



Outpatient Rehab Model of Care Following Primary, Elective Total Joint Replacement

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1 Standardized Outpatient Rehabilitation (OPR) Model for Total Knee and Total Hip Replacement

The standardized Outpatient Rehabilitation (OPR) Model for Total Knee and Total Hip Replacement was developed in collaboration with stakeholders from acute care, rehabilitation/CCC hospitals and the Toronto Central CCAC in support of the provincial target to discharge 90 per cent of acute care patients to home, set by the Orthopaedic Expert Panel. The OPR model of care was developed to ensure patients have a smooth transition from acute care to outpatient rehabilitation following primary elective total joint replacement.

The pathway clarifies and standardizes the processes involved in arranging post-acute rehabilitation as well as the model of outpatient rehab for this patient population. The model of care includes:

- Separate care pathways for outpatient rehab post primary knee and primary hip replacement;
- Processes in the pre-operative, acute care admission and outpatient rehab phases, and responsibilities for acute care and rehab to support the smooth transition of patients to outpatient rehab;
- Triage considerations for referral to outpatient/inpatient rehab;
- Criteria for referral to CCAC;
- A new referral form for the pre-op and post-op phase;
- A new TJR Follow-Up Form to support communication between the treating Physiotherapist in outpatient rehab and the orthopaedic surgeon;
- A listing of GTA Rehab Network member hospitals within the GTA that accept external referrals to outpatient rehabilitation for this population;
- Key messages for patients to help prepare them for the surgery and discharge to home; and
- GTA LHIN funded transportation options.

The Outpatient Rehabilitation (OPR) Model for Total Knee and Total Hip Replacement was endorsed by the Toronto Central LHIN MSK/Stroke Implementation Group (December 2013) and by the Joint Health and Disease Management Committee (January 2014).

The GTA Rehab Network would like to thank all those from the acute care, rehabilitation and Community Care Access Centres who participated and shared their clinical knowledge and expertise during the many consultations held to develop this model.

2 Guideline for Pre-Operative Processes: Primary, Elective, Unilateral Total Joint Replacement

Evidence indicates that the majority of patients can achieve comparable outcomes in community based rehabilitation post primary, unilateral hip/knee replacement versus inpatient rehabilitation provided that adequate therapy resources are available in a timely manner.¹ The Quality-Based Procedures Clinical Handbooks for Primary Unilateral Total Knee and Total Hip Replacement² set out the following targets for discharge disposition and length of acute care stay as identified by the Orthopaedic Expert Panel:

- Discharge disposition – 90 per cent home;
- Length of stay – mean 4.4 days for patients discharged home

Early planning and education with patients in the pre-admission phase is a critical step in preparing patients for their surgery and discharge to home by day 4 post-op. **Recognizing that each organization will implement processes in the pre-admission process in accordance with patient needs and available resources**, the components recommended in this guideline reflect ideal approaches for consideration to support achievement of the new targets.

The following sections outline key elements in the pre-admission process.

2.1 Pre-operative Education

Pre-operative education is an important component to inform patients of all aspects of their care and what to expect at each stage from referral, through admission, surgery, post surgery and return to the community.³

There is a greater need for pre-operative education that is *provided from a rehab perspective* in light of the direction to discharge the majority of patients directly home from acute care.

Ideally pre-operative education should be offered *6-8 weeks before the date of surgery*.^{4 5} While education has been typically offered on the same day as the medical pre-op visit, earlier education with patients has three important benefits:

- a) Patients have more time to prepare for the discharge to home from acute care, including mobilization of family, friends or other community resources to support a safe discharge home.
- b) Patients can begin to do exercises to improve strength and fitness in advance of the surgery and support post-surgical recovery.⁶
- c) Patients are provided with information on the model of care for outpatient rehab that they will receive after their total hip or total knee replacement. For patients undergoing total hip replacement and where the

Pre-op Education ~

Every effort should be made to make pre-operative education available to all patients as early as possible. Consider:

- Providing education 6-8 weeks before date of surgery
- Offering classes several times and at various times of the day (e.g. during business and evening hours)
- Partnering with external providers to provide classes for patients outside of the catchment area
- Developing a system where patients who are unable to attend a class are contacted by phone
- Providing information in a format that allows the patient to review the material more than once (e.g. DVD, workbooks, on-line website).

amount of physiotherapy that will be required post-surgery may be unclear, it is important to clearly state to the patient that s/he will be referred to a physiotherapist in outpatient rehab who will assess the patient's need for additional rehab following the initial assessment/class.

Length of class:

- Up to 1 ½ hours. Organizations that have been running classes have found that 1 ½ hours allows enough time to provide information and address questions.

Class Instructors:

- The class should be co-led by rehab professionals, ideally by one occupational therapist and one physiotherapist, who can respond to the broad range of questions that patients may pose.
- The class could also be co-led by one physiotherapist *or* occupational therapist and one rehab therapy assistant.
- At a minimum, the class could be led by a rehab therapy assistant alone provided that (i) the rehab assistant has the appropriate knowledge and training (i.e. Certified OT/PT Assistant graduated from a Ministry of Colleges and Universities approved Community College) *and* (ii) the occupational therapist and physiotherapist are available for consultation to address any questions outside of the rehab assistant's level of expertise.
- It can be helpful to have a patient who has already undergone the surgery to participate in the information sharing part of the class.

Class Content:

- Information on the acute care stay and expected length of stay
- Information on preparing for a discharge to home by day 4 post-op (e.g. home safety, equipment needs, arranging for help with meal planning/preparation for 10 days and other household chores, daily phone contact with someone (friend, family member) to report daily status and follow up on exercises etc.)
- Information on the recovery process including pain management
- Written material to be provided

2.2 Pre-operative Medical Workup

Patients are seen before the date of surgery for medical screening to determine appropriateness and fitness for surgery by clinical team, which may include an RN, anaesthetist and other consultation services. Blood work and other tests are done as needed.

2.3 Discharge Destination Triage

At the pre-operative medical visit, the patient is also assessed to confirm the discharge destination of the patient post-surgery. While the target for discharge to home from acute care has been set at 90% for patients, there are some patients who will likely require inpatient rehabilitation.

The triage assessment should be conducted by an individual with a rehabilitation, social work or nursing background. However, it is recommended that members of the MSK clinical team be available for

Discharge Destination Triage~

The first and foremost consideration when planning for discharge is to explore with the patient *every option* to support discharge to home.

consultation to pre-empt and resolve any potential rehabilitation or psychosocial barriers that could delay discharge or preclude a discharge to home.

To conduct the triage, see Appendix A: *“Discharge Triage Considerations for Patients Following Primary, Unilateral, Elective Hip/Knee Replacement.”* Information from the Toronto Central LHIN to help patients prepare for surgery is summarized in Appendix B: *“Information Letter for Patients from the TC LHIN”*

2.4 Referral to Post Acute Rehabilitation following Triage Decision

- a) For the majority of patients who are expected to be discharged home post surgery, a referral to outpatient rehab is initiated in the pre-admission phase:
- For a listing of a TJR outpatient rehab programs in the GTA that accept external referrals see Appendix C: *“TJR Outpatient Rehab Programs in the GTA Accepting External Referrals.”*
 - Referral for the first outpatient rehab appointment for patients who will receive a total knee replacement is based on the date of surgery and anticipated date of discharge on day 4 post-op or before. The tentative date of the 1st appointment is within 7 business days of the projected discharge date from acute care or CCAC (if patient is expected to require CCAC post discharge.)
 - The date of the 1st appointment for outpatient rehab, if required, for patients who will receive a total hip replacement is typically scheduled to occur between 2-6 weeks post discharge.
 - Mechanisms should be in place to communicate the date of the outpatient rehab appointment to the patient and inpatient acute care team; appointment to be confirmed by the inpatient team prior to the patient’s discharge from acute care.
 - Transportation options for outpatient rehab are discussed and provided to the patient including LHIN-subsidized programs. (See Appendix D for a list of GTA LHIN funded programs)
 - A standardized outpatient rehab referral form has been developed: *“Outpatient Rehab Referral Form: Elective Knee or Hip Replacement.”* (See Appendix E)
- b) A very small proportion of patients may qualify for rehabilitation services from a Community Care Access Centre (CCAC). Eligibility criteria for patients who may require CCAC are outlined in Appendix F.
- c) For patients who will likely require inpatient rehabilitation, an inpatient rehab bed is pre-booked using the *“Rehab Pre-Admission Form: Elective Hip and Knee Surgery “* (See Appendix G)

3 Outpatient Rehab Process Maps for Total Knee and Total Hip Replacements

Separate process maps for Total Knee and Total Hip Replacements have been developed to schematically describe the processes that are recommended to occur in the Pre-Operative Phase, Acute Admission Phase and the Outpatient Rehab phase. (See Figure 3.1 and 3.2)

3.1 Components of Outpatient Rehab following Total Knee Replacement

Model of Outpatient Rehab following Total Knee Replacement

For patients discharged home following Total Knee Replacement:

- | | |
|--|--|
| <ul style="list-style-type: none"> ● 90% of patients will require: <ul style="list-style-type: none"> » 1 assessment visit (1 hour) » 2 hour class, 2x per week for 6 weeks » Class format, run by PT/PTA | <ul style="list-style-type: none"> ● 10% patients discharged home will require: <ul style="list-style-type: none"> » 1 assessment visit <i>and</i> » 1:1 treatments instead of a class format and will need, on average, up to 15 treatment visits (30 minute treatment visit plus 15 minute documentation time) |
|--|--|

Of the patients who first received CCAC, some may require additional outpatient treatment

3.2 Components of Outpatient Rehab following Total Hip Replacement

Given differences in surgical practices, patient profiles and other environmental factors (e.g. degree of familiarity with the patient in the Outpatient Rehab setting; patient’s geographical proximity for surgical follow-up etc.), flexibility has been built into this guideline regarding how and when outpatient rehab should be provided following elective, primary total hip replacement. The guideline is intentionally not rigidly prescriptive in order to meet the varying post-acute rehab needs of patients and allow for application across settings.

Model of Outpatient Rehab following Total Hip Replacement

For patients discharged home following Total Hip Replacement:

Class or 1:1 Session:

- » Scheduled at approximately 2-6 weeks post acute care discharge
- » To assess patient, review education, help patient progress his/her home exercise program, and address any concerns.
- » Class format: 60 – 90 minutes (education and treatment); class size of 4-6 patients; class run by PT/PTA. The length of time for an individual session will vary based on patient need and whether additional sessions are recommended.

Follow-up session(s) - Stream 1:

In large volume centres that treat their own patients and have standardized guidelines among the surgeons, a one visit model will often be sufficient. For outpatient rehab programs that treat patients from other centres, a two visit (or more) model is the preferred approach. The length of these subsequent sessions will vary depending on patient needs.

- » Scheduled after restrictions are lifted [6-12 weeks post-THR] or at an earlier/later time based on the

Model of Outpatient Rehab following Total Hip Replacement

physiotherapist's first assessment of the patient's needs

- » The 2nd session will address helping the patient to progress his/her exercise program, assessing the need for gait aid(s) and other functional needs.

1:1 Treatment - Stream 2: Approximately 20 - 25% of the patients referred to outpatient rehabilitation may require 1:1 treatment, up to 8 sessions after the initial class/session or 2nd follow-up session. These sessions are provided to support progression of the patient's exercise program, provide re-checks, and to assess the need for gait aid(s) and other functional needs.

The triage of patients into the class model vs. 1:1 treatment sessions is based on the assessment of the treating physiotherapist with consideration of the following factors:

- Pre-surgical status:
 - » Longstanding contractures or muscle imbalances (e.g. hip dysplasia, severity of postural/muscle compensations);
 - » Co-morbidities/other conditions (e.g. polio, CP, stroke, severe back pathology, RA, Alzheimer, dementia);
- Surgical complexity:
 - » Fractures during surgery, compromised abductors (excised, repositioned);
 - » Osteotomy (femoral shortening/lengthening; extended trochanteric osteotomy, acetabular cup repositioning);
 - » Bone graft reconstruction of femur/acetabulum with extra restrictions;
 - » Delayed follow-up secondary to continued restrictions beyond 6 weeks;
- Social/Cultural Factors (e.g. language barriers; difficulty following instructions)

Discharge from Outpatient Rehab:

Discharge from an outpatient rehab program is determined by the patient's functional mobility and ability to function safely in his/ her environment, his/her knowledge of the prescribed home exercise program and how to progress his/her prescribed home exercise program.

Figure 3.1 Outpatient Rehab (OPR) Care: Process Map for Patients with Elective Knee Arthroplasty

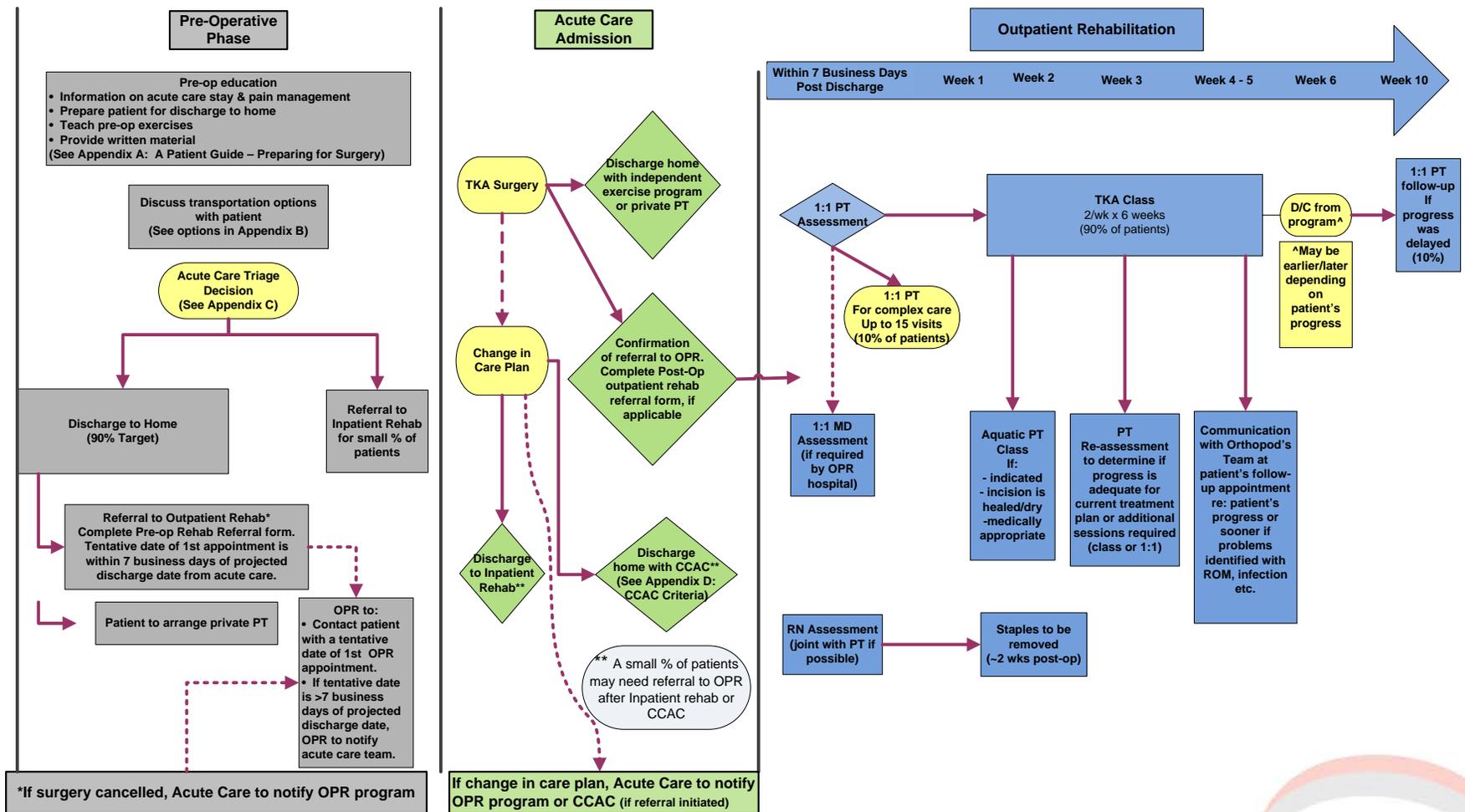
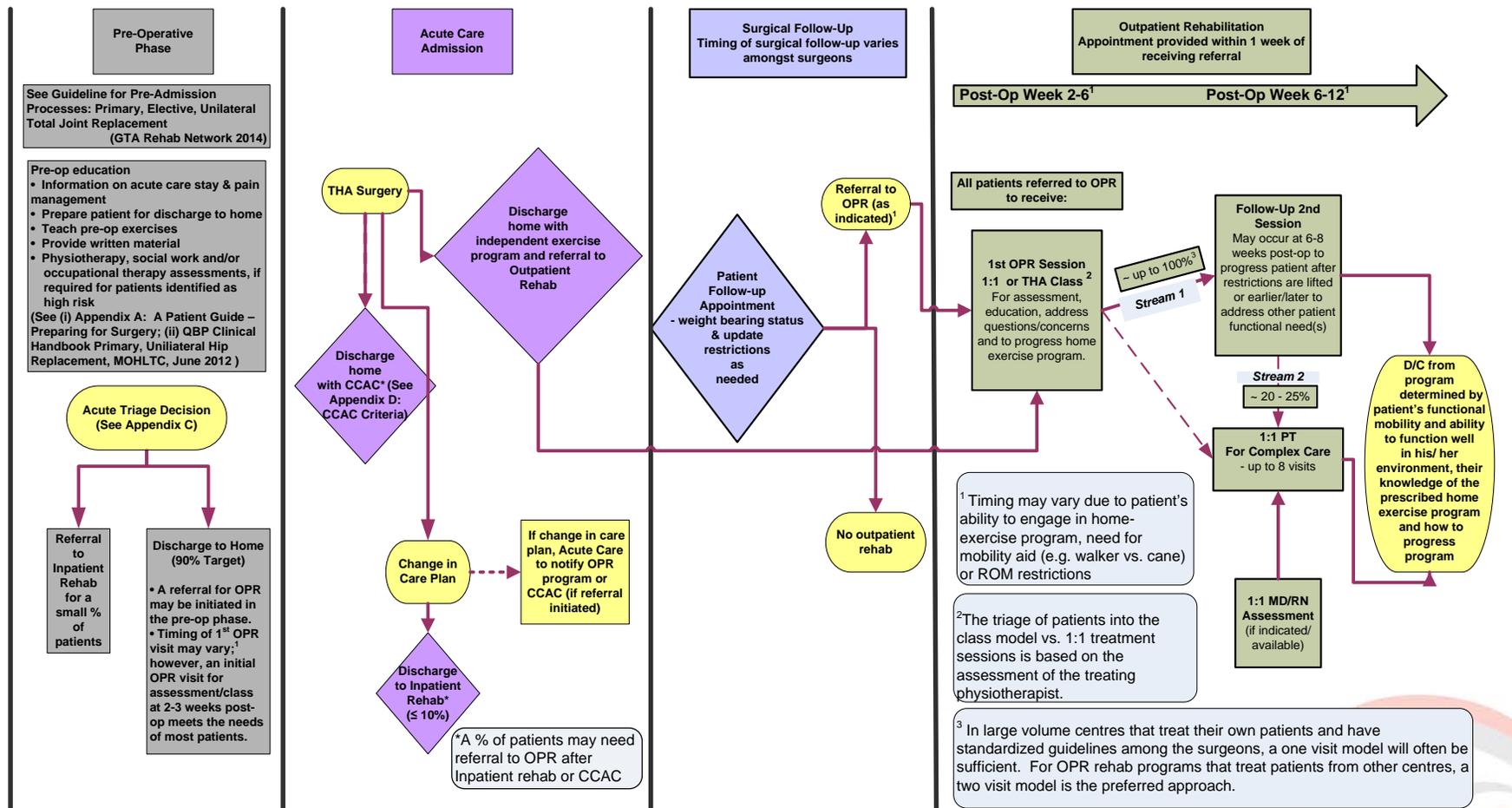


Figure 3.2 Outpatient Rehab (OPR) Care: Process Map for Patients with Elective Hip Arthroplasty



3.3 Total Joint Replacement (TJR) Outpatient Rehab Follow-Up Form

At the request of the Joint Health and Disease Management Committee (JHDM) of the Toronto Central LHIN, the GTA Rehab Network developed, piloted and finalized a new standardized TJR Outpatient Rehab Follow-Up Form. The form was developed to support communication between the treating physiotherapist in outpatient rehab and the patient's orthopaedic surgeon at the time of the patient's first post-surgical follow-up visit with the surgeon.

The new form is a 1-page form divided into 2 parts that can be used for patients who have had a total hip replacement or a total knee replacement. Part A is to be completed by the physiotherapist in outpatient rehab and given to the patient to take with him/her to the follow-up visit with the surgeon. The physiotherapist can indicate if a response from the surgeon is requested. Part B is for comments from the surgeon (if applicable) and is to be given to the patient to give to the treating physiotherapist. (See Appendix H)

The TJR Outpatient Rehab Follow-Up Form was piloted with physiotherapists and 15 of their outpatient rehab patients at Bridgepoint Active Healthcare, Providence Healthcare, St. Joseph's Health Centre, Trillium Health Partners and West Park Healthcare Centre during March 2014. Feedback was also obtained from orthopaedic surgeons within the Toronto Central LHIN via an on-line survey in early May. Based on feedback from the pilot and surgeon survey, the new form was approved and finalized for use by physiotherapists on an "as needed" basis at the discretion of the treating physiotherapist in outpatient rehab (i.e. to report on the client's progress for cases that are more complex; to ask the surgeon for comment on a particular question).

3.4 Acute Care & Outpatient Rehab Responsibilities in the Referral Process for Outpatient Rehab

Phase of Care	Responsibilities: Acute Care	Responsibilities: Outpatient Rehab
Pre-Operative Phase	<ul style="list-style-type: none"> • Meet with patient pre-operatively for pre-op education, medical workup, discharge planning and to initiate referral to Outpatient Rehab (See Guideline for Pre-Operative Processes, Section 2.0) • Use Discharge Triage Considerations to determine most appropriate post-acute referral: <ul style="list-style-type: none"> » Outpatient Rehab » Independent Home Exercise Program » Inpatient Rehab » CCAC • Confirm patient has transportation arranged for outpatient rehab • Complete GTA Rehab Network's <i>Outpatient Rehab Referral Form – Elective Knee or Hip Replacement</i> (if referring to a Rehab/CCC hospital) and fax to outpatient rehab hospital prior to patient's surgery. <ul style="list-style-type: none"> » Acute Care will have a communication mechanism in place to ensure that the inpatient acute care team is aware of the referral to outpatient rehab. • If patient's surgery is cancelled, notify Outpatient Rehab Program 	<ul style="list-style-type: none"> • Hold initial outpatient rehab appointment for TJR patient following receipt of the <i>GTA Rehab Outpatient Rehab Referral Form – Elective Knee or Hip Replacement</i> from acute care • Outpatient rehab appointment to be scheduled within 7 business days of anticipated discharge from acute care • Communicate the date/details of the tentative first outpatient rehab appointment to the patient • Send an appointment confirmation letter to the patient • If the tentative date of the first outpatient rehab appointment is > 7 business days after the tentative acute care discharge date, notify acute care team.

Phase of Care	Responsibilities: Acute Care	Responsibilities: Outpatient Rehab
Acute Care Admission	<p>After patient's surgery and prior to patient's acute care discharge:</p> <ul style="list-style-type: none"> • Send to outpatient rehab program: a discharge summary note that includes relevant post-op information (PT and/or MD note) and discharge date; treatment restrictions; a discharge medication list (preferred) and date of follow-up appointment. • Educate patient re: discharge destination and confirm the outpatient rehab appointment date/details and whom to contact re: cancellations <ul style="list-style-type: none"> » Discharge patient with date for scheduled follow-up appointment with surgeon • If there is a change in the patient's care plan (i.e. patient re-routed to inpatient rehab or discharge date delayed), notify Outpatient Rehab Program or CCAC (if referral initiated) 	<ul style="list-style-type: none"> • Follow-up with the patient if the date of the 1st appointment (already communicated to the patient in the pre-operative phase via a letter from the OPR program) is changed because of a change in the patient's status/discharge date.
Outpatient Rehab		<ul style="list-style-type: none"> • Outpatient rehab program to incorporate the GTA Rehab Network's TJR Outpatient Rehab Model of Care, including groups/classes as per process map • Outpatient rehab team will fax any necessary progress note/treatment updates to referring MD/surgeon/family MD as requested/indicated • The treating physiotherapist may opt to use the TJR Follow-Up Form on an "as needed" basis at his/her discretion to communicate with the patient's surgeon on the patient's progress at the time of the patient's 1st post-surgical follow up visit (i.e. to report on the client's progress for cases that are more complex; to ask the surgeon for comment on a particular question). • Outpatient rehab team will fax outpatient rehab discharge summary to referring MD/surgeon/family MD • Outpatient rehab team will liaise with key stakeholders should patient be deemed not appropriate for outpatient rehab (i.e., CCAC, inpatient rehab)



4 APPENDIX

4.1 Appendix A: Discharge Triage Considerations for Patients Following Elective Hip/Knee Replacement

The first and foremost consideration when planning for discharge is to explore with the patient *every option* to support discharge to home.

The triage assessment should be conducted by an individual with a rehabilitation or nursing background. However, it is recommended that members of the MSK clinical team be available for consultation to pre-empt and resolve any potential rehabilitation or psychosocial barriers that could delay discharge or preclude a discharge to home.

REFERRAL TO OUTPATIENT REHAB OR CCAC REHAB:

All patients who do not meet the criteria for inpatient rehab as outlined below are appropriate for community-based rehabilitation upon discharge from acute care.

Determination of outpatient rehab versus a referral to CCAC is based on the following considerations:

- Patients who are able to access outpatient rehabilitation are to be referred to an outpatient clinic or private provider.
- Patients who are home-bound and unable to access rehabilitation outside the home (Refer to CCAC Admission criteria in Appendix F)

REFERRAL TO INPATIENT REHAB:

Discharge to inpatient rehab should only be considered where there is a combination of concerns in the following areas that precludes a safe discharge to the community:

1. Overall Functioning/Mobility:

- Does the patient have poor pre-operative function as demonstrated by any of the following:
 - » The requirement for significant family support or formal community support services
 - » Limitations in upper extremities that can impact post-op recovery in the community (particularly in cases where there will be weight bearing restrictions)
- Is there insufficient strength/tolerance in the non-operative leg to support the patient's post-op recovery in the community?
- Is the patient limited in his/her ability to understand information provided?

2. Post-op Risk:

- Is the patient at high risk of developing postoperative complications that may require regular monitoring by healthcare providers?⁷

3. Environmental Factors:

- Are there any barriers in the home environment that cannot be modified to support a safe discharge home (e.g. stairs; bathroom set-up; type of home)?
- Is the patient's need for support post-op anticipated to exceed what is currently available through informal or formal community resources to support a safe discharge to home?

4.2 Appendix B: Information Letter for Patients from the TC LHIN

Hip and Knee Replacement Program A Patient Guide – Preparing for Surgery¹

Patients manage their hospital stay and recovery better when they are prepared for their surgery. This Guide will help you understand what to expect before your surgery and your return home. New care plans have been introduced in Ontario, based on evidence, for all patients having hip or knee replacement surgery to help you recover and return home for rehabilitation as quickly and safely as possible. These care plans are quite different than what you might have experienced in the past.

- **You can expect to be in the hospital for up to four days and then you will be discharged home.**
- You may be referred to an outpatient rehabilitation program depending on the type of surgery you have. If you have:
 - **Hip replacement surgery** you will be given information that will allow you to exercise and recover at home. You may be asked to attend a rehabilitation class after your surgery to make sure that you are continuing to make good progress.
 - **Knee replacement surgery** you may be referred to an outpatient rehabilitation program. This will usually be a group program, twice a week, for up to six weeks.
- You may be referred by the hospital for home services from the **Community Care Access Centre (CCAC)** in your area. If you qualify for CCAC services, these will be arranged before you leave the hospital.

Your length of stay in hospital and the need for outpatient rehabilitation will be assessed by the team regularly based on your progress.

There are many **educational resources** available to help you prepare yourself and your home before surgery (see links below). You will also have a chance to ask any questions during your preadmission visit.

Most Hospitals have Preoperative Guides & Education Materials specific to their services.

Other Resources:

Community Care Access Centres: www.ccac-ont.ca/

Joint Replacement Surgery: www.myjointreplacement.ca

Arthritis: www.arthritis.ca or (416) 979-7228

Physiotherapy: www.opa.on.ca or (416) 322-6866.

OHIP-Covered Physiotherapy Clinics: www.collegept.org or 1-800-583-5885

This Message Has Been Endorsed By The
Toronto Central Local Health Integration Network – Joint Health & Disease Management Steering Committee

¹ From the Primary Hip and Knee Care Model: Implementation Plan and Toolkit, MSK Flow Implementation Working Group, Toronto Central LHIN, April 24, 2012.

4.3 Appendix C: TJR Outpatient Rehab Programs in the GTA Accepting External Referrals

Organization* <i>*Programs accepting external referrals as of April 2014</i>	Telephone	Fax	External Referrals for TJR Outpatient Rehab are accepted for the following procedures		External Referrals accepted pre-operatively (for post-op Outpatient Rehab)			
Bridgepoint Active Healthcare 14 St. Matthews Road, Toronto, M4M 2B5 (Near Broadview Av & Gerrard St. E.)	416-461-8252 Ext. 2278	416-461-2089	Primary TKR	✓	Primary TKR	✓		
			Revision TKR	✓	Revision TKR	✓		
			Primary THR	✓	Primary THR	✓		
			Revision THR	✓	Revision THR	✓		
Halton Healthcare Services-Oakville 327 Reynolds St, Oakville, L6J 3L7 (Near Trafalgar Rd and Cornwall Rd)	905-845-2571 Ext. 4613	905-815-5109	Primary TKR	✓	Primary TKR			
			Revision TKR	✓	Revision TKR			
			For patients 4-6 weeks post surgery who are residents of the community of Oakville and have a family physician in the catchment area.		Primary THR	✓	Primary THR	
					Revision THR	✓	Revision THR	
Halton Healthcare Services-Milton 7030 Derry Rd, Milton, L9T 7H6 (Near Derry Rd & Highway 25 - Bronte Road)	905-845-2571 Ext. 7022	905-876-7005	Primary TKR	✓	Primary TKR			
			Revision TKR	✓	Revision TKR			
			For patients 4-6 weeks post surgery who are residents of the community of Milton and have a family physician in the catchment area.		Primary THR	✓	Primary THR	
					Revision THR	✓	Revision THR	
Halton Healthcare Services-Georgetown 1 Princess Anne Dr, Georgetown, L7G 2B8 (Near Trafalgar Rd & Maple St.)	905-845-2571 Ext. 8112	905-873-4567	Primary TKR	✓	Primary TKR			
			Revision TKR	✓	Revision TKR			
			For patients 4-6 weeks post surgery who are residents of the community of Georgetown and have a family physician in the catchment area.		Primary THR	✓	Primary THR	
					Revision THR	✓	Revision THR	
Lakeridge Health - Bowmanville 47 Liberty St South, Bowmanville, L0K 1A0 (Near Liberty St. S & King St. E)	905-623-3331 Ext. 1216	905-697-4682	Primary TKR	✓	Primary TKR	Pre-op referrals are held until the post-op information is received. The patient is then admitted for service. For waitlist purposes, admission to the waitlist is determined by receipt of post-operative information.		
			Revision TKR	✓	Revision TKR			
			Referrals may be re-directed to Oshawa site, to facilitate waitlist demands at other sites and ensure TKA/THA patients receive timely service.		Primary THR		✓	Primary THR
					Revision THR		✓	Revision THR
Lakeridge Health - Port Perry 451 Paxton St, Port Perry, L9L 1A8 (Near Queen St. & Simcoe St.)	905- 985 7321 Ext. 5559	905-985-5822	Primary TKR	✓	Primary TKR			
			Revision TKR	✓	Revision TKR			
			Referrals may be re-directed to Oshawa site, to facilitate waitlist demands at other sites and ensure TKA/THA patients receive timely service.		Primary THR		✓	Primary THR
					Revision THR		✓	Revision THR
Lakeridge Health - Whitby 300 Gordon St, Whitby, L1N 5T2 (Near Victoria St. W. & Gordon St.)	905-668-6831 Ext. 3093	905-665-2414	Primary TKR	✓	Primary TKR			
			Revision TKR	✓	Revision TKR			
			Referrals may be re-directed to Oshawa site, to facilitate waitlist demands at other sites and ensure TKA/THA patients receive timely service.		Primary THR	✓	Primary THR	
					Revision THR	✓	Revision THR	
Lakeridge Health - Oshawa 58 Rossland Rd W, Oshawa, L1G 2V5 (Near Simcoe St. N & Rossland Rd W)	905-576-8711 Ext. 4355	905-721-4777	Primary TKR	✓	Primary TKR			
			Revision TKR	✓	Revision TKR			
			Referrals are accepted on a case-by-case basis when the patient resides in the immediate area and transportation		Primary THR	✓	Primary THR	
					Revision THR	✓	Revision THR	

Organization* <i>*Programs accepting external referrals as of April 2014</i>	Telephone	Fax	External Referrals for TJR Outpatient Rehab are accepted for the following procedures		External Referrals accepted pre-operatively (for post-op Outpatient Rehab)	
	to Whitby site would be a hardship.					
Markham Stouffville Hospital – Uxbridge Site <i>4 Campbell Dr, Uxbridge, L9P 1S4 (Near Brock St. and Hwy 47)</i>	905-852-9771 Ext. 5260	905-852-2460	Primary TKR	✓	Primary TKR	
			Revision TKR	✓	Revision TKR	
	<i>For patients living east to Hwy 12, west to Mt. Albert, south to Stouffville, north to Beaverton.</i>		Primary THR		Primary THR	
			Revision THR		Revision THR	
Providence Healthcare <i>3276 St Clair Avenue East, Toronto, MIL 1W1 (Near St Clair Avenue East & Warden Avenue)</i>	416-285-3666 Ext. 3744	416-285-3759	Primary TKR	✓	Primary TKR	✓
			Revision TKR	✓	Revision TKR	✓
			Primary THR	✓	Primary THR	✓
			Revision THR	✓	Revision THR	✓
Rouge Valley Health System-Centenary Site <i>2867 Ellesmere Rd, Toronto, M1E 4B9 (Near Neilson Rd & Ellesmere)</i>	416-281-7266 (press 0)	416-281-7224	Primary TKR	✓	Primary TKR	✓
			Revision TKR	✓	Revision TKR	✓
			Primary THR	✓	Primary THR	✓
			Revision THR	✓	Revision THR	✓
Rouge Valley Health System-Ajax & Pickering Site <i>580 Harwood Ave S, Ajax, L1S 2J4 (Near Harwood Ave & Bayly St)</i>	905-683-2320 Ext. 1213	905-428-5204	Primary TKR	✓	Primary TKR	✓
			Revision TKR	✓	Revision TKR	✓
			Primary THR	✓	Primary THR	✓
			Revision THR	✓	Revision THR	✓
Southlake Regional Health Centre <i>596 Davis Dr, Newmarket, L3Y 2P9 (Near Davis Dr. & Prospect St.)</i>	905-895-4521 Ext. 2401	905-830-5982	Primary TKR	✓	Primary TKR	✓
			Revision TKR	✓	Revision TKR	✓
			Primary THR	✓	Primary THR	✓
			Revision THR	✓	Revision THR	✓
St. John's Rehab Program/SHSC <i>285 Cummer Ave, North York, M2M 2G1 (Near Yonge St. and Cummer Ave.)</i>	416-224-6948	416-226-3358	Primary TKR	✓	Primary TKR	✓
			Revision TKR	✓	Revision TKR	✓
			Primary THR	✓	Primary THR	✓
			Revision THR	✓	Revision THR	✓
Toronto Rehab/UHN <i>550 University Ave., Toronto, M5G 2A2 (Near Dundas St. & University Ave.)</i>	416-597-3422 Ext. 4514	416-597-7174	Primary TKR	✓	Primary TKR	✓
			Revision TKR	✓	Revision TKR	
			Primary THR	✓	Primary THR	✓
			Revision THR	✓	Revision THR	
Trillium Health Partners – Queensway Health Centre <i>150 Sherway Dr, Tor, M9C 1A5 (Near The Queensway and The West Mall)</i>	416-521-4142	416-521-4192	Primary TKR	✓	Primary TKR	✓
			Revision TKR	✓	Revision TKR	✓
			Primary THR	✓	Primary THR	✓
			Revision THR	✓	Revision THR	✓
West Park Healthcare Centre <i>82 Buttonwood Ave, Toronto, M6M 2J5 (Near Jane St. & Weston Rd.)</i>	416-243-3778	416-243-1863	Primary TKR	✓	Primary TKR	✓
			Revision TKR	✓	Revision TKR	✓
			Primary THR	✓	Primary THR	✓
			Revision THR	✓	Revision THR	✓
William Osler Health System – Brampton <i>2100 Bovaird Dr East, Brampton, L6R 3J7 (Near Bovaird Dr & Bramalea Rd)</i>	905-494-6540	905-494-6499	Primary TKR	✓	Primary TKR	
			Revision TKR	✓	Revision TKR	
			Primary THR		Primary THR	
			Revision THR		Revision THR	

4.4 Appendix D: GTA LHIN Funded Transportation Options*

Central LHIN

- Etobicoke Services for Seniors <http://www.esssupportservices.ca/Home/tabid/332/language/en-US/Default.aspx>
- Better Living Health and Community Services <http://www.betterlivinghealth.org/content/transportation-services>
- Circle of Care <https://www.circleofcare.com/helping-you-at-home/transportation/>
- Downsview Services for Seniors <http://www.downsviewservices.com/what-we-do/transportation/>
- North York Seniors Centre <http://www.nyseniors.org/what-we-do/transportation-services/>
- St. Clair West Services for Seniors <http://www.servicesforseniors.ca/services-programs/transportation-service.html>
- York West Active Living Centre http://www.yorkwestactivelivingcentre.ca/index_files/services.htm
- CHATS – Community & Home Assistance to Seniors <http://www.chats.on.ca/Programs-Services-Fees>

Central East LHIN

- Community Care City of Kawartha Lakes <http://www.city.kawarthalakes.on.ca/residents/transportation>
- Community Care Haliburton County <http://www.communitycarehaliburton.com/>
- Community Care Peterborough <http://www.commcareptbo.org/services.php>
- Community Care Northumberland County <http://www.commcare.ca/>
- Momiji Health Care Society <http://www.momiji.on.ca/programs/transportation.html>
- St Paul's L'Amoreaux Centre <http://www.splc.ca/>
- Carefirst <http://www.carefirstseniors.com/websites/content.php?id=30>
- Transcare <https://www.tcare.ca/>
- Scarborough Centre for Healthy Communities <http://www.schcontario.ca/programs-and-opportunities/seniors-caregiver-community-wellness-support-services/home-based-programs>
- Yee Hong Centre for Geriatric Care <http://www.yeehong.com/centre/transportation.php>
- Community Care Durham <http://www.communitycaredurham.on.ca/supportservices.html>

Central West LHIN

- Dufferin County Community Support Services <http://peel.cioc.ca/record/CWL0249?Number=5>
- Canes Community Care <http://www.canes.on.ca/services/seniors-ride-connect>
- Caledon Community Services <http://www.ccs4u.org/transportation.aspx>

Mississauga Halton LHIN

- Canadian Red Cross Transportation Services. Contact person: Val Cook at Valerie.Cook@redcross.ca or CrossWheels Scheduling Center 1-877-848-0707.

Toronto Central LHIN

- Call-A-Service, Harmony Hall (<http://www.call-a-service.com/transport.html>)
- Humber Community Seniors Services (<http://humberseiors.org/Services.htm>)
- Mid-Toronto Community Services (http://www.midtoronto.com/web/programs_transport.php)
- Neighbourhood Link / Senior Link (<http://www.neighbourhoodlink.org/seniors/>)
- Senior Peoples' Resources in North Toronto (SPRINT) (<http://sprintseniorcare.org/>)
- St. Christopher's House (<http://www.stchristhouse.org/older-adults/home-help-homemaking/InHomeServices/OacWelcomePage.php>)
- Storefront Humber (<http://www.storefronthumber.ca/program.html>)
- Warden Woods Community Centre (<http://wardenwoods.com/transportation-service.html>)
- West Toronto Services for Seniors (<http://www.silvercircle.ca/services/>)
- Woodgreen Community Services (<http://www.woodgreen.org/ServiceSearchResults.aspx?type=6&search=transportation>)

*as of June 2014

4.5 Appendix E: Outpatient Rehab Referral Form – Elective Knee or Hip Replacement

This Outpatient Rehab Referral Form is for scheduling post-surgery outpatient rehab (OPR). It may be submitted pre-operatively or post-operatively to only 1 organization for OPR. The pre-op referral form is not to be used for scheduling pre-surgery education or pre-surgery rehab. Not all OPR programs accept referrals pre-operatively. See Appendix A for a listing of TJR OPR programs.

Required for Referral Process:

1. **OPR** to contact patient within 4 business days of receipt of referral and provide appointment date to patient.
2. **OPR** to notify Acute Care within 4 business days if date of 1st OPR appointment is beyond requested timeframe. (See below)

Acute Care to:

1. Acute care to notify OPR if change in surgery date or care plan.

Required Post-Operatively:

1. **Acute care** to confirm OPR appointment with patient and/or OPR program.
2. **Acute care** to send to OPR: **A discharge summary note that includes relevant post-op information (PT and/or MD note) and discharge date; treatment restrictions; a discharge medication list (preferred); date of follow-up appointment**

Date of Referral: D/ _____ M/ _____ Y/ _____

Organization: _____

Referral Contact:

Name: _____

Position: _____

Phone: () _____ Pager: () _____

Bradma/Addressograph (Please verify patient telephone #)

Alternate Patient Contact: (if required & authorized by patient)

Name: _____ Phone: () _____

Patient is being referred for OPR for: Knee Hip **Requested time frame for 1st OPR appointment post discharge:**

TKR within 7 business days Other _____

THR 2-3 weeks 4-6 weeks 6-8 weeks Other _____

Scheduled Date of Surgery:

D/ _____ M/ _____ Y/ _____ Date Unknown

Anticipated Date of Discharge:

D/ _____ M/ _____ Y/ _____ Date Unknown

Surgical Intervention:

	Knee Replacement	Revision of Knee Implant	Hip Replacement	Revision of Hip Implant
Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (e.g. Additional Procedures; resurfacing)				

Treatment Restrictions: (If available at time of referral)

No restrictions Weight Bearing _____

ROM _____ Hip Precaution x ___ wks

No active hip ABD x 6wks (supine, sitting or standing)

Other _____

Comment:

Primary Diagnosis:

Osteoarthritis (right) Osteoarthritis (left) Rheumatoid Arthritis

Avascular Necrosis Other:

Allergies:

Bariatric? (> 350 lbs.): Yes No

Secondary Diagnoses:

Diabetes Mellitus Hypertension Cardiac (specify):

Respiratory (specify): Other (specify):

Language spoken (if not English): _____

Interpreter required? Yes No Unknown

Transportation Plan to Outpatient Rehab:²

Family to drive Other (describe):

Family Physician:

Name: _____ Phone: () _____

Attending Surgeon: (Signature Required)

Name _____

Phone: () _____

Signature: _____

Fax: () _____

² See Appendix B for a listing of LHIN-funded transportation options to be discussed with the patient/family.

4.6 Appendix F: Referral to the Central, Central East, Central West, Mississauga Halton and Toronto Central CCACs for Rehabilitation Services for Hips and Knees

- All clients will be referred to outpatient clinics for rehabilitation services (i.e. Physiotherapy) unless they are home-bound due to overall functional status and/or underlying medical condition that would compromise their health status.
- Home bound does not include those that cannot access transportation to access outpatient services. Ability to access transportation does not make someone eligible for CCAC services.
- If referral is to be made to CCAC and the client is eligible for services, the client will be referred to the SPM 21 (provincially agreed upon pathway for hip and knees).
- Clients receiving rehabilitation in an outpatient clinic are not excluded from receiving an assessment for other CCAC services (i.e. PSW, case management)

4.7 Appendix G: Rehab Preadmission Form Elective Hip and Knee Surgery – Replacements & Revisions

Indicate risk factors that preclude safe discharge to community and necessitate inpatient rehab:						
Patient:	Last name:		First name:			
Health Card:	Number:	Version:	Date of Birth:	Y/	M/	D/
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Height:	<input type="checkbox"/> Unknown	Weight >250lb/113 kg:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Address:	City		Postal Code			
Home Phone Number: ()	Accommodation Requested: <input type="checkbox"/> Standard <input type="checkbox"/> Semi-Private <input type="checkbox"/> Private					
Insurance Company:	Policy Certificate/group #:					
Next of Kin/Emergency Contact: Name:						Telephone:
Current Surgical Intervention:						
	Hip Replacement	Knee Replacement	Revision of Hip Implant	Revision of Knee Implant	Pin and Plate	Hemiarthroplasty
Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:						
Primary Diagnosis:	<input type="checkbox"/> Unknown <input type="checkbox"/> Osteoarthritis (right) <input type="checkbox"/> Osteoarthritis (left) <input type="checkbox"/> AVN <input type="checkbox"/> RA <input type="checkbox"/> Other: _____					
Secondary Diagnoses (check all that apply)						
<input type="checkbox"/> Unknown						
<input type="checkbox"/> Stroke/Acquired Brain Injury		<input type="checkbox"/> Cardiac (specify) _____				
<input type="checkbox"/> Diabetes Milletus		<input type="checkbox"/> Respiratory (specify) _____				
<input type="checkbox"/> Hypertension		<input type="checkbox"/> Other (specify) _____				
Language spoken (if not English):			Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Living Setting:						
Prehospital: <input type="checkbox"/> home <input type="checkbox"/> community <input type="checkbox"/> facility			Have discharge plans been discussed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Discharge: <input type="checkbox"/> home <input type="checkbox"/> community <input type="checkbox"/> facility						
Past and relevant history:						
Psychiatric: <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes (specify)						
Medical: <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes (specify)						
Surgical: <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) Y/ _____ M/ _____ D/ _____						
Other Notes:						
Date of Surgery: Y/ _____ M/ _____ D/ _____ <input type="checkbox"/> Date Unknown						
Date of Referral: Y/ _____ M/ _____ D/ _____ <input type="checkbox"/> Date Unknown						
Date Ready for Rehab/Self-Care: Y/ _____ M/ _____ D/ _____ <input type="checkbox"/> Date Unknown						
Physician/specialists involved in care of patient:						
Name:		Specialty:			Phone: ()	
Name:		Specialty:			Phone: ()	
Name:		Specialty:			Phone: ()	
Contact person & Position:					Pager: ()	

4.8 Appendix G: TJR Outpatient Rehab Follow-Up Form

This Outpatient Rehab Follow-up Form is to be used to support communication between the client's treating physiotherapist in the Outpatient Rehab Clinic and his/her orthopaedic surgeon regarding the client's progress following total joint replacement.

Part A: To be completed by the treating physiotherapist for each client to take to his/her surgeon at the follow-up visit.

Part B: To be completed by the surgeon to communicate, if applicable, any information and/or recommendations concerning the client's treatment/progress. The surgeon will provide Part B to the client to give to his/her treating physiotherapist. The surgeon will retain a copy in the client's chart.

PART A: Physiotherapist to complete **DATE:** D/____ M/____ Y/____

Physiotherapist: _____ Organization: _____ Phone: () _____ Pager: () _____	Bradma/Addressograph
---	----------------------

CLIENT SEEN IN OPR FOLLOWING: **TOTAL HIP REPLACEMENT** **TOTAL KNEE REPLACEMENT**

Client's 1st PT Visit: D/____ M/____ Y/____ **Format:** Class 1:1 **No. of Sessions to Date:** _____

ROM (Degrees) (Active = A; Passive = P; Extension / Flexion; Abduction/Adduction)

Right	Left

PAIN (Visual Analog Scale 0 -10)

Right	At Rest	_____	With movement	_____	Left	At Rest	_____	With movement	_____
-------	---------	-------	---------------	-------	------	---------	-------	---------------	-------

STRENGTH

Right Quadriceps	Left Quadriceps

FUNCTIONAL MOBILITY (e.g. ambulation, type of gait aid used etc.)

COMMENTS/QUESTIONS FOR SURGEON:

PT REQUESTING SURGEON TO SEND BACK COMMENTS? **Yes** _____

Signature of Treating Physiotherapist

PART B: Surgeon to complete **DATE:** D/____ M/____ Y/____

Comments:

Attending Surgeon: _____ **Phone:** () _____ **Fax:** () _____

5 Endnotes

¹ Mahomed N.N., Davis A.M., Hawker G., Badley E., Davey J.R., Syed K.A., Coyte P.C., Gandhi R., Wright J.G. Inpatient compared with home-based rehabilitation following primary unilateral total hip or knee replacement: A randomized controlled trial. *Journal of Bone and Joint Surgery - Series A*. 90 (8) (pp 1673-1680), 2008

² Ministry of Health and Long-Term Care, June 2012.

³ Ministry of Health and Long-Term Care. *Quality-Based Procedures Clinical Handbooks for Primary Unilateral Total Knee and Total Hip Replacement*. June 2012.

⁴ If the wait time from the patient's first consult with the orthopaedic surgeon to date of surgery is shorter than 6 weeks, pre-operative education should be provided as early as possible following the first consult to provide enough time for the patient to prepare for surgery and discharge home.

⁵ A randomized control trial found that: **"A 6-week presurgical exercise program can safely improve preoperative functional status and muscle strength levels in persons undergoing THA. Exercise participation prior to total joint arthroplasty substantially reduced the risk of discharge to a rehabilitation facility in THA and TKA patients."** Rooks, D.S., Huang, J., Bierbaum, B.E., Bolus, S.A., Rubano, J., Connolly, C.E., Alpert, S., Iversen, M.D., and Katz, J.N. (2006). Effect of preoperative exercise on measures of functional status in men and women undergoing total hip and knee arthroplasty. *Arthritis & Rheumatism*, 55(5), 700-708.

⁶ Authors of a randomized control trial reported: **"Our findings suggest that the key to successful early discharge of THR patients may be adequate preoperative education, exercise and training in the use of devices for assistance, and also rehearsal of postoperative physical exercise."** Siggeirsdottir, K., Olafsson, O., Jonsson Jr., H., Iwarsson, S., Gudnason, V. and Jonsson, B. Y. (2005). Short hospital stay augmented with education and home-based rehabilitation improves function and quality of life after hip replacement. *Acta Orthopaedica*, 76(4), 555-562.

⁷ Mahomed, N.N., Davis, A.M., Hawker, G., Badley, E., Davey, J.R., Khalid, A.S., Coyte, P.C., Gandhi, R., & Wright, J.G. (2008). Inpatient compared with home-based rehab following primary unilateral total hip or knee replacement: A randomized control trial. *Journal of Bone and Joint Surgery*, 90,1673-80.



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