



Grey Bruce Health Network

FRACTURED HIP CLINICAL PATHWAY COMMUNITY CARE STAGE - PT

Outpatient PT CCAC LTC Facility

SITE/AGENCY: _____

PATIENT ID _____

Date of Admission to Services: _____ Therapist: _____

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

Factors that may affect outcomes:

- Hx of Falls CVA
- Diabetes Mental Health (CAM Score if applicable: _____)
- Perioperative Cognitive Issues
- Social/Emotional Cardio-Respiratory
- Other Musculoskeletal Wt Bearing Status: _____
- Osteoporosis
- Medications: _____

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		
ROM	Flexion: _____			At least 90° flexion to allow for functional seated position		
	Abduction: _____			At least 15° to allow for personal care		
	Other: _____			Other: _____		
STRENGTH	Grade 2 abductors			At least Grade 3 abductors		
	Grade 3 flexors			At least Grade 3 flexors		
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: _____		
	Safe on stairs			Safe on stairs		
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			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)			Controlled to allow functional ambulation and activities of daily living		
	Score			Pain Analogue Score (/10)		

Client Pathway given to Client: Yes

P/T Signature: _____

Date: _____

Discharge Date: _____ # of P/T visits: _____

Client transferred to Outpatient P/T: Yes No N/A

P/T Signature: _____ Date: _____

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



INDICATOR REFERENCE LIST - FRACTURED HIP ACUTE STAGE

POST-OP DAY 1:

1	Antibiotic discontinued 24 hours post surgery
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