APPENDIX A: ADDITIONAL PRIMARY CARE REHABILITATIVE CARE CONSIDERATIONS

Conditions typically requiring rehabilitative care		
Condition	**Additional rehabilitative care considerations**	**Source**
Acquired brain injury (ABI)	• Individuals with ongoing disability after traumatic brain injury should have ***timely access to specialized outpatient or community-based rehabilitation*** to facilitate continued progress and successful community reintegration.	Clinical Practice Guideline for the Rehabilitation of Adults with Moderate to Severe Traumatic Brain Injury (October 2016)
Amputee	• Best practices for care of patients with amputated limbs recommends ***rehabilitation through all levels of care, pre-and post-op,*** with care following the patient and delivered during inpatient care and into the community.	British Association of Chartered Physiotherapists in Amputee Rehabilitation, Clinical guidelines for the pre- and post-operative physiotherapy management of adults with lower limb amputation, 2nd Edition, 2016
Burns	• Burn therapy starts immediately or as soon after presentation for treatment as possible and continues till scar maturation which is commonly 12-18 months. The time to reach scar maturity varies between individuals.	ACI Statewide Burn Injury Service, Physiotherapy and Occupational Therapy Clinical Practice Guidelines, July 2014.
Chronic obstructive pulmonary disease (COPD)	• Pulmonary rehabilitation is recommended for the management of moderate to severe chronic obstructive pulmonary disease (COPD) in stable patients and for patients following an acute exacerbation (within one month of hospital discharge) at an accessible and clinically appropriate location (inpatient, ambulatory, or home). • COPD patients who have completed pulmonary rehabilitation are recommended to transition to an exercise program to	Health Quality Ontario; Ministry of Health and Long-Term Care. Quality-Based Procedures: Clinical Handbook for Chronic Obstructive Pulmonary Disease (Acute and Post-acute), (February 2015). February 2015. 88 p.

Conditions typically requiring rehabilitative care		
Condition	**Additional rehabilitative care considerations**	**Source**
	support the maintenance of functional gains, but parameters of delivery still need to be decided.	
Congestive heart failure / coronary arterial disease (CHF/CAD)	• Cardiovascular rehabilitation (CR) is an important specialized component of chronic cardiovascular disease care and chronic disease management that uses a multifaceted approach focused on: reducing cardiovascular risk factors, using behaviour modification strategies to sustain healthy lifestyles and promote pharmacological adherence, and providing therapeutic exercise training. • CR for persons with established cardiovascular disease should be provided to: (1) individuals with any of the following diagnoses: acute coronary syndrome, chronic stable angina or chronic stable heart failure; (2) following percutaneous coronary or valvular intervention, coronary artery bypass surgery, cardiac valve surgery, cardiac transplantation or ventricular assist device implantation. (p. 7) • CR is also recommended for those who have not had a cardiovascular event but have cardiovascular risk factors (e.g., hypertension, diabetes, hyperlipidemia) and are high risk for future cardiovascular events. (p. 7) • There is emerging evidence that CR would also benefit patients with atrial fibrillation, peripheral artery disease, cerebrovascular disease and following cardiac resynchronization therapy. (p. 8)	Cardiac Care Network. Standards for the Provision of Cardiovascular Rehabilitation in Ontario. Sept 2014
	• A systematic referral to community programs for cardiac rehabilitation is vital in improving patient's participation in supervised exercise programs.	Cardiac Care Network of Ontario & Ministry of Health and Long-Term Care. Quality-Based Procedures Clinical

Conditions typically requiring rehabilitative care		
Condition	**Additional rehabilitative care considerations**	**Source**
	• In order for patients to obtain optimal benefit from exercise programs, cardiac rehabilitation should commence within 30 days of hospital discharge. • Cardiac rehabilitation is strongly recommended for patients with coronary artery disease, particularly those with multiple modifiable risk factors.	Handbook for Coronary Artery Disease. September 2014.
Developmental disabilities	• The best practice guidelines for the journey to adult life for youth with disabilities are broad and emphasize the key role of multidisciplinary teams, community supports and the importance of setting the goal of the child/youth's transition to be an active member in the community. • The child/youth will need different supports at different times, although the focus is on using community and community supports as much as possible in order to provide the best transition and integration into their community.	Stewart, D., et al. The Best Journey to Adult Life For Youth with Disabilities An Evidence-based Model and Best Practice Guidelines For The Transition To Adulthood For Youth With Disabilities, 2009
Geriatric	• Older people in contact with health care professionals should be asked routinely whether they have fallen in the past year and asked about the frequency, context and characteristics of the fall(s). • Older people who present for medical attention because of a fall, or report recurrent falls in the past year, or demonstrate abnormalities of gait and/or balance should be: o Offered an individualized, multifactorial falls risk assessment performed by a health care professional with appropriate skills and experience, normally in the setting of	NICE Guideline: Falls in older people: assessing risk and prevention (June 2013)

Conditions typically requiring rehabilitative care		
Condition	**Additional rehabilitative care considerations**	**Source**
	a specialist falls service. o Observed for balance and gait deficits and assessed for their ability to benefit from interventions to improve strength and balance.	
	• The SF7 Toolkit is a Senior Friendly Care (sfCare) resource that supports clinical best practices for health care providers across the sectors of care. It also includes self-management tools for older adults and their caregivers. The toolkit focuses on seven clinical areas that support resilience, independence and quality of life and includes information for particular sectors of care: ○ Delirium (p. 6-10, primary care p.12) ○ Mobility (p. 18-22, primary care p.24) ○ Continence (p. 30-34, primary care p.36) ○ Nutrition (p. 42-45, primary care p.47) ○ Pain (p. 53-57, primary care p.59) ○ Polypharmacy (p. 66-71, primary care p.73) ○ Social Engagement (p. 79-82, primary care p.84)	Regional Geriatric Program of Toronto. Senior Friendly Care SF7 Toolkit, v2 2019
	• Evidence-based approaches to geriatric care include interdisciplinary comprehensive geriatric assessment and comprehensive individualized care plans, informed by assessment of geriatric syndromes. These approaches improve health outcomes and are associated with improved independence, decreased lengths of stay and decreased rates of re-hospitalization. • Integration with primary care, and improved recognition of frailty and restorative potential within primary care, improves	Provincial Findings from MOHLTC Assess and Restore Funded Projects: 2014/15 Summary 2015/16 Summary 2016/17 Summary 2017/18 Summary 2018/19 Summary

Conditions typically requiring rehabilitative care		
Condition	**Additional rehabilitative care considerations**	**Source**
	earlier identification of risk and can increase capacity of primary care to manage the complexity of frail older adults in the community. • Formalized and evidence-based, cross-sectoral partnerships and clinical pathways help facilitate timely access to the right care in the right place, and are associated with decreased wait times, decreased lengths of stay and a decrease in ALC days.	
	• Age-related hearing loss typically begins in individuals who are in their forties; however, the sharpest rise occurs in those over the age of 80, with 50% to 80% of individuals in this range being affected. • Hearing loss is associated with many biopsychosocial consequences, including: accelerated cognitive decline, depression, increased risk of dementia, falls, poorer balance, hospitalizations, reduced communication function, social isolation, loss of autonomy, reduced driving ability and financial decline. • Rehabilitative care through audiology services can optimize functioning and reduces distress and social isolation. Audiology intervention can include aural rehabilitation, the provision of assistive hearing devices, perceptual training and education, and counselling on how to use devices and modify environments to optimize the listening experience.	Davis, A., McMahon, C.M., Pichora-Fuller, K.M., Russ, S., Lin, F., Olusanya, B.O., Chadha, S., & Tremblay, K.L. (2016). Aging and Hearing Health: The Life-course Approach. Geronotologist, Vol. 56, No. S2, S256–S267, https://doi.org/10.1093/geront/gnw033
Musculoskeletal (MSK)	• MSK conditions include disorders that affect bones, joints or connective tissue. They include arthritis and related	Canadian Physiotherapy Association.(2012) The Value of

Conditions typically requiring rehabilitative care		
Condition	**Additional rehabilitative care considerations**	**Source**
	conditions. Physiotherapy within a multidisciplinary program improves physical function, reduces disability and contributes to return to work and other activities.	Physiotherapy – Musculoskeletal Conditions. Childs, J.D., Whitman, J.M., Sizer, P.S., Pugia, M.L., Flynn, T.W., & Delitto, A. (2005) A description of physical therapists' knowledge in managing musculoskeletal conditions. BMC Musculoskeletal Disorders, 6:32 Downie, F., McRitchie, C., Monteith, W., & Turner, H. (May 2019) Physiotherapist as an alternative to a GP for musculoskeletal conditions a 2-year service evaluation of UK primary care data. *British Journal of General Practice*, 69(682):e314-e320
Oncology	• Rehabilitation, as an essential core component to cancer care, relies on many rehab professions (e.g., physiotherapy, occupational therapy, dietetics, speech and language therapy, podiatry). • Up to 75% of people with cancer experience cognitive problems during treatment; 35% have issues that continue for months after finishing treatment. These problems vary in severity and often make it hard to complete daily activities. • Cognitive rehabilitation and cognitive training is recommended to help patients improve their cognitive skills and find ways to cope with cognitive problems.	Rankin, J., Robb, K., Murtagh, N., Cooper, J., & Lewis, S. (Eds.) (2008) *Rehabilitation in cancer care.* Wiley-Blackwell. American Society of Clinical Oncology. Attention, Thinking, or Memory Problems. Approved by the Cancer.Net Editorial Board 04/2018

Conditions typically requiring rehabilitative care		
Condition	**Additional rehabilitative care considerations**	**Source**
	• Occupational therapy and vocational rehabilitation is recommended to help people with the activities of daily living and job-related skills. • Physiotherapists manage cancer-related fatigue (CRF) by recommending exercise and teaching energy-conservation techniques. They also recommend and/or use exercise with a variety of cancer populations, across all stages of the disease trajectory, in particular during advanced stages of the disease. • Anxiety and depression, fatigue, physical functioning and quality of life have shown improvement in cancer patients who are prescribed and/or participate in various forms of exercise. Kinesiologists use education, intake assessments, exercise-based strategies and other considerations to create an individualized care plan that will assist the patient/client in reaching their health and wellness goals.	Donnelly, C.M., Lowe-Strong, A., Rankin, J.P., Campbell, A., Allen, J.M., & Gracey, J.H. (2010) Physiotherapy management of cancer-related fatigue: a survey of UK current practice. *Support Care Cancer.* 18:817–825 https://doi.org/10.1007/s00520-009-0715-2. Campbell, K.L., Winters-Stone, K.M., Wiskemann, J., May, A.M., Schwartz, A.L., Courneya, K.S., Zucker, D.S., Matthews, C.E., Ligibel, J.A., Gerber, L.H., Morris. G.S., Patel, A.V., Hue, T.F., Perna, F.M., & Schmitz, K.H. (2019). Exercise Guidelines for Cancer Survivors: Consensus Statement from International Multidisciplinary Roundtable. *Med Sci Sports Exerc* . Nov; 51(11):2375-2390. DOI: 10.1249/MSS.0000000000002116.
Shoulder arthroplasty	• The optimal location for community rehabilitative care following total and hemi shoulder and reverse arthroplasty is in an outpatient ambulatory setting. • For more information on considerations, initiation, frequency and duration of rehabilitative, see the RCA Best Practice Guidance document on rehabilitative care for patients following shoulder arthroplasty.	Rehabilitative Care Alliance (2019) Rehabilitative Care Best Practice Guidance for Patients Post Shoulder Arthroplasty

Conditions typically requiring rehabilitative care		
Condition	**Additional rehabilitative care considerations**	**Source**
Spinal cord injury	• The "ideal" scenario for modern SCI care is thought to be treatment in specialized, integrated centres with an interdisciplinary team of health care professionals providing care as early as possible following injury and throughout the rehabilitation process, including appropriate discharge to the community with ongoing outpatient care and follow-up.	Spinal Cord Injury Research Evidence
Stroke	• People with stroke living in the community who have difficulty with activities of daily living should have access, as appropriate, to therapy services to improve or prevent deterioration in these activities.	Ontario Stroke Evaluation Report 2012 Network: Prescribing System Solutions to Improve Stroke Outcomes
Total joint replacement	• Based on silver-level (level II) evidence, multidisciplinary rehabilitation following primary hip or knee replacement is recommended to optimize outcomes at the level of activity and participation. Coordinated interprofessional rehabilitative care can be more easily provided in a team-based outpatient setting than an in-home setting. • See the complete RCA guidelines or quick reference guides (Ambulatory) (In-Home) on rehabilitative care for patients following hip and knee replacement	Rehabilitative Care Alliance (2019) Rehabilitative Care Best Practice Framework for Patients with Primary Hip and Knee Replacement