Rehabilitative Care Alliance

Total Joint Replacement Quick Reference Guides

October 2022

Quick Reference – Pre-Operative Care

Initiation	Screen pre-operatively to predict patients' post-operative and discharge needs, inform proactive discharge planning, identify potential post-op and/or discharge issues, and to determine whether the patient would benefit from a preoperative in-home provider visit to assess the home environment. *16
Assessment	A variety of factors including coping skills, self-efficacy, and social support are associated with perceived well-being and satisfaction after TJR surgery and should be identified and addressed pre-operatively. Assess functional ability and cognition; confirm discharge location and identify post-operative equipment needs. *16-17
Summary of Best Practice Care	Ensure a safe, inclusive space to provide rehabilitative care with consideration for the patient's intersecting identities, health beliefs, practices and values*15
	Consider referral to a pre-operative strengthening/ROM exercise program appropriate for joint replacement*17
	Patients & care partners are included in the circle of care and benefit from education on how to participate in a successful recovery. Provide a patient information package with standardized, consolidated information*15
	Review pain management techniques and the importance of joint protection*17
	Identify post-operative rehabilitation needs and initiate referral *17-18
	Determine baseline functional status. Range of motion, strength, and gait speed should be measured, along with at least one patient reported and performance outcome measure in order to establish a benchmark for post surgery progress *16, 18

Quick Reference – Rehabilitation in Acute Care

Initiation	An appropriately trained health care provider (e.g., nurse, physiotherapist) should be responsible for the initial assessment prior to the first mobilization attempt. ***19**
Summary of Rehabilitative Care Best Practices	Ensure a safe, inclusive space to provide rehabilitative care with consideration for the patient's intersecting identities, health beliefs, practices and values*19
	Initial evaluation and instructional session should occur within the first hours after surgery. Mobilization will be based on lower limb motor function and the patient's ability to stand.*19
	For TKR, patients should be allowed sufficient time to rest and elevate their leg x4-5 days. Swelling of the knee is common if activity is increased too abruptly. Include principles of healthy lifestyles and active living in the rehabilitation program*19
	Patients and care partners are included as part of the circle of care and benefit from education on how to participate in a successful recovery. *19
	Assess pain using a standardized pain assessment instrument and use multimodal pain management to maximize effect and outcomes. *20
	Criteria for discharge: ambulates & transfers safely with mobility aid; stairs, as necessary; able to perform safe/supported ADLs; home exercise program provided; ongoing rehab plan in place. *20
	Schedule face-to-face and real time discharge conversations ("warm hand offs") with the patient & care partner and provide written individualized discharge plan. *20-21
	Range of motion, strength, and gait speed should be assessed, to measure progress, along with at least one patient reported, and performance-based, outcome measure.*21

Quick Reference – Bedded Levels of Rehabilitation

Initiation	Inpatient rehabilitation should not be the first choice for the typical patient following total hip or knee replacement. The Orthopaedic Quality Scorecard indicates that no more than 10% of hip/knee replacement patients should require inpatient rehabilitation. The timing, frequency and intensity of rehabilitative care services provided in a bedded level of care should be defined in consideration of functional tolerance and goals of the patient.*22
Duration	
Frequency	
Summary of Rehabilitative Care Best Practices	Ensure a safe, inclusive space to provide rehabilitative care with consideration for the patient's intersecting identities, health beliefs, practices and values*23
	Therapeutic interventions should include daily intervention for ROM and strength, functional training (gait, stairs, transfers), and ADL/IADL assessment and training. Rehab should be provided by a dedicated interprofessional MSK/orthopaedic team, knowledgeable in TJR rehab*23-24
	Interventions to reduce knee swelling may help improve quadriceps strength and gait speed. *24
	Include principles of healthy lifestyles and active living in the rehabilitation program *23
	Patients and care partners are included as part of the circle of care and require accessible, actionable health information in order to manage their health and make fully informed decisions about their treatment and care*22-23
	Assess pain using a standardized pain assessment instrument and use multimodal pain management to maximize effect and outcomes.*24
	Criteria for discharge: ambulate & transfers safely with mobility aid; stairs, as necessary able to perform safe/supported ADLs; home exercise program provided; ongoing rehab plan in place.*24-25
	Schedule face-to-face and real time discharge conversations ("warm hand offs") with the patient & care partner and provide written individualized discharge plan. *25
	Range of motion, strength, and gait speed should be assessed, to measure progress, along with at least one patient reported, and performance-based, outcome measure.*25-26

Quick Reference – Rehabilitation in Outpatient/Community Clinics

Initiation	TKR: Rehab should begin within 7 days of discharge from acute care**28* THR: The rehab session should occur approximately 2-4 weeks post discharge**30*
Duration/ Frequency	**TKR:** Treatment offered 2x/week for the first 6-7 weeks. Rehab should include intensive exercise (including home exercises) to achieve range of motion and function throughout the first 12 weeks post-surgery. **THR:** Average of 4 sessions (group or 1:1 format) for majority of patients; with some patients requiring up to 8 sessions. Frequency depends on achievement of goals; typically 1x/week. Duration is based on the achievement of functional goals of independence or plateau in progression.**28-31*
Summary of Rehabilitative Care Best Practices	Ensure a safe, inclusive space to provide rehabilitative care with consideration for the patient's intersecting identities, health beliefs, practices and values**28*
	Rehabilitation to be provided or supervised by a regulated health care professional with knowledge and clinical experience in arthritis and TJR surgery.**27*
	The majority of the patient's recovery will take place in the community, therefore, the patient & care partners require instruction and ongoing education regarding exercise and functional activities to be completed at home.**27*
	Individualized group-based physiotherapy provides similar outcomes as 1:1. Hybrid rehab care models which include both in-person and virtual care may be considered. **30-31*
	Rehab should include exercises for ROM and strength, including home exercises; functional training and progressive resistance training. Include principles of healthy lifestyles and active living in the rehabilitation program. **28-31*
	Interventions to reduce knee swelling may help improve quadriceps strength and gait speed.**29*
	Range of motion, strength, and gait speed should be assessed, to measure progress, along with at least one patient reported, and performance-based, outcome measure.**32-33*

Quick Reference – In-Home Rehabilitation

Initiation	Rehab care provided by a PT and/or OT should begin within 7 days of discharge; earlier if patient is high risk. *35
Duration	**TKA**: Rehab should include intensive exercise to achieve range of motion and function throughout the first 12 weeks post-surgery. **THA:** The duration of rehab is dependent on patient needs. The typical maximum duration of in-home rehab is 12 weeks, if patient is unable to access outpatient rehab.*35-36
Frequency	**TKA**: Frequency is more intense in the first few weeks (2-3 x/week) due to risk of contracture or loss of range of motion. **THA:** The typical number of visits is 1x/week, for the first few weeks, and then based on the progress of the patient thereafter.*35-36
Summary of Rehabilitative Care Best Practices	Ensure a safe, inclusive space to provide rehabilitative care with consideration for the patient's intersecting identities, health beliefs, practices and values*35
	Treatment is focused on safety at home, as well as optimizing the physical and functional abilities necessary for daily activities. Include principles of healthy lifestyles and active living in the rehabilitation program.*35
	Interventions to reduce knee swelling may help improve quadriceps strength and gait speed *36
	Patient and care partner education should reinforce the benefits of ongoing participation in exercise. A self-management component should be incorporated in the rehab program to empower patients to continue with exercise post-discharge*34-35
	Discharge criteria: patient has achieved their discharge goals, or reached a plateau. Monitor progress and transfer to outpatient rehab once patient's ability to access services outside the home is no longer limited by their condition. *37-38
	Range of motion, strength, and gait speed should be assessed, to measure progress, along with at least one patient reported, and performance-based, outcome measure*38