

## Additional File 2

Table S1. Characteristics of included studies

Author	Study Design	Sample Characteristics	Joint replaced	Timeframe: Pre-operative or post-operative	Recall time for falls	Number of falls	Measures	Results	Quality of Study
<b>Pre-operative studies</b>									
Hill et al. (2016) <i>Australia</i>	Cross sectional	n=282 Age: 67.3 ±8.6 yrs Female n =155 (55%)	Hip (n=85) Knee (n=197) Total (n=282)	pre-operative = 2-4 weeks	12 months	116 (41%) had one fall or more in the past 12 months	<p><i>TKA Non-fallers</i>      <i>TKA Fallers</i>      <i>p-value</i></p> <p>Falls Efficacy Scale: International 7-28 (7: no concern)</p> <p>11.4 ± 3.8      13.5 ± 5.6      0.005</p> <p>71.2 ± 22.1      63.8 ± 20.6      0.051</p> <p>Activities- Specific Balance Confidence Scale 0-100 (0: least fearful)</p> <p>671.7 ± 280.0      807.4 ± 282.00      0.020*</p> <p>WOMAC Function, VAS Scale 0-1700 (0: no difficulty with function)</p> <p>54.9 ± 9.7      50.6 ± 13.1      0.030*</p> <p>Self-perceived quality of life (SF-36 Mental) 0-100 (0: lowest quality)</p> <p>11.1 ± 9.5      14.4 ± 11.5      0.021**</p> <p>Pain (Pain Catastrophizing Scale) 0-52 (0: least catastrophizing)</p> <p>Cardiac Depression Scale (CDS) 26 – 182 (26: least depressive mood)</p> <p>* One-way ANOVA post hoc: significant difference between multiple fallers and other groups ** One-way ANOVA post hoc: significant difference between all three groups</p> <p><b>Not significant:</b> TKA patients- WOMAC pain/ stiffness/ total; SF-36 Physical Component Score; Tampa Scale for Kinesiophobia; IPEQ Incidental Activity; IPEQ planned activity / total activity were not significantly different between non-fallers and multiple fallers.</p> <p><b>Not significant:</b> THA patients - WOMAC pain/ stiffness/ function/ total; Pain Catastrophizing Scale; SF-36 Physical Component score/ Mental Component Score; Tampa Scale for Kinesiophobia; Cardiac Depression Scale; IPEQ incidental/ planned/ total</p>	Acceptable	

Mitchell et al. (2007) <i>United Kingdom</i>	Cross Sectional	n = 199 Age: 72 (95% CI: 71.6, 72.7) yrs Female 111 (55.6%)	Hip (n=84) Knee (n=115)	pre-operative time points not specified	4 weeks	75 (39%) of pre-op patients fell at least once	<p><i>Non fallers</i>      <i>Fallers</i>      <i>p-value</i></p> <p>WOMAC Pain* 0 – 100, 0 least pain      45      33      0.0012</p> <p>WOMAC Function* 0 – 100, 0 no difficulty with function      41      33      0.0001</p> <p>Self-perceived quality of life -36 *      28      20      &lt;0.05</p> <p>Physical Functioning      33      25      &lt;0.05</p> <p>Bodily Pain      17      7      &lt;0.05</p> <p>Role Physical      60      52      &lt;0.05</p> <p>General Health      48      40      &lt;0.05</p> <p>Vitality      56      36      &lt;0.05</p> <p>Role Emotional</p> <p>Timed Up and Go – mean (95% CI)      16 (14.9, 17.0)      19.8 (16.8, 22.8)      0.02</p> <p>Hypnotic/Antidepressant Medication – n (95% CI)      8/119 (7)      13/75 (17)      0.02</p> <p>Number of Comorbid Conditions – mean (95% CI)      1.9 (1.6, 2.1)      2.6 (2.2, 3.0)      0.0025</p> <p>Self-Reported Depression – n (95% CI)      14/115 (12)      17/69 (25)      0.0025</p> <p>Number of Geriatric Problems – mean (95% CI)      1.2 (0.9, 1.4)      1.8 (1.5, 2.1)      0.0016</p> <p>Self-Reported Memory Problem – n (95% CI)      11/114 (10)      17/72 (24)      0.010</p> <p>Self-Reported Balance Problem – n (95% CI)      37/114 (33)      42/72 (58)      0.0005</p> <p><b>Not significant:</b> WOMAC stiffness, SF-Social Functioning, SF-Role Emotional (p&gt;0.05), age, sex, joint being replaced, osteoporosis at any site, use of parathyroid hormone, use of vitamin D, BMI, and number of prescription medications were not statistically different between non-fallers and fallers.</p> <p><i>Adjusted OR (for sex and gender) for factors associated with falling</i>      <i>p-value</i></p> <p>Number of comorbid conditions &gt; 2      2.2 (1.03, 4.8)      &lt;0.05</p> <p>Self-reported balance problem      2.5 (1.2, 5.1)      &lt;0.05</p> <p><b>Not significant:</b> Self reported depression, Hypnotic/antidepressant medication, more than one geriatric problem, and self-reported memory problem were factors that were not significantly associated with falling.</p>	Poor
Pozzi et al (2015) USA	Cross Sectional	n=31 Age: 65 ± 8 yrs Female 31 (100%)	Hip (n=31)	Pre-operative = 2 weeks	6 months	7 (22.5%) of pre-op patients reported at least one fall within 6 months of survey	<p><i>Non-fallers (n=24)</i>      <i>Fallers (n=7)</i>      <i>t-test</i>      <i>Correlation with fall (r, p-value)</i></p> <p>Age      63 ± 8      71 ± 6      0.01      0.40, 0.03</p> <p>Timed up and go (s)      10.9 ± 3.43      17.63 ± 11.13      &gt;0.01      0.45, 0.01</p> <p>Stair climbing (s)      22.64 ± 9.07      41.4 ± 20.4      &gt;0.01      0.54, &gt;0.01</p> <p>6 minute walk test (m)      399.16 ± 86.19      264.36 ± 145.85      &gt;0.01      -0.5, &gt;0.01</p>	Poor

							Total hip ROM, degrees 156.08 ±26.94    135.85 ±13.45    0.03    -0.33, 0.06 Knee extension on surgical side of hip, Nm/Kg 2.15 ± 1.13    1.33 ± 0.63    0.04    -0.32, 0.08 Knee extension on non-surgical side of hip, Nm/Kg 1.04 ± 2.19    2.08 ± 1.24    0.04    -0.31, 0.08  <b>Not significant:</b> BMI; Hip Harris Score; Hip Outcome Score; low back pain on a 1-10 scale; hip pain on 1-10 scale for both surgical and non-surgical side; knee pain on 1-10 scale on surgical and non-surgical side; knee abductor strength on surgical and non-surgical side; are all not significantly different between non-fallers and fallers.			
Tsonga et al (2015)  Greece	Cross Sectional	n=68 Age: 73 ±5.8yrs  Female 57 (83.8%)	Knee (n=68)	Pre-operative = 1 month	12 months	43 (63.2%) had one or more falls in the past 12 months	<b>Mean ± SD</b> SF-36 Physical    34.5 ± 6.99 SF-36 Mental    36.36 ± 9.83 WOMAC (VAS Scale) Total    822.79 ± 317.31 Pain    226.10 ± 85.24 Stiffness    56.62 ± 43.54 Physical function    540.07 ± 255.18 Timed Up and Go Performance Test (seconds)    13.05 ± 4.13  <b>Not significant:</b> Gender; age; BMI; presence of pain elsewhere in the body; number chronic diseases; having a social environment; previous arthroplasty; SF-36 physical & mental component scores; WOMAC pain/ stiffness/ physical function; Timed Up and Go were not significantly different between non-fallers and fallers	Acceptable		
<b>Pre and post-operative studies</b>										
Levinger et al. (2011)  Australia	Prospective Cohort	n=62 Age: 66 ±7 yrs  Female n =30 (48%)	Knee (n=35)  Non-Surgical Controls (n=27)	pre-operative time not specified  post-operative = 4 months	12 months	17 (48%) of pre-op TKA patients fell  8 (30%) of non-surgical controls fell  *Timeframe not reported for pre-op patients **Post-op prevalence of falls not measured	FES-I 7-28 (7: no concern) 11.4 ± 3.0 * <sup>+</sup> WOMAC Pain - VAS (range 0-500, 500 worst) 192.5 ± 106.0 <sup>+</sup> WOMAC Stiffness - VAS (range 0-200, 200 worst) 95.4 ± 46.7 <sup>+</sup> WOMAC Function - VAS (0-1,700) 609.0 ± 325.9 <sup>+</sup> WOMAC Total - VAS (0-2,400) 896.9 ± 430.4 <sup>+</sup> Assessment of Quality of Life 0.8 ± 0.0 <sup>+</sup> Incidental and Planned Activity Questionnaire: Incidental 38.5 ± 19.8* <sup>+</sup> Incidental and Planned Activity Questionnaire: Total 44.3 ± 20.6 * <sup>+</sup>	<b>Pre-operative</b>  <b>Post-operative</b> 9.7 ± 2.9*  171.5 ± 278.2 48.6 ± 37.3 278.6 ± 236.0 498.7 ± 498.5 0.7 ± 0.1* 8.3 ± 14.5* 12.1 ± 16.1	<b>Non-surgical control</b> 7.6 ± 1.2  - - - - 0.8 ± 0.1 19.5 ± 13.9 25.9 ± 16.3	Acceptable
<b>Not significant :</b> IPAQ planned was not significantly different between control and post-operative group. * Significantly different to control +Significantly different to post-surgery										

Riddle et al. (2016)	Retrospective Cohort	Cases: n=413 Age: 63.9 ±6.8 yrs Female: 251 (60.7%)  Controls: n=4,200 Age: 60.8 ±9.2 yrs Female: 2,446 (58.2%)  Controls were OA patients and individuals at risk of OA (54% had no OA and 49.1% had grade 2 or more) that did not undergo TKA during the study period	Knee arthroplasty patients (n=413)	pre-operative = 4 years post-operative = 4 years	12 months	8-23% for men, and 15-23% for women fell at least once in the past year	<b>Non-TKA (OR, 95% CI)</b> <i>1 Fall (reference group: no falls)</i> Age 1.00, (0.99, 1.01) Male Sex 0.60 (0.49, 0.74)* No Narcotic Use 0.63 (0.41, 0.97)* No Prior Falls 0.74 (0.47, 1.15)*  <b>Not significant (OR, 95% CI)</b> PASE score; depressive symptoms; repeated chair stand; no comorbidity; no knee replacement  <i>2+ Falls (reference group: no falls)</i> Age 0.98 (0.97, 0.99)* Depressive symptoms 1.05 (1.04, 1.07)* No comorbidity 0.77 (0.60, 0.97)* No narcotic use 0.53 (0.34, 0.82)* No prior falls 0.16 (0.13, 0.21)*  <b>Not significant (OR, 95% CI)</b> Male sex; PASE score; repeated chair stand; no knee replacement	<b>TKA (OR, 95% CI)</b> 1.02 (1.01, 1.03)* 0.83 (0.67, 1.02) 0.41 (0.33, 0.50) 0.78 (0.55, 1.20)*  PASE score; depressive symptoms; repeated chair stand; no comorbidity; no knee replacement  0.99 (0.98, 1.01)* 1.04 (1.03, 1.05)* 0.80 (0.66, 1.08) 0.89 (0.55, 1.44) 0.14 (0.10, 0.18)*  Male sex; PASE score; repeated chair stand; no knee replacement	Acceptable
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Swinkles et al. (2009)  UK	Prospective Cohort	n=99 Age: 73.4 ± 4.9 yrs  Female: 63(64%)	Knee (n=99)	pre-operative = 3 months  post-operative =12 months	1 month	Pre-op: 24 (24%) fell  Post-op: 11 (13%) fell	<p>ABC-UK (0-100, 100 Best) Fallers 53.1±26.4 64.6±18.7 66.0±23.2 61.2±30.4 Non-Fallers 64.4±24.3 67.6±22.8 71.2±25.8 76.7±22.7</p> <p>ABC – UK (0-100, 100 best) Geriatric Depression Scale (0-15, 15 worst) 5.4 ± 2.6 3.4 ± 2.5 WOMAC Pain (Likert) (0-20, 20 worst) 11.7 ± 2.7 10.4 ± 3.3 WOMAC Stiffness (Likert) (0-8, 8 worst) 5.4 ± 1.2 4.8 ± 1.6 WOMAC Function (Likert) (0-68, 68 worst) 42.7 ± 9.4 35.9 ± 11.4 WOMAC Total (Likert) (0-96, 96 worst) 59.5 ± 11.8 51.0 ± 15.5 Patients reporting falling 4 months prior to entry onto waitlist for TKA 12/23 4/75</p> <p><i>Not significant:(adjusted OR and 95% CI for pre-operative and post-operative patients): female gender; age; number of comorbid conditions; number of baseline medications including cardiovascular medications, anti-depressants; self-reported eye problems; self-reported hearing problems.</i></p>	High
Tsonga et al (2016)  Greece	Prospective Cohort	n=68 Age: 73 ± 5.28 yrs  Female: 57 (83.8%)	Knee (n=68)	pre-operative = 2 weeks  post-operative = 1-12 months	1 month	Pre-op: 43 (63%) fell  Post-op: 15 (22%) fell	<p>Fear of Falling (Yes) 56 (82.4%) 30 44.1% Fear of Falling –Activities Specific Balance Confidence Scale (0-100, 0 least confidence), mean ± SD 63.76 ± 20.14 81.49 ± 16.24</p> <p>Fear of Falling –Activities Specific Balance Confidence 79.50 ± 13.99 82.05 ± 16.90 Fearful of Falling (Yes/No) 11 (73.3%) 19 (35.8%) History of Falls (Yes/No) 12 (30.2%) 30 (69.8%)</p> <p><b>Not significant:</b> Age; gender; BMI; pain elsewhere in the body; chronic diseases ; complications during surgery; social environment; presence of social environment; previous arthroplasty surgery; SF-36 Physical &amp; Mental component scores; WOMAC pain/ stiffness/ physical function; PASE physical activity questionnaire; Timed Up and Go, and Berg Balance scale were not significantly different between fallers and non-fallers at 1 year post-op.</p>	Acceptable

							<i>O.R, 95%CI</i> (multiple logistic regression of falling status at 1 year post-op) stepwise method				
							Age	1.13, (0.98, 1.30)			
							Fear of Falling	11.90 (2.20, 64.20)			
							Falling Status	7.23 (1.28, 41.01)			
Post-operative studies											
Ikutomo et al (2015)  <i>Japan</i>	Cross Sectional	n=214  Age: 66 ±8.7 yrs  Female 203 (95%)	Hip (n=214)	post-operative=1 year	12 months	77 (36%) of post-op patients fell	Age (yrs)	<i>Non-Fallers</i> 86.3 ± 8.2	<i>Fallers</i> 64.7 ± 8.7	<i>p-value</i> 0.004	Poor
							Height (cm)	153 ± 6.2	154.8 ± 5.9	0.037	
							Medication, n (%)	63 (81.8)	69 (50.4)	<0.001	
							Less than one comorbid medical condition, n (%)	30 (39)	73 (53.3)	0.044	
							Post-operative duration, years (interquartile range)	4 (2-7)	5 (2-8)	0.023	
							Total Oxford Hip Score	16 (14-19)	14 (12-17)	<0.001	
							Use of a walking aid, n (%)	27 (35.1)	25 (18.2)	0.006	
							Walking capacity –“can you walk for more than 60 minutes without stopping?” n (%)	32 (41.6)	88 (64.2)	0.001	
							<b>Not significant:</b> Sex; body weight; BMI; THA side were not different between non-fallers and fallers.				
							<i>Adjusted OR (95%CI) (for sex and gender) for factors associated with falling</i> <i>p-value</i>				
							Medications	4.09 (1.90, 8.80)		<0.001	
							Post Operative Duration, years (IQR)	0.89 (0.81, 0.98)		0.014	
Matsumoto (2012)  <i>Japan</i>	Prospective Cohort	n=74  Age: 75 ± 6 yrs  Female: 57 (88%)	Knee (n=70)	post-operative =6-11 months	1 month, for 6 months	23 (32.9%) fell once or more during a 6-month observation period	Modified Falls Efficacy Scale (M-FES)	<i>Fallers</i> 122.2 ± 27.1	<i>Non-Fallers</i> 123.3 ± 23.3	<i>p-value</i> 0.874	High
							Post operative flexion	10.2 ± 16.1	119.5 ± 14.1	0.016	
							Post operative flexion and extension	100.6 ± 18.4	109.7 ± 15.9	0.037	
							ROM of the ankle (°) – plantar flexion	55.2 ± 6.1	59.1 ± 6.1	0.014	
							<b>Not significant:</b> Age; gender; BMI; TKA side; diagnosis of OA or RA; mean time since surgery; prior hip surgery; total number of prescribed medications; hearing problems; eye problems; cardiac disease; diabetes; hypertension; ambulation; pre-operative knee flexion; pre-operative knee extension; pre-operative range of flexion and extension; post operative extension; ankle dorsiflexion; joint instability; knee extensor strength; hallux valgus; limited ankle mobility; kyphosis; one-leg stand; 10 minute walking speed; step length; JKOM total score; pain; limitation of activity; restriction of participation; and Geriatric Depression Scale; were not statistically different between fallers and non-fallers.				

							<p>Knee flexion (post op) (10 degree groups, 80-140) <b>OR (95% CI)</b> 0.277 (0.088-0.869) <b>p-value</b> 0.028</p> <p>Knee flexion and extension (post op (10 degree groups, 60-135) 2.308 (0.847-6.289) 0.102</p> <p>Ankle plantar flexion (5 degree groups, 40-70) 0.594 (0.374-0.945) 0.028</p>	
Soison et al (2014) <i>Thailand</i>	Cross Sectional	n=54 Age: 67 ±8 yrs Female 46 (85%)	Knee (n=54)	post-operative= 7-73 months	12 months	23 (42%) of post-op patients fell	<p><b>Non-Fallers</b>                      <b>Fallers</b>                      <b>p-value</b></p> <p>Height (cm)                      156.06 ± 7.29                      154.26 ± 4.22                      &lt;0.005</p> <p>Limited Knee Joint Motion (case)                      2                      7                      &lt;0.05</p> <p><b>Not significant:</b> Age, weight, BMI, time after surgery, VAS, WOMAC pain, stiffness, function, total, satisfaction score (maximum score 10), vision problems</p> <p><b>Coefficient of association between risk factor and falls</b>                      <b>Standard Error</b>                      <b>p value</b></p> <p>WOMAC Pain                      0.048                      0.021                      &lt;0.05</p> <p>WOMAC Stiffness                      0.141                      0.049                      &lt;0.025</p> <p>Limit Knee Joint Motion (flexion &lt;120° and/or joint was not able to fully extend 0°)                      0.594                      0.227                      &lt;0.025</p> <p><b>Not significant:</b> Sex; vision problems; BMI; VAS; WOMAC function/ total score.</p>	Poor
Smith et al (2014) <i>United Kingdom</i>	Retrospective Cohort	n=269 Age: 67 ± 9 yrs Female 112 (41.6%)	Hip (n=104) Knee (n=165)	post-operative = 12-72 months	12 months	26 (25%) of post-op THA patients fell at least once  43 (26.1%) of post-op TKA patients fell at least once	<p><b>Falls in THA patients</b>                      <b>Falls in TKA patients</b></p> <p>Bisphosphonate use (OR, 95% CI: p value)                      1.28 (1.03, 1.58)                      1.23 (1.03, 1.58) 0.03</p> <p>Knee OA in the past (OR, 95% CI: p value)                      1.51 (1.06, 2.04)                      -</p> <p><b>Not significant:</b> Age; gender; marital status; employment; diagnosis of hip OA; race                      Age; gender; marital status; employment; previous hip arthroplasty; diagnosis of hip OA; diagnosis of knee OA; race</p>	Acceptable