

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	_____
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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: () _____