

## Guideline for Pre-Admission Rehabilitative Care Processes: Primary, Elective, Unilateral Total Joint Replacement

### 1 Introduction:

The GTA Rehab Network developed an outpatient rehab model of care in 2013 based on evidence in the literature and consensus among clinical experts within the GTA Rehab Network. In March 2017 (Rev Jan 2018), the Rehabilitative Care Alliance released the *Rehabilitative Care Best Practice Framework for Patients with Primary Hip and Knee Replacements*<sup>1</sup>, which outlines recommendations for post-operative rehabilitative care. The RCA's framework reflects the latest research evidence and was developed with input from clinicians and stakeholders across the province, including the GTA Rehab Network.

The GTA Rehab Network has reviewed the RCA framework and updated its TJR Outpatient Model of Rehabilitative Care as applicable.

### 2 TJR Outpatient Model of Rehabilitative Care

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.<sup>2</sup> The Quality-Based Procedures Clinical Handbooks for Primary Unilateral Total Knee and Total Hip Replacement<sup>3</sup> 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 discharge targets.

The GTA Rehab Network has also outlined components of the TJR Outpatient Rehab Model along with separate process maps for Total Knee and Total Hip Replacements that schematically describe the processes that are recommended to occur in the Pre-Operative Phase, Acute Admission Phase and the Outpatient Rehab phase.

### 3 Key Elements in the Pre-admission Process

#### 3.1 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.<sup>4</sup>

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.

Education should be provided using a variety of media to accommodate differences in learning styles among patients and include opportunity for discussion/questions.<sup>5</sup>

Ideally pre-operative education should be offered *6-8 weeks before the date of surgery*.<sup>6,7</sup> 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.<sup>8</sup>
- 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 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 regulated rehab professionals, ideally by one occupational therapist and one physiotherapist, who can respond to the broad range of questions that patients may pose.

#### **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).

- 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 <sup>9</sup> 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 (e.g., Precautions and joint protection post-operatively, energy conservation and pain management techniques)
- Exercise, functional activities, ADLs (Toileting, dressing, bathing, car transfers, homemaking, bed transfers, stairs).
- Increased functional endurance and return to work/sports.
- A standardized information package that is written in plain language.
- Education on health promotion, disease prevention and lifestyle changes or other factors that may adversely affect outcomes (e.g., obesity, lack of exercise, smoking etc.). <sup>9</sup>

**Pre-operative Medical Workup:**

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

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

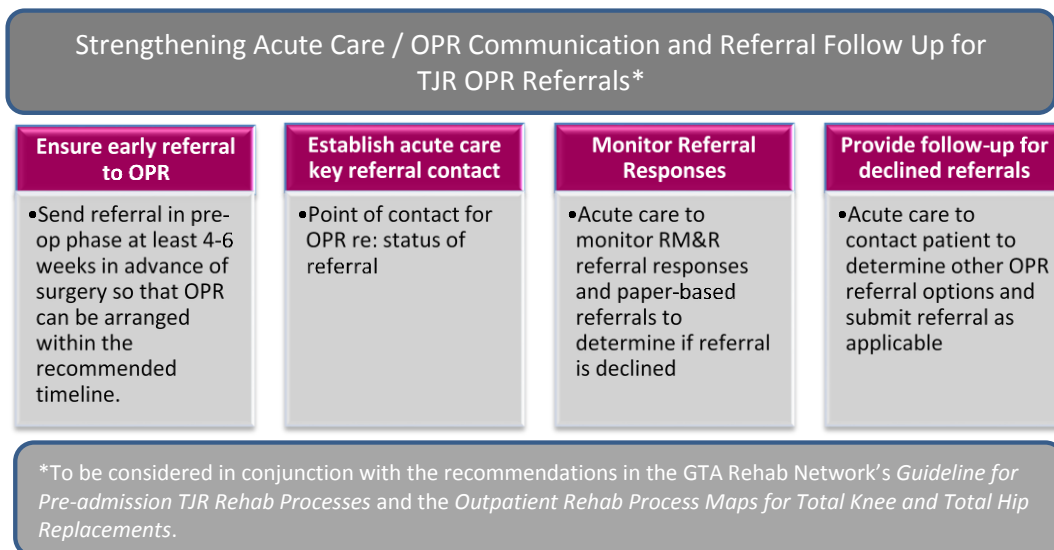
***Discharge Destination Triage~***

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

To conduct the triage, see Appendix A: *“Discharge Triage Considerations for Patients Following Primary, Unilateral, and Elective Hip/Knee Replacement.”*

### 3.3 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 B: *“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 earlier. The tentative date of the 1<sup>st</sup> appointment is within 7 days of the projected discharge date from acute care or Home and Community Care (if patient is expected to require Home and Community Care post discharge.)
  - The date of the 1<sup>st</sup> 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 C 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 D)
- b) The following schematic outlines key components to support the referral process and reduce the risk of a breakdown in the referral process:



- c) A very small proportion of patients may qualify for rehabilitation services from Home and Community Care. Eligibility criteria for patients who may require Home and Community Care are outlined in Appendix E.
  
- d) For patients who will likely require inpatient rehabilitation, the *“Rehab Pre-Admission Form: Elective Hip and Knee Surgery”* can be completed to provide an initial notification to an inpatient rehab program of a potential need for admission of a patient from acute care due to the complexity of a patient’s needs. The use of this form does not reserve an inpatient bed for the patient. (See Appendix F)

## 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 HOME AND COMMUNITY CARE 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 Home and Community Care 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 Home and Community Care Admission criteria in Appendix E)

#### 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? <sup>10</sup>

##### 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?

## 4.1 Appendix B: TJR Publicly-Funded Outpatient Rehab Programs in the GTA Accepting External Referrals (As of April 2019)

<b>Organization*</b> <i>*Programs accepting external referrals</i>	<b>Telephone</b>	<b>Fax</b>	<b>External Referrals for TJR Outpatient Rehab are accepted for the following procedures</b>		<b>External Referrals accepted pre-operatively (for post-op OPR)</b>	
<b>Bridgepoint Sinai Health System</b> 1 Bridgepoint Drive, 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	✓
<b>Halton Healthcare Services-Oakville</b> 3001 Hospital Gate, Oakville, ON, L6M 0L8 (Near Third Line and Dundas St. W.)	905-845-2571 Ext. 4613	905-815-5109	Primary TKR	✓	Primary TKR	✓
			Revision TKR	✓	Revision TKR	✓
			Primary THR	✓	Primary THR	✓
			Revision THR	✓	Revision THR	✓
<b>Halton Healthcare Services-Milton</b> 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	✓
			Primary THR	✓	Primary THR	✓
			Revision THR	✓	Revision THR	✓
<b>Halton Healthcare Services-Georgetown</b> 1 Princess Anne Dr, Georgetown, L7G 2B8 (Near Trafalgar Rd & Maple St.)	905-845-2571 Ext. 8517	905-873-4567	Primary TKR	✓	Primary TKR	✓
			Revision TKR	✓	Revision TKR	✓
			Primary THR	✓	Primary THR	✓
			Revision THR	✓	Revision THR	✓
<b>Lakeridge Health - Ajax &amp; Pickering Site</b> 580 Harwood Ave S, Ajax, L1S 2J4 (Near Harwood Ave & Bayly St)	905-683-2320 Ext. 1213	905-428-5204	Primary TKR	✓	Primary TKR	✓
			Revision TKR	✓	Revision TKR	✓
			Primary THR	✓	Primary THR	✓
			Revision THR	✓	Revision THR	✓
<b>Lakeridge Health - Bowmanville</b> 47 Liberty St South, Bowmanville, L1C 2N4 (Near Liberty St. S & King St. E)	905-623-3331 Ext. 1463	905-697-4682	Primary TKR	✓	Primary TKR	✓
			Revision TKR	✓	Revision TKR	✓
			Primary THR	✓	Primary THR	✓
			Revision THR	✓	Revision THR	✓
<b>Lakeridge Health - Port Perry</b> 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	✓
			Primary THR	✓	Primary THR	✓
			Revision THR	✓	Revision THR	✓
<b>Lakeridge Health - Whitby</b> 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	✓
			Primary THR	✓	Primary THR	✓
			Revision THR	✓	Revision THR	✓
<b>Lakeridge Health - Oshawa</b> 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	✓
			Primary THR	✓	Primary THR	✓
			Revision THR	✓	Revision THR	✓
<b>Markham Stouffville Hospital – Uxbridge Site</b> 4 Campbell Dr, Uxbridge, L9P 1S4 (Near Brock St. and Hwy 47)	905-852-9771 Ext. 5260	905-852-2460	Primary TKR	✓	Primary TKR	
			Revision TKR	✓	Revision TKR	
		For patients living east to Hwy 12, west to Mt. Albert, south to Stouffville, north to Beaverton.	Primary THR		Primary THR	
			Revision THR		Revision THR	

Organization* *Programs accepting external referrals	Telephone	Fax	External Referrals for TJR Outpatient Rehab are accepted for the following procedures		External Referrals accepted pre-operatively (for post-op OPR)	
<b>Providence Healthcare/Unity Health Toronto</b> 3276 St Clair Avenue East , Toronto , MIL 1W1 (Near St Clair Avenue East & Warden Avenue)	416-285-3666 Ext. 3744	416-285-3759	Primary TKR	✓	Primary TKR	✓
			Revision TKR	✓	Revision TKR	✓
			Primary THR	✓	Primary THR	✓
			Revision THR	✓	Revision THR	✓
<b>Scarborough Health Network - Centenary Site</b> 2867 Ellesmere Rd, Toronto, M1E 4B9 (Near Neilson Rd & Ellesmere)	416-281-7266 (press 0)	416-281-7224	Primary TKR	✓	Primary TKR	✓
			Revision TKR	✓	Revision TKR	✓
			Primary THR	✓	Primary THR	✓
			Revision THR	✓	Revision THR	✓
<b>Southlake Regional Health Centre</b> 596 Davis Dr, .Newmarket, L3Y 2P9 (Near Davis Dr. & Prospect St.)	905-895-4521 Ext. 2401	905-830-5982	Primary TKR	✓	Primary TKR	✓
			Revision TKR	✓	Revision TKR	✓
			Primary THR	✓	Primary THR	✓
			Revision THR	✓	Revision THR	✓
<b>St. John's Rehab Program/SHSC</b> 285 Cummer Ave, North York, M2M 2G1 (Near Yonge St. and Cummer Ave.)	416-224-6948	416-226-3358	Primary TKR	✓	Primary TKR	✓
			Revision TKR	✓	Revision TKR	✓
			Primary THR	✓	Primary THR	✓
			Revision THR	✓	Revision THR	✓
<b>Toronto Rehab/UHN</b> 550 University Ave., Toronto, M5G 2A2 (Near Dundas St. & University Ave.)	416-597-3422 Ext. 4514	416-597-7174	For Primary TKR refer to UHN Altum Health. See below.			
			Revision TKR	✓	Revision TKR	✓
			For Primary THR refer to UHN Altum Health. See below.			
			Revision THR	✓	Revision THR	✓
<b>New UHN Altum Health*</b> 399 Bathurst St, 4 <sup>th</sup> Floor Krembil Discovery Tower, Toronto, M5T 2S8 (Corner of Nassau and Leonard Sts)	416-603-5092 (enquiries only)	416-603-2474	Primary TKR	✓	Primary TKR	✓
			Primary THR	✓	Primary THR	✓
<b>*To refer patients to a location outside of Toronto, see page 3 for other site locations of UHN Altum Health. All referrals are processed through the Toronto location using the one fax number. UHN Altum Health accepts the GTA Rehab Network TJR Outpatient Rehab Referral Form. UHN Altum Health accepts scanned email referrals via altumbundle@uhn.ca.</b>						
<b>Trillium Health Partners – Queensway Health Centre</b> Ground Floor, 150 Sherway Dr, Tor, M9C 1A5 (Near The Queensway and The West Mall)	416-521-4142	416-521-4192	Primary TKR	✓	Primary TKR	✓
			Revision TKR	✓	Revision TKR	✓
			Primary THR	✓	Primary THR	✓
			Revision THR	✓	Revision THR	✓
<b>Trillium Health Partners – Credit Valley Hospital</b> 2200 Eglinton Ave. West, 3F171, Miss, L5M 2N1(Near Eglinton Ave W and Erin Mills)	905-813-1571	905-813-4184	Primary TKR	✓	Primary TKR	✓
			Revision TKR	✓	Revision TKR	✓
			Primary THR	✓	Primary THR	✓
			Revision THR	✓	Revision THR	✓
<b>West Park Healthcare Centre</b> 82 Buttonwood Ave, Toronto, M6M 2J5 (Near Jane St. & Weston Rd.)	416-243-3778	416-243-1863	Primary TKR	✓	Primary TKR	✓
			Revision TKR	✓	Revision TKR	✓
			Primary THR	✓	Primary THR	✓
			Revision THR	✓	Revision THR	✓
<b>William Osler Health System – Brampton</b> 2100 Bovaird Dr East, Brampton, L6R 3J7 (Near Bovaird Dr & Bramalea Rd)	905-494-6540	905-494-6499	Primary TKR	✓	Primary TKR	
			Revision TKR	✓	Revision TKR	
			Primary THR	✓	Primary THR	
			Revision THR	✓	Revision THR	



<b>UHN Altum Health's Other Locations for Publicly Funded TJR Outpatient Rehab</b>						
<b>UHN Altum Health – other locations accepting external referrals</b>	<b>Telephone</b>	<b>Fax</b>	<b>External Referrals for TJR Outpatient Rehab are accepted for the following procedures</b>		<b>External Referrals accepted pre-operatively (for post-op OPR)</b>	
<b>UHN Altum Health – Ajax</b> 235 Salem Road, Unit 10 Ajax, ON L1Z 0B1 (Near Salem Road and Achilles Road)	<b>905-427-6555</b> (enquiries only)	<b>416-603-2474</b>	Primary TKR	✓	Primary TKR	✓
			Primary THR	✓	Primary THR	✓
<b>UHN Altum Health – Barrie</b> 11 Lakeside Terrace, Suite 502 Barrie, ON L4M 0H9	<b>705-726-1113</b> (enquiries only)	<b>416-603-2474</b>	Primary TKR	✓	Primary TKR	✓
			Primary THR	✓	Primary THR	✓
<b>UHN Altum Health – Brampton</b> 10545 Bramalea Road, Unit 1-4 Brampton, ON L6R 3P4 (Near Sandalwood Pkwy E and Bramalea Rd)	<b>905-458-9118</b> (enquiries only)	<b>416-603-2474</b>	Primary TKR	✓	Primary TKR	✓
			Primary THR	✓	Primary THR	✓
<b>UHN Altum Health – Cambridge</b> 745 Coronation Boulevard, Suite 101 Cambridge ON N1R 0B6 (Across from Cambridge Memorial Hospital)	<b>519-622-5885</b> (enquiries only)	<b>416-603-2474</b>	Primary TKR	✓	Primary TKR	✓
			Primary THR	✓	Primary THR	✓
<b>UHN Altum Health – Hamilton Centennial</b> 516 Centennial Pkwy, N #1 Hamilton, ON L8E 0G2 Canada (Within the Smart Centre, Stoney Creek)	<b>905-664-3300</b> (enquiries only)	<b>416-603-2474</b>	Primary TKR	✓	Primary TKR	✓
			Primary THR	✓	Primary THR	✓
<b>UHN Altum Health – Hamilton Queensdale</b> 688 Queensdale Avenue East Hamilton, ON L8V 1M1 (Corner of Queensdale Ave E and Upper Sherman)	<b>289-396-9437</b> (enquiries only)	<b>416-603-2474</b>	Primary TKR	✓	Primary TKR	✓
			Primary THR	✓	Primary THR	✓
<b>UHN Altum Health – Mississauga</b> 2 Robert Speck Pkwy, Suite 110, Mississauga, ON L4Z 1H8 (Huronario and Robert Speck Parkway)	<b>905-897-7007</b> (enquiries only)	<b>416-603-2474</b>	Primary TKR	✓	Primary TKR	✓
			Primary THR	✓	Primary THR	✓
<b>UHN Altum Health – Oakville</b> 519 Dundas St W Unit 6/7, Oakville, ON, L6M 1L9 (Near Dundas St W and Neyagawa Blvd)	<b>905-257-0073</b> (enquiries only)	<b>416-603-2474</b>	Primary TKR	✓	Primary TKR	✓
			Primary THR	✓	Primary THR	✓
<b>UHN Altum Health – Scarborough</b> 2901 Sheppard Ave E. Suite 301 Scarborough, ON M1T 3J3 (Near Sheppard Ave E and Victoria Park Ave)	<b>416-901-5854</b> (enquiries only)	<b>416-603-2474</b>	Primary TKR	✓	Primary TKR	✓
			Primary THR	✓	Primary THR	✓
<b>UHN Altum Health – Vaughan</b> 8707 Dufferin Street, Unit 14/15 Thornhill, ON L4J 0A2 (Near Dufferin St and Confederation Pkwy)	<b>905-738-0007</b> (enquiries only)	<b>416-603-2474</b>	Primary TKR	✓	Primary TKR	✓
			Primary THR	✓	Primary THR	✓

## Appendix C: GTA LHIN Funded Transportation Options\*

### Central LHIN

- Etobicoke Services for Seniors <http://www.esssupportservices.ca/>
- Better Living Health and Community Services <http://mybetterliving.ca/community-services/transportation-services/>
- Circle of Care <http://www.circleofcare.com/helping-you-at-home/transportation/>
- Lumacare (formerly Downsview Services for Seniors) <http://lumacare.ca/programs-and-services/transportation>
- North York Seniors Centre <https://www.nyseniors.org/community-programs/#transportation-services>
- York West Active Living Centre [http://www.ywalc.ca/index\\_files/transportation.html](http://www.ywalc.ca/index_files/transportation.html)
- CHATS – Community & Home Assistance to Seniors <http://www.chats.on.ca/Transportation>

### Central East LHIN

- Community Care City of Kawartha Lakes <https://www.ccckl.ca/services/transportation/>
- Haliburton Highlands Health Services <http://hhhs.ca/community-support-services/transportation>
- Community Care Peterborough <http://www.commcareptbo.org/service/transportation>
- Community Care Northumberland County <https://www.commcare.ca/programs.html>
- Momiji Health Care Society <http://momiji.on.ca/en/care/support-services-community/transportation/>
- St Paul's L'Amoreaux Centre <http://www.splc.ca/transportation>
- Carefirst <http://carefirstontario.ca/services/transportation/>
- Transcare <https://www.tcare.ca/>
- Scarborough Centre for Healthy Communities <https://www.schcontario.ca/community-services.html>
- Yee Hong Centre for Geriatric Care <https://www.yeehong.com/centre/community-services/transportation/>
- Community Care Durham <http://communitycaredurham.on.ca/transportation/medical-and-other-important-drives/>

### 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://ccs4u.org/transportation/>

### Mississauga Halton LHIN

- Canadian Red Cross Transportation Services. <https://www.redcross.ca/in-your-community/ontario/nutrition-and-transportation/transportation>

### Toronto Central LHIN

- Call-A-Service, Harmony Hall <http://www.call-a-service.com/transport.html>
- Humber Community Seniors Services <http://humber seniors.org/our-services/transportation/>
- Mid-Toronto Community Services <http://seniortoronto.ca/topics/transportation>
- Neighbourhood Link / Senior Link <http://www.neighbourhoodlink.org/seniors/>
- Senior Peoples' Resources in North Toronto (SPRINT) <https://sprintseniorcare.org/transportation>
- St. Christopher's House <http://www.westnh.org/programs-and-resources/seniors/meals-on-wheels-and-transportation/>
- Storefront Humber <http://www.storefronthumber.ca/>
- Warden Woods Community Centre <https://wardenwoods.com/en/transportation-services/>
- West Toronto Services for Seniors <https://wtss.org/services/transportation-services/>
- Woodgreen Community Services <https://www.woodgreen.org/OurServices/SeniorsCareandWellness.aspx>

\*as of April 2019

## 4.2 Appendix D: 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 1<sup>st</sup> 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

<b>Referral form is being submitted:</b> <input type="checkbox"/> Pre-operatively <span style="margin-left: 200px;"><input type="checkbox"/> Post-operatively</span>																
<b>Date of Referral:</b> D/____ M/____ Y/____ <b>Organization:</b> _____ <b>Referral Contact:</b> Name: _____ Position: _____ Phone: (    ) _____ Pager: (    ) _____	Bradma/Addressograph (Please verify patient telephone #)															
<b>Alternate Patient Contact: (if required &amp; authorized by patient)</b> Name: _____ Phone: (    ) _____																
<b>Patient is being referred for OPR for:</b> <input type="checkbox"/> Knee <input type="checkbox"/> Hip <b>Requested time frame for 1<sup>st</sup> OPR appointment post discharge:</b> <b>TKR</b> <input type="checkbox"/> within 7 days <input type="checkbox"/> Other _____ <b>THR</b> <input type="checkbox"/> 2-3 weeks <input type="checkbox"/> 4-6 weeks <input type="checkbox"/> 6-8 weeks <input type="checkbox"/> Other _____																
<b>Scheduled Date of Surgery:</b> D/____ M/____ Y/____ <input type="checkbox"/> Date Unknown	<b>Anticipated Date of Discharge:</b> D/____ M/____ Y/____ <input type="checkbox"/> Date Unknown															
<b>Surgical Intervention:</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Knee Replacement</td> <td style="text-align: center;">Revision of Knee Implant</td> <td style="text-align: center;">Hip Replacement</td> <td style="text-align: center;">Revision of Hip Implant</td> </tr> <tr> <td style="text-align: right;">Right</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Left</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> Other: (e.g. Additional Procedures; resurfacing)		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"/>	<b>Treatment Restrictions: (if available at time of referral)</b> <input type="checkbox"/> No restrictions <span style="margin-left: 100px;"><input type="checkbox"/> Weight Bearing _____</span> <input type="checkbox"/> ROM _____ <span style="margin-left: 100px;"><input type="checkbox"/> Hip Precautions x ____ weeks</span> <input type="checkbox"/> No active hip ABD x ____ weeks (supine, sitting or standing) <input type="checkbox"/> Other _____ <b>Comment:</b>
	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"/>												
<b>Primary Diagnosis:</b> <input type="checkbox"/> Osteoarthritis (right) <input type="checkbox"/> Osteoarthritis (left) <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> Avascular Necrosis <input type="checkbox"/> Other: <b>Allergies:</b> <input type="checkbox"/> Yes (specify) <input type="checkbox"/> Latex <input type="checkbox"/> Other _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Secondary Diagnoses:</b> <input type="checkbox"/> Diabetes Mellitus <span style="margin-left: 100px;"><input type="checkbox"/> Hypertension</span> <input type="checkbox"/> Cardiac (specify): <input type="checkbox"/> Respiratory (specify): <input type="checkbox"/> Other (specify):															
<b>Bariatric? (&gt; 350 lbs.):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Language spoken (if not English):</b> _____ <b>Interpreter required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown															
<b>Transportation Plan to Outpatient Rehab:<sup>11</sup></b> <input type="checkbox"/> Family to drive <input type="checkbox"/> Other (describe):	<b>Family Physician:</b> Name: _____ Phone: (    ) _____															
<b>Attending Surgeon:</b> Name _____ Phone: (    ) _____ Fax: (    ) _____																

### **4.3 Appendix E: Referral to the Central, Central East, Central West, Mississauga Halton and Toronto Central Home and Community Care for Rehabilitation Services for Hips and Knees**

- All clients should 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 Home and Community Care services.
- Clients receiving rehabilitation in an outpatient clinic are not excluded from receiving an assessment for other Home and Community Care services (i.e. PSW, case management)

### 4.4 Appendix F: Rehab Preadmission Form Elective Hip and Knee Surgery – Replacements and Revisions

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

## Endnotes

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<sup>1</sup> Rehabilitative Care Alliance. Rehabilitative Care Best Practice Framework for Patients with Primary Hip and Knee Replacements.[Internet]. March 2017/ Rev Nov 2019. Accessed <http://rehabcarealliance.ca/best-practice-guidelines-and-tools>.

<sup>2</sup> 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

<sup>3</sup> Health Quality Ontario; Ministry of Health and Long-Term Care. Quality-based procedures: Clinical handbook for Primary Hip and Knee replacement. Toronto: Health Quality Ontario; 2013 November. 95 p. Available from: <http://www.hqontario.ca/Portals/0/Documents/evidence/clinical-handbooks/hip-knee-140227-en.pdf>

<sup>4</sup> Ibid.

<sup>5</sup> Rehabilitative Care Alliance. Rehabilitative Care Best Practice Framework for Patients with Primary Hip and Knee Replacements.[Internet]. March 2017/ Rev Nov 2019. Accessed <http://rehabcarealliance.ca/best-practice-guidelines-and-tools>.

<sup>6</sup> 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.

<sup>7</sup> A randomized control trial found that: **"A 6-week pre-surgical 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.

<sup>8</sup> 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.

<sup>9</sup> Rehabilitative Care Alliance. Rehabilitative Care Best Practice Framework for Patients with Primary Hip and Knee Replacements.[Internet]. March 2017/ Rev Nov 2019. Accessed <http://rehabcarealliance.ca/best-practice-guidelines-and-tools>.

<sup>10</sup> 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.