



**GREY BRUCE HEALTH NETWORK
FRACTURED HIP
CLINICAL PATHWAY
COMMUNITY CARE STAGE - O/T**

SITE/AGENCY: _____

PATIENT ID

Date of Admission to Services: _____ **Therapist:** _____

Client Age: _____ Male Female
 Surgery: _____
 Cause of Fracture: _____
 Family Physician: _____
 Surgeon: _____
 Date of Surgery: _____
 Date of Hospital Discharge: _____

Factors that may affect outcomes:

- Musculoskeletal _____ COPD
- Cognitive Issues PVD
- Social/Emotional Mental Health
- Cardiac Arrest CVA
- CHF Diabetes
- Angina Heart Murmurs
- Other: _____

Category	Status of Client on ADMISSION	Please Initial and Date		Status of Client on DISCHARGE	Please Initial and Date	
		YES	NO		YES	NO
EDUCATION	Teaching checklist started			Teaching checklist complete, client/caregiver aware of and understands all items on list		
PAIN	Pain limiting function			Pain controlled to allow functional ambulation and activities of daily living		
PSYCHOSOCIAL	Socio-economic situation - (i.e. social support)			Socio-economic issues addressed		
	Coping Skills			Client/Caregiver coping with situation		
ENVIRONMENTAL BARRIERS	Frequent barriers - no toilet or commode or tub/shower on main level			Barriers removed or minimized to allow for client functionality and safety		
	Significant barriers - lives in multi-level house in or outside of house					
	Barrier cause of fractured hip					
ACTIVITIES OF DAILY LIVING	Assess activities of daily living and client's potential to return to pre-injury status			Client at pre-injury level of ability to safely perform activities of daily living		
	Caregivers or personal support workers experiencing difficulties assisting client with transfers or self care activities			Client/Caregiver able to safely perform activities of daily living		
	Change in level of independence from previous self care and homemaking activities likely to last greater than 4 weeks					
MOBILITY	Significant change in mobility such that ambulation is not possible or very limited in comparison to pre-injury status			Mobility improved to pre-injury status to allow for functional ambulation with or without aids		
	Significant change in positioning/pain such that sitting in chairs/wheelchairs is uncomfortable or unsafe			Appropriate mobility aids or positioning devices obtained		

Client Pathway given to Client: Yes Discharge Date: _____ # of visits: _____
 Signature: _____ Date: _____ Signature: _____ Date: _____

This document, developed by the Fractured Hip Community Working Group, has been adapted from the Durham Access to Care THR Case Path.