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. The Quality-Based Procedures Clinical Handbooks for Primary Unilateral Total Knee and Total Hip Replacement 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.

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

1.1 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.

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. While education has been typically offered on the same day as the medical pre-op visit, earlier education with patients has three important benefits:

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).
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.

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 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 Pre-operative Medical Workup

**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.
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.

1.2 **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.

To conduct the triage, see Appendix A: “Discharge Triage Considerations for Patients Following Primary, Unilateral, and 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”

1.3 **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 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)
2.1 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?
     - vii viii

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?
2.2  **Appendix B: Information Letter for Patients from the TC LHIN**

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

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/](http://www.ccac-ont.ca/)
- Joint Replacement Surgery:  [www.myjointreplacement.ca](http://www.myjointreplacement.ca)
- Arthritis:  [www.arthritis.ca](http://www.arthritis.ca) or (416) 979-7228
- Physiotherapy:  [www.opa.on.ca](http://www.opa.on.ca) or (416) 322-6866.
- OHIP-Covered Physiotherapy Clinics:  [www.collegept.org](http://www.collegept.org) or 1-800-583-5885

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1 From the Primary Hip and Knee Care Model: Implementation Plan and Toolkit, MSK Flow Implementation Working Group, Toronto Central LHIN, April 24, 2012.
### 2.3 Appendix C: TJR Outpatient Rehab Programs in the GTA Accepting External Referrals

<table>
<thead>
<tr>
<th>Organization*</th>
<th>Telephone</th>
<th>Fax</th>
<th>External Referrals for TJR Outpatient Rehab are accepted for the following procedures</th>
<th>External Referrals accepted pre-operatively (for post-op Outpatient Rehab)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bridgepoint Active Healthcare</strong>&lt;br&gt;14 St. Matthews Road, Toronto, M4M 2B5&lt;br&gt;(Near Broadview Av &amp; Gerrard St. E.)</td>
<td>416-461-8252 Ext.2278</td>
<td>416-461-2089</td>
<td>Primary TKR ✓  Revision TKR ✓  Primary THR ✓  Revision THR ✓</td>
<td>Primary TKR ✓  Revision TKR ✓</td>
</tr>
<tr>
<td><strong>Halton Healthcare Services-Oakville</strong>&lt;br&gt;327 Reynolds St, Oakville, L6J 3L7&lt;br&gt;(Near Trafalgar Rd and Cornwall Rd)</td>
<td>905-845-2571 Ext. 4613</td>
<td>905-815-5109</td>
<td>Primary TKR ✓  Revision TKR ✓  Primary THR ✓  Revision THR ✓</td>
<td>Primary TKR ✓  Revision THR ✓</td>
</tr>
<tr>
<td>For patients 4-6 weeks post surgery who are residents of the community of Oakville and have a family physician in the catchment area.</td>
<td></td>
<td></td>
<td>Primary THR ✓  Revision THR ✓</td>
<td>Primary THR ✓  Revision THR ✓</td>
</tr>
<tr>
<td><strong>Halton Healthcare Services-Milton</strong>&lt;br&gt;7030 Derry Rd, Milton, L9T 7H6&lt;br&gt;(Near Derry Rd &amp; Highway 25 - Bronte Road)</td>
<td>905-845-2571 Ext. 7022</td>
<td>905-876-7005</td>
<td>Primary TKR ✓  Revision TKR ✓  Primary THR ✓  Revision THR ✓</td>
<td>Primary TKR ✓  Revision THR ✓</td>
</tr>
<tr>
<td>For patients 4-6 weeks post surgery who are residents of the community of Milton and have a family physician in the catchment area.</td>
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<td></td>
<td>Primary THR ✓  Revision THR ✓</td>
<td>Primary THR ✓  Revision THR ✓</td>
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<tr>
<td><strong>Halton Healthcare Services-Georgetown</strong>&lt;br&gt;1 Princess Anne Dr, Georgetown, L7G 2B8&lt;br&gt;(Near Trafalgar Rd &amp; Maple St.)</td>
<td>905-845-2571 Ext. 8112</td>
<td>905-873-4567</td>
<td>Primary TKR ✓  Revision TKR ✓  Primary THR ✓  Revision THR ✓</td>
<td>Primary TKR ✓  Revision THR ✓</td>
</tr>
<tr>
<td>For patients 4-6 weeks post surgery who are residents of the community of Georgetown and have a family physician in the catchment area.</td>
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<td></td>
<td>Primary THR ✓  Revision THR ✓</td>
<td>Primary THR ✓  Revision THR ✓</td>
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<tr>
<td><strong>Lakeridge Health - Bowmanville</strong>&lt;br&gt;47 Liberty St South, Bowmanville, L0K 1A0&lt;br&gt;(Near Liberty St. S &amp; King St. E)</td>
<td>905-623-3331 Ext. 1216</td>
<td>905-697-4682</td>
<td>Primary TKR ✓  Revision TKR ✓  Primary THR ✓  Revision THR ✓</td>
<td>Primary TKR ✓  Revision THR ✓</td>
</tr>
<tr>
<td>Referrals may be re-directed to Oshawa site, to facilitate waitlist demands at other sites and ensure TKA/THA patients receive timely service.</td>
<td></td>
<td></td>
<td>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.</td>
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<tr>
<td><strong>Lakeridge Health - Port Perry</strong>&lt;br&gt;451 Paxton St, Port Perry, L9L 1A8&lt;br&gt;(Near Queen St. &amp; Simcoe St.)</td>
<td>905-985 7321 Ext. 5559</td>
<td>905-985-5822</td>
<td>Primary TKR ✓  Revision TKR ✓  Primary THR ✓  Revision THR ✓</td>
<td>Primary TKR ✓  Revision THR ✓</td>
</tr>
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<tr>
<td><strong>Lakeridge Health - Whitby</strong>&lt;br&gt;300 Gordon St, Whitby, L1N ST2&lt;br&gt;(Near Victoria St. W. &amp; Gordon St.)</td>
<td>905-668-6831 Ext. 3093</td>
<td>905-665-2414</td>
<td>Primary TKR ✓  Revision TKR ✓  Primary THR ✓  Revision THR ✓</td>
<td>Primary TKR ✓  Revision THR ✓</td>
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<td></td>
<td>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.</td>
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</tbody>
</table>
| 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  ✔  
Revision TKR  ✔  | Primary THR  ✔  
Revision THR  ✔  |
| Markham Stouffville Hospital – Uxbridge Site  
4 Campbell Dr, Uxbridge, L9P 1S4  
(Near Brock St. and Hwy 47) | 905-852-9771 Ext. 5260 | 905-852-2460 | Primary TKR  ✔  
Revision TKR  ✔  
Primary THR  ✔  
Revision THR  ✔  |
| Providence Healthcare  
3276 St Clair Avenue East, Toronto, M1L 1W1  
(Near St Clair Avenue East & Warden Avenue) | 416-285-3666 Ext. 3744 | 416-285-3759 | Primary TKR  ✔  
Revision TKR  ✔  
Primary THR  ✔  
Revision THR  ✔  |
| Rouge Valley Health System-Centenary Site  
2867 Ellesmere Rd, Toronto, M1E 4B9  
(Near Neilson Rd & Ellesmere) | 416-281-7266 (press 0) | 416-281-7224 | Primary TKR  ✔  
Revision TKR  ✔  
Primary THR  ✔  
Revision THR  ✔  |
| Rouge Valley Health System-Ajax & Pickering Site  
580 Harwood Ave S, Ajax, L1S 2J4  
(Near Harwood Ave & Bayly St) | 905-683-2320 Ext. 1213 | 905-428-5204 | Primary TKR  ✔  
Revision TKR  ✔  
Primary THR  ✔  
Revision THR  ✔  |
| Southlake Regional Health Centre  
596 Davis Dr., Newmarket, L3Y 2P9  
(Near Davis Dr. & Prospect St.) | 905-895-4521 Ext. 2401 | 905-830-5982 | Primary TKR  ✔  
Revision TKR  ✔  
Primary THR  ✔  
Revision THR  ✔  |
| St. John’s Rehab Program/SHSC  
285 Cummer Ave, North York, M2M 2G1  
(Near Yonge St. and Cummer Ave.) | 416-224-6948 | 416-226-3358 | Primary TKR  ✔  
Revision TKR  ✔  
Primary THR  ✔  
Revision THR  ✔  |
| Toronto Rehab/UHN  
550 University Ave., Toronto, M5G 2A2  
(Near Dundas St. & University Ave.) | 416-597-3422 Ext. 4514 | 416-597-7147 | Primary TKR  ✔  
Revision TKR  ✔  
Primary THR  ✔  
Revision THR  ✔  |
| Trillium Health Partners – Queensway Health Centre  
150 Sherway Dr, Tor, M9C 1A5  
(Near The Queensway and The West Mall) | 416-521-4142 | 416-521-4192 | Primary TKR  ✔  
Revision TKR  ✔  
Primary THR  ✔  
Revision THR  ✔  |
| West Park Healthcare Centre  
82 Buttonwood Ave, Toronto, M6M 2J5  
(Near Jane St. & Weston Rd.) | 416-243-3778 | 416-243-1863 | Primary TKR  ✔  
Revision TKR  ✔  
Primary THR  ✔  
Revision THR  ✔  |

*Programs accepting external referrals as of April 2014

Referrals are accepted on a case-by-case basis when the patient resides in the immediate area and transportation to Whitby site would be a hardship.
<table>
<thead>
<tr>
<th>Organization*</th>
<th>Telephone</th>
<th>Fax</th>
<th>External Referrals for TJR Outpatient Rehab are accepted for the following procedures</th>
<th>External Referrals accepted pre-operatively (for post-op Outpatient Rehab)</th>
</tr>
</thead>
<tbody>
<tr>
<td>William Osler Health System – Brampton</td>
<td>905-494-6540</td>
<td>905-494-6499</td>
<td>Revision THR ✓  Revision THR ✓</td>
<td>Revision THR ✓  Revision THR ✓</td>
</tr>
<tr>
<td>2100 Bovaird Dr East, Brampton, L6R 3J7  (Near Bovaird Dr &amp; Bramalea Rd)</td>
<td></td>
<td></td>
<td>Primary TKR ✓  Primary TKR ✓</td>
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<td>Revision TKR ✓  Revision TKR ✓</td>
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<td>Revision THR  Revision THR</td>
<td>Revision THR  Revision THR</td>
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*Programs accepting external referrals as of April 2014
2.4 Appendix D: GTA LHIN Funded Transportation Options*

Central LHIN
- 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/
- Downview Services for Seniors http://www.downsvieveservices.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
- Humber Community Seniors Services (http://humbersoniors.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.stchristishouse.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
# 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

<table>
<thead>
<tr>
<th>Date of Referral: D/_______ M/_______ Y/_______</th>
<th>Bradma/Addressograph (Please verify patient telephone #)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization:</td>
<td>---------------------------------------------------------</td>
</tr>
<tr>
<td>Referral Contact:</td>
<td>---------------------------------------------------------</td>
</tr>
<tr>
<td>Name:</td>
<td>---------------------------------------------------------</td>
</tr>
<tr>
<td>Position:</td>
<td>---------------------------------------------------------</td>
</tr>
<tr>
<td>Phone: (          )_________ Pager: (          )_________</td>
<td></td>
</tr>
<tr>
<td>Alternate Patient Contact: (if required &amp; authorized by patient)</td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td>Phone: (          )_________ Pager: (          )_________</td>
</tr>
</tbody>
</table>

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

Surgical Intervention:
- Knee Replacement
- Revision of Knee Implant
- Hip Replacement
- Revision of Hip Implant

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</table>

Other: (e.g. Additional Procedures; resurfacing)

Primary Diagnosis:
- □ Osteoarthritis (right)
- □ Osteoarthritis (left)
- □ Rheumatoid Arthritis
- □ Avascular Necrosis
- □ Other:

Secondary Diagnoses:
- □ Diabetes Mellitus
- □ Hypertension
- □ Cardiac (specify):
- □ Respiratory (specify):
- □ Other (specify):

Allergies:

Bariatric? (> 350 lbs.): □ Yes □ No

Language spoken (if not English): ____________________

Interpreter required? □ Yes □ No □ Unknown

Transportation Plan to Outpatient Rehab:
- □ Family to drive
- □ Other (describe):

Family Physician:
Name: ___________________________ Phone: (          )_________

Attending Surgeon: (Signature Required)
Name ___________________________ Phone: (          )_________
Signature: ___________________________ Fax: (          )_________

1 See Appendix B for a listing of LHIN-funded transportation options to be discussed with the patient/family.
2.6 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)
2.7 Appendix G: Rehab Preadmission Form Elective Hip and Knee Surgery – Replacements and Revisions

Indicate risk factors that preclude safe discharge to community and necessitate inpatient rehab:

<table>
<thead>
<tr>
<th>Patient:</th>
<th>Last name:</th>
<th>First name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Health Card:</th>
<th>Number:</th>
<th>Version:</th>
<th>Date of Birth:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Gender:</th>
<th>Male</th>
<th>Female</th>
<th>Height:</th>
<th>Unknown</th>
<th>Weight &gt;250lb/113 kg:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>City</th>
<th>Postal Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Phone Number:</th>
<th>( )</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Accommodation Requested:</th>
<th>Standard</th>
<th>Semi-Private</th>
<th>Private</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Insurance Company:</th>
<th>Policy Certificate/group #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Next of Kin/Emergency Contact:</th>
<th>Name:</th>
<th>Telephone:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Current Surgical Intervention:</th>
<th>Hip Replacement</th>
<th>Knee Replacement</th>
<th>Revision of Hip Implant</th>
<th>Revision of Knee Implant</th>
<th>Pin and Plate</th>
<th>Hemiarthroplasty</th>
</tr>
</thead>
</table>

| Right | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| Left  | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |

<table>
<thead>
<tr>
<th>Other:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Primary Diagnosis:</th>
<th>Unknown</th>
<th>Osteoarthritis (right)</th>
<th>Osteoarthritis (left)</th>
<th>AVN</th>
<th>RA</th>
<th>Other: ____________________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Secondary Diagnoses (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Unknown</td>
</tr>
<tr>
<td>❑ Stroke/Acquired Brain Injury</td>
</tr>
<tr>
<td>❑ Cardiac (specify) ________________________</td>
</tr>
<tr>
<td>❑ Diabetes Mellitus</td>
</tr>
<tr>
<td>❑ Respiratory (specify) ___________________</td>
</tr>
<tr>
<td>❑ Hypertension</td>
</tr>
<tr>
<td>❑ Other (specify) _________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Language spoken (if not English):</th>
<th>Interpreter required:</th>
<th>❑ Yes</th>
<th>❑ No</th>
<th>❑ Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Living Setting:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prehospital: ❑ home</td>
</tr>
<tr>
<td>Discharge: ❑ home</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Past and relevant history:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric: ❑ Unknown</td>
</tr>
<tr>
<td>Medical: ❑ Unknown</td>
</tr>
<tr>
<td>Surgical: ❑ Unknown</td>
</tr>
<tr>
<td>Other Notes: Y/ _____ M/ _____ D/ _____</td>
</tr>
</tbody>
</table>

| Date of Surgery: Y/ _________ M/__________ D/__________ Date Unknown |
| Date of Referral: Y/ _________ M/__________ D/__________ Date Unknown |
| Date Ready for Rehab/Self-Care: Y/ _________ M/__________ D/__________ Date Unknown |

| Physician/specialists involved in care of patient: |
| Name: Specialty: Phone: ( ) |
| Name: Specialty: Phone: ( ) |
| Name: Specialty: Phone: ( ) |
| Contact person & Position: Pager: ( ) |
Endnotes


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

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

iv 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.


vi 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., Ivarsson, 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.