



TOTAL HIP REPLACEMENT CLINICAL PATHWAY COMMUNITY CARE STAGE - PT

Outpatient PT CCAC LTC Facility

SITE/AGENCY: _____

PATIENT ID _____

Date of Admission to Services: _____ Therapist: _____

Client Age: _____ Male <input type="checkbox"/> Female <input type="checkbox"/> Surgery: _____ Surgeon: _____ Date of Surgery: _____ Date of Hospital Discharge: _____	Factors that may affect outcomes: <input type="checkbox"/> Hx of Falls <input type="checkbox"/> CVA <input type="checkbox"/> Diabetes <input type="checkbox"/> Mental Health <input type="checkbox"/> Perioperative <input type="checkbox"/> Medications: _____ <input type="checkbox"/> Social/Emotional <input type="checkbox"/> Cognitive Issues <input type="checkbox"/> Other Musculoskeletal <input type="checkbox"/> Cardio-Respiratory <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Wt Bearing Status: _____
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Category	Status of Client on ADMISSION	Please Initial and Date		Status of Client on DISCHARGE	Please Initial and Date	
		YES	NO		YES	NO
EDUCATION	Client/family/caregiver aware of safety, goals of treatment, post-op complications and hip precautions			Client/family/caregiver demonstrate understanding of hip precautions and discharge plan		
ROM	65° to 70° flexion			At least 90° flexion to allow for functional seated position		
	15° abduction			At least 20° to allow for personal care		
STRENGTH	Grade 2 abductors			At least Grade 4 abductors		
	Grade 3 flexors			At least Grade 4 flexors to 90°		
SWELLING	Present <input type="checkbox"/> Not Present <input type="checkbox"/> Affects mobility <input type="checkbox"/> Affects safety (i.e. footwear) <input type="checkbox"/>			Improved and/or controlled		
AMBULATION	Independent on level surface with mobility aids, specify: _____			Independent gait with or without mobility aids, specify: _____		
TRANSFERS	Independent <input type="checkbox"/> Assisted <input type="checkbox"/> Bed			Independent <input type="checkbox"/> Assisted <input type="checkbox"/> Bed		
	Independent <input type="checkbox"/> Assisted <input type="checkbox"/> Chair			Independent <input type="checkbox"/> Assisted <input type="checkbox"/> Chair		
	Independent <input type="checkbox"/> Assisted <input type="checkbox"/> Toilet			Independent <input type="checkbox"/> Assisted <input type="checkbox"/> Toilet		
				Independent <input type="checkbox"/> Assisted <input type="checkbox"/> Bath		
ACTIVITY	Returned to client's usual activity level			Returned to client's usual activity level		
EXERCISES	Independent exercises or caregiver taught			Independent exercises or caregiver taught		
PAIN	Pain Analogue Score (/10)	Score		Controlled to allow functional ambulation and activities of daily living		
				Pain Analogue Score (/10)	Score	
				LEFS Tool Score _____ Goal: 50		

Client Pathway given to Client: Yes <input type="checkbox"/> P/T Signature: _____ Date: _____	Discharge Date: _____ # of P/T visits: _____ Client transferred to Outpatient P/T: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> P/T Signature: _____ Date: _____
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This document, developed by the Total Hip Replacement Community Working Group, has been adapted from the Durham Access to Care THR Case Path.

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