

Commentary

Commentary to: The Preventive Effect of the FOCUS-PDCA Management Mode on Deep Vein Thrombosis in Elderly Patients Following Orthopedic Surgery

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To the Editor:

I read with great interest the recent article by Li and Liu entitled “The Preventive Effect of the FOCUS-PDCA Management Mode on Deep Vein Thrombosis in Elderly Patients Following Orthopedic Surgery,” published in the Journal of Musculoskeletal and Neuronal Interactions (JMNI)¹. The authors are to be commended for addressing postoperative deep vein thrombosis (DVT), a clinically significant complication that disproportionately affects elderly orthopedic patients and remains a major cause of morbidity and mortality.

The study provides valuable evidence that the FOCUS-PDCA management model may offer advantages over routine postoperative care by improving coagulation parameters, reducing DVT risk symptoms, and enhancing patient satisfaction. The integration of continuous quality improvement principles into perioperative management is particularly noteworthy, as it emphasizes systematic problem identification, multidisciplinary collaboration, and iterative process optimization. These elements are often lacking in conventional postoperative interventions.

Several aspects of the study deserve further discussion. First, the use of admission time to allocate patients into control and intervention groups may introduce temporal bias, as improvements in clinical practice or staff experience over time could partially account for the observed benefits. Future studies employing randomized or

cluster-randomized designs would help strengthen causal inference. Second, while the reduction in DVT incidence is encouraging, longer follow-up periods would be valuable to determine whether the benefits of the FOCUS-PDCA model persist beyond hospitalization, particularly with regard to late thromboembolic events.

In addition, the authors' emphasis on intervention quality and patient satisfaction highlights an important shift from purely biomedical outcomes to patient-centered care. However, the use of self-developed assessment tools, although practical, may limit comparability with other studies. Validation of these tools or the incorporation of standardized instruments could enhance the generalizability of the findings.

Overall, this study contributes meaningful insights into the application of structured management models in postoperative care. The FOCUS-PDCA approach appears to be a promising strategy for reducing DVT risk in elderly orthopedic patients and warrants further investigation in multicenter and prospective trials.

Author Contributions

Jiayi Chen contributed to all aspects of the work and approved the final version of the manuscript.

Acknowledgements

The author acknowledges that ChatGPT-5 was used during manuscript preparation to assist with sentence structure and language editing. The author confirms that all AI-assisted content was reviewed and verified, and the author takes full responsibility for the integrity, accuracy, and originality of the work.

The author has no conflict of interest.

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Edited by: G. Lyritis
Accepted 4 February 2026

Reference

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