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Predictors of clinical outcome in total hip and knee replacement : a methodological appraisal of implants and patient factors

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Stellingen bij het proefschrift:

Predictors of Clinical Outcome in Total Hip and Knee Replacement

A Methodological Appraisal of Implants and Patient Factors

1. The majority of evidence concerning the probability of revision surgery 10 years after primary total hip replacement is of low quality (*this thesis*).
2. Socio-economic position has no effect on improvement in health-related quality of life and patient satisfaction in total hip and knee replacement (*this thesis*).
3. Patients with severe radiographic osteoarthritis have a better prognosis in physical functioning after hip and knee replacement (*this thesis*).
4. Distribution-based clinically important differences are more efficient than anchor-based clinically important differences (*this thesis*).
5. It's good to feel better, but it's better to feel good.
6. For an individual patient, it is more important to know the probability of a relevant improvement than how much 'an average patient' improves.
7. The Kaplan-Meier estimator always leads to an overestimation of the event of interest in the presence of competing risks.
8. Distribution-based clinically important differences regain clinical meaningfulness through validation using external criteria.
9. Ook sterven doe je in Nederland volgens de regels, en anders blijf je maar leven (*Arnon Grunberg, 'Voetnoot' in De Volkskrant, 2013*).
10. The greatest crimes in the world are not committed by people breaking the rules but by people following the rules (*Banksy, 'Wall and Piece', 2005*).
11. Das gefährlichste Organ am Menschen ist der Kopf (*Alfred Döblin, 'Schriften zur Politik und Gesellschaft', 1972*).