



Rehabilitative Care Alliance

Rehabilitative Care Best Practice Framework for Patients with Hip Fracture

Quick Reference Guide: Rehabilitative Care in Long Term Care

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The Rehabilitative Care Alliance (RCA) released two best practice frameworks in 2017:

- *Rehabilitative Care Best Practices Framework for Patients with Hip Fractures*
- *Rehabilitative Care Best Practices Framework for Patients with Primary Hip and Knee Replacements*

While the QBP clinical handbooks for hip fracture and primary hip/knee replacements provide high-level recommendations for post-surgical rehabilitative care, the RCA frameworks provide detailed best practices for rehabilitative care, across the care continuum. These best practices ensure high quality care and improve outcomes for patients. The frameworks will also support standardized, evidence-based rehabilitative care across the province.

The frameworks were developed by provincial RCA task and advisory groups following an extensive review of the literature and existing care pathways and practices. The best practice recommendations were reviewed and supported by clinicians, rehabilitative care programs, professional associations and patient and family representatives.

The Frameworks are large comprehensive documents which describe detailed clinical best practices for different levels of rehabilitative care, including:

Hip Fracture:

- Bedded Rehabilitative Care
- Ambulatory Rehabilitative Care
- In-Home Rehabilitative Care
- Rehabilitative Care in Long Term Care

Primary Hip & Knee Replacement:

- Pre-operative Care
- Bedded Rehabilitative Care
- Ambulatory Rehabilitative Care
- In-Home Rehabilitative Care

The following Quick Reference Guide provides a concise overview of the types of recommendations included in the framework, for this level/location of rehabilitative care. Red notations indicate where detailed information on a particular recommendation or topic can be located in the comprehensive framework.

Rehabilitative Care in Long Term Care for Patients with Hip Fracture

Initiation	The first rehabilitative care visit could be as early as 48 hours and should be no later than 5 days.
Duration	Duration of rehab may be 6 weeks to 3 months, depending on resident's clinical needs. Moderate evidence supports 6-12 therapy sessions.
Frequency	Average 2-3 times/week depending on resident's tolerance level.
Summary of Rehabilitative Care Best Practices	Use structured assessments to identify and differentiate between delirium /dementia /depression (3 Ds). Symptoms of the 3 Ds can be superficially similar. <i>*42-45</i>
	Delirium may be identified in the hospital setting, and will often still be present upon discharge to LTC. Educate resident/staff/family regarding identification and prevention of delirium. Contact Physician regarding any acute changes in condition. <i>*42-45</i>
	Assess and progress functional abilities to promote maximum level of function in the long term care setting.
	Review skills taught in the inpatient setting, to promote safe mobilization in the facility. Assess mobility aids and use within the long term care setting.
	Key components of rehab should include: activities to improve independence in self-care, transfers, and ambulation, as per pre-injury level of functioning; balance and gait training; provision of a progressive strengthening exercise program; environmental modification.
	Consideration should be given to having residents attend ongoing exercise programs to optimize function, for a minimum of 3-6 months post-hip fracture. <i>*50</i>

** Refer to page #(s) indicated, in the RCA Hip Fracture Framework, for more information*