knee and hand osteoarthritis but has not been tested in hip osteoarthritis due to the untested assumption that the hip joint is too deep for topical preparations to penetrate.  Testing the fluid and tissue from patients with early osteoarthritis would necessitate invasive procedure. To address this, we have proposed to take sample tissue from patients with more severe osteoarthritis who are undergoing surgery. We will be able to utilise samples of fluid and tissue which are normally disposed of at the time of surgery, preventing the need to undergo an invasive procedure to collect these samples.  Participation in this study represents minimal risk to participants. The principal risks relate to potential skin sensitivity to the use of the gel, and a very small risk of increased bleeding at the time of surgery. To minimise the risk of skin irritation the inclusion/exclusion criteria will exclude patients who have reacted to topical preparations in the past, and those who are known to have an NSAID sensitivity. The duration of therapy will be kept to a short period of three days prior to surgery, and the site of application will be well away from the site of surgery.  To improve compliance, we have elected for a short period of treatment. The patients will be reviewed in person by a surgeon, 3 days prior to surgery, and the site of application marked. Patients will be provided with a diary card to complete to ensure that all doses have been applied, and the final dose will be applied two hours prior to surgery whilst in the hospital. |
| **Study protocol:** |  |
| **Publications and results:** | [EudraCT Number 2017-000178-13 - Clinical trial results - EU Clinical Trials Register](https://www.clinicaltrialsregister.eu/ctr-search/trial/2017-000178-13/results) |

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| **Study Title:** | TissuePAtchDS-­P ™ PArotidectomy Trial (TAPAS) |
| **UHD study ID:** | N/A |
| **IRAS ID:** | 248482 |
| **Chief Investigator:** | Dr Emma King |
| **Study status:** | Closed |
| **Disease Area:** | Surgery |
| **Short summary:** | The parotid (salivary) gland can develop growths (tumours), most of which are not cancerous but may develop into a cancer if left untreated. Tumours located near the surface of the gland are surgically removed in a procedure called a superficial parotidectomy. Post-surgery, fluid accumulates in the space left behind by the gland and currently, this is managed via insertion of a surgical drain (tube attached to a vacuumed bottle). Patients are then routinely admitted to hospital for 24-48 hours until it is safe for the drain to be removed.  As well as the need for a prolonged hospital stay, there are known risks associated with drains e.g. infection, fluid collection under the skin (seroma) and communication between parotid tissue and the skin (fistula). This study aims to evaluate the effectiveness of applying an adhesive sealant (TissuePatchDS-P) between the parotid gland and the skin after removal of a non-cancerous parotid tumour. This would be instead of a surgical drain, as the sealant closes the space and should prevent fluid build-up. This may allow for same-day discharge and reduce complications.  As no trials to date have used TissuePatchDS-P without a surgical drain, this study will run in two phases – an assessment/pilot phase with 5 participants using TissuePatchDS-P only. This will include compulsory overnight stay and ultrasound scan within 24 hours to ensure safety before progressing to the randomised controlled trial phase. In this phase, 50 participants will be randomised to receive either: surgical drain (standard care) or TissuePatchDS-P. After surgery, patients in both groups will be reviewed by their care team and discharged when appropriate.  Participants will be followed up at their routine 6-week post-surgical visit and then a trial doctor will conduct a study-related telephone consultation at 3 months post-surgery for long-term assessment of safety, clinical outcomes and quality of life. |
| **Study protocol:** |  |
| **Publications and results:** | [TissuePAtchDS--P ™ PArotidectomy Trial. - Full Text View - ClinicalTrials.gov](https://clinicaltrials.gov/ct2/show/study/NCT04116762) |

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| **Study Title:** | The Adipose Study |
| **UHD study ID:** | N/A |
| **IRAS ID:** | N/A |
| **Chief Investigator:** | Dr Tamas Hickish |
| **Study status:** | Closed |
| **Disease Area:** | Cancer |
| **Short summary:** | The primary objective of this trial is to establish and identify possible potential links between adipose tissue function markers (DNA sequences) and breast cancer. |
| **Study protocol:** |  |
| **Publications and results:** | Study ended with no recruits. |

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| **Study Title:** | INSULIN THERAPY IN COPD EXACERBATIONS |
| **UHD study ID:** | N/A |
| **IRAS ID:** | N/A |
| **Chief Investigator:** | David Kerr |
| **Study status:** | Abandoned |
| **Disease Area:** | Cardiovascular |
| **Short summary:** | The aim of the trial was to determine if the effect of treating hyperglycaemia in patients admitted to hospital with an acute exacerbation of chronic obstructive pulmonary disease can reduce their readmission rate to hospital. |
| **Study protocol:** |  |
| **Publications and results:** | Trial terminated early with no results  [Insulin Therapy in Chronic Obstructive Pulmonary Disease (COPD) Exacerbations - Full Text View - ClinicalTrials.gov](https://clinicaltrials.gov/ct2/show/NCT00467636) |

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| **Study Title:** | Impact of weight loss on arthritic knee pain |
| **UHD study ID:** | UHD35955 |
| **IRAS ID:** | 256479 |
| **Chief Investigator:** | Adrian Harvey |
| **Study status:** | Open |
| **Disease Area:** | Musculoskeletal |
| **Short summary:** | Joint arthritis is the result of loss of joint lining or cartilage and results in pain, disability and reduced quality of life. Arthritis is associated with elevated body weight or body mass index (BMI). Body mass index is used as a surrogate for weight as this takes into account the patients height. Patients presenting with arthritis are advised to lose weight, take pain killers (analgesia) and use walking aids such as walking sticks. Little is known of the impact of weight loss on knee arthritis pain. After conservative treatment, symptomatic arthritis of the knee may require joint replacement surgery.  Joint replacement surgery, in patients who are overweight, carries with it increased surgical risks. A raised BMI increases the risk of infection and potentially fatal blood clots. It is therefore important to explore the option of weight loss in such patients prior to surgery. Weight reduction may be aspirational, but it is unknown if weight loss reduces arthritis pain.  A previous study at Royal Bournemouth Hospital evaluated how weight loss effects arthritis pain in the foot and ankle. The (currently unpublished) results show a reduction in foot and ankle pain of 43% in those patients who returned to anormal weight or BMI.  The purchase and installation of the AlterG antigravity machine in February 2015 at Bournemouth Hospital provides the opportunity to simulate weight loss in patients with knee arthritis. Currently there are no similar studies evaluating the impact of weight loss with knee arthritis. |
| **Study protocol:** |  |
| **Publications and results:** |  |

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| **Study Title:** | Simulated weight reduction on pain in foot and ankle arthritis |
| **UHD study ID:** | UHD43044 |
| **IRAS ID:** | 198374 |
| **Chief Investigator:** | Heath Taylor |
| **Study status:** | Recruitment on hold |
| **Disease Area:** | Musculoskeletal |
| **Short summary:** | ‘End-stage arthritic changes secondary to progressive wearing of the articular cartilage cause pain, disability, decreased quality of life, limitation of activity, loss of function and loss of mobility’ (Grady et.al, 2013). End stage arthritis may be associated with elevated body mass index (BMI), though weight reduction may be aspirational, this is difficult to achieve if activity is limited. After conservative treatment, symptomatic end stage arthritis affecting the foot and ankle may require arthrodesis or arthroplasty surgery. Joint reaction forces can be as great as seven times body weight during walking. In overweight patients, joint reaction forces may be significantly greater than in patients with normal body mass index and may result in increasing pain. A raised BMI increases the risk of surgery including infection and the formation of potentially fatal blood clots (VTE) postoperatively. It is therefore important to explore the option of weight loss in such patient prior to surgery.  The purchase and installation of the AlterG antigravity machine at the hospital hosting this research project in February 2015 provides the opportunity to simulate weight loss in this group of patients. As antigravity machines are rare, their use to measure pain scores during simulated weight loss exercise is unknown and not documented. The null hypothesis of this study is the simulated weight loss has no effect upon pain scores, the alternative hypothesis therefore is that simulated weight loss causes a significant reduction in pain.  Participants will be selected by the orthopaedic surgeons in the surgical outpatient clinics, from patients referred for surgery to relieve pain and function in arthritis of the foot or ankle. The surgeons will discuss the trial and give the patient a Clinical Trial Information Sheet. If the patient is interested at this point, they will be informed that a member of the team will contact them in a week or two to invite them to participate, the patients details will then be given to the senior physiotherapist involved in the study. If the patient is not interested, no further study-specific action will be taken and their details will not be shared. A decision to participate or not will affect their planned care or influence a potential date for surgery. The senior physiotherapist will contact the patient by telephone, or letter depending on patient preference. If the patient would like to participate an appointment to attend the Physiotherapy Department at Royal Bournemouth Hospital will be offered. When attending the physiotherapy appointment, the trial will again be discussed with the patient and consent sought by an authorised member of the team. A baseline pain measured will be taken using the established Visual Analogue Scale (VAS). The patient will then step onto the Antigravity Treadmill and walk for one minute at a simulated ideal body mass index (BMI) the VAS pain scale will be repeated and the patient will rest for five minutes. This process will be repeated with the simulated weight being increased by five BMI increments until their actual BMI is reached. The patient will then walk for one minute at their actual BMI and a final pain VAS will be completed. |
| **Study protocol:** |  |
| **Publications and results:** |  |

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| **Study Title:** | Autonomic and Oesophageal responses to Nasogastric Intubation |
| **UHD study ID:** | N/A |
| **IRAS ID:** | 236935 |
| **Chief Investigator:** | Steve Perring |
| **Study status:** | Closed |
| **Disease Area:** | Oral and gastrointestinal |
| **Short summary:** | Nasogastric (NG) intubation (passage of a tube into the stomach via the nose and throat) is well known as an unpleasant procedure. Anecdotally we often see temporary failure of the oesophagus when we are assessing its function in oesophageal manometry studies (measurement of pressures in the gullet). For this reason we routinely delay formal assessment of oesophageal function for 3 minutes post-intubation. We suspect that this is a result of an insult to the autonomic (non-conscious) nervous system (ANS). The ANS is heavily involved with the body’s self-regulation including setting of heart rate and blood pressure as well as operation of the gut including the oeosphagus. We wish to more formally assess the prevalence and extent of this temporary failure of oesophageal function by assessing all deliberate water swallowing episodes during routine oesophageal investigation. We also want to measure heart rate and blood pressure during our routine NG intubation and assessment to more fully understand the link between this shock to the ANS and temporary loss of oesophageal function. We also wish to see if the patient's anxiety state when they arrive at our department affects this failure of oesophageal function. |
| **Study protocol:** |  |
| **Publications and results:** |  |

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| **Study Title:** | Collagen markers in hypopharyngeal cancer |
| **UHD study ID:** | N/A |
| **IRAS ID:** | 215502 |
| **Chief Investigator:** | Dr Emma King |
| **Study status:** | Closed |
| **Disease Area:** | Cancer |
| **Short summary:** |  |
| **Study protocol:** |  |
| **Publications and results:** |  |

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| **Study Title:** | A study of Entonox versus midazolam in upper GI endoscopy |
| **UHD study ID:** |  |
| **IRAS ID:** | 101675 |
| **Chief Investigator:** |  |
| **Study status:** |  |
| **Disease Area:** |  |
| **Short summary:** |  |
| **Study protocol:** |  |
| **Publications and results:** |  |

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| **Study Title:** | White cell azathioprine metabolites for patients on thiopurines |
| **UHD study ID:** |  |
| **IRAS ID:** | 128241 |
| **Chief Investigator:** |  |
| **Study status:** |  |
| **Disease Area:** |  |
| **Short summary:** |  |
| **Study protocol:** |  |
| **Publications and results:** |  |

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| **Study Title:** | Development of a measure of self-identity change following TBI |
| **UHD study ID:** |  |
| **IRAS ID:** | 131683 |
| **Chief Investigator:** |  |
| **Study status:** |  |
| **Disease Area:** |  |
| **Short summary:** |  |
| **Study protocol:** |  |
| **Publications and results:** |  |

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| **Study Title:** | IsoAF Study |
| **UHD study ID:** |  |
| **IRAS ID:** | 138811 |
| **Chief Investigator:** |  |
| **Study status:** |  |
| **Disease Area:** |  |
| **Short summary:** |  |
| **Study protocol:** |  |
| **Publications and results:** |  |

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| **Study Title:** | UROLE trial |
| **UHD study ID:** |  |
| **IRAS ID:** | 211302 |
| **Chief Investigator:** |  |
| **Study status:** |  |
| **Disease Area:** |  |
| **Short summary:** |  |
| **Study protocol:** |  |
| **Publications and results:** |  |

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| **Study Title:** | DRN 636 (E-learning for structured Type 1 diabetes education) |
| **UHD study ID:** |  |
| **IRAS ID:** | 75966 |
| **Chief Investigator:** |  |
| **Study status:** |  |
| **Disease Area:** |  |
| **Short summary:** |  |
| **Study protocol:** |  |
| **Publications and results:** |  |

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| **Study Title:** | ART V1.0 |
| **UHD study ID:** |  |
| **IRAS ID:** | 156083 |
| **Chief Investigator:** |  |
| **Study status:** |  |
| **Disease Area:** |  |
| **Short summary:** |  |
| **Study protocol:** |  |
| **Publications and results:** |  |

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| **Study Title:** | Implicit Learning in Stroke Study |
| **UHD study ID:** |  |
| **IRAS ID:** | 250540 |
| **Chief Investigator:** |  |
| **Study status:** |  |
| **Disease Area:** |  |
| **Short summary:** |  |
| **Study protocol:** |  |
| **Publications and results:** |  |

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| **Study Title:** | Lym1 |
| **UHD study ID:** |  |
| **IRAS ID:** | N/A |
| **Chief Investigator:** |  |
| **Study status:** |  |
| **Disease Area:** |  |
| **Short summary:** |  |
| **Study protocol:** |  |
| **Publications and results:** |  |

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| **Study Title:** | Diabetes support at University - a questionnaire study |
| **UHD study ID:** |  |
| **IRAS ID:** | 272828 |
| **Chief Investigator:** |  |
| **Study status:** |  |
| **Disease Area:** |  |
| **Short summary:** |  |
| **Study protocol:** |  |
| **Publications and results:** |  |

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| **Study Title:** | PGSQ in children with cerebral palsy: a preliminary validation study |
| **UHD study ID:** |  |
| **IRAS ID:** | 273604 |
| **Chief Investigator:** |  |
| **Study status:** |  |
| **Disease Area:** |  |
| **Short summary:** |  |
| **Study protocol:** |  |
| **Publications and results:** |  |

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| **Study Title:** | Does Rapid Mobilisation Improve Length of Stay and Outcomes Post THR? |
| **UHD study ID:** |  |
| **IRAS ID:** | 159687 |
| **Chief Investigator:** |  |
| **Study status:** |  |
| **Disease Area:** |  |
| **Short summary:** |  |
| **Study protocol:** |  |
| **Publications and results:** |  |

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| **Study Title:** | Gait Cycle Analysis after Physica KR Total Knee Replacement |
| **UHD study ID:** |  |
| **IRAS ID:** | 172937 |
| **Chief Investigator:** |  |
| **Study status:** |  |
| **Disease Area:** |  |
| **Short summary:** |  |
| **Study protocol:** |  |
| **Publications and results:** |  |