

1. In what region of the province do you primarily work?

Pre-operative Program

2. Do you provide a pre-operative rehabilitation and/or education program for total hip/knee clients?

- Yes
 No

3. What do you offer in you pre-operative program?

- Education and Exercise
 Education only

4. What are the goals of your PRE-OPERATIVE program? Rank your responses with 1 being the highest priority and 4 being the lowest priority

<input type="text"/>	Improving R.O.M	<input type="text"/>	N/A
<input type="text"/>	Improving strength	<input type="text"/>	N/A
<input type="text"/>	Improving function	<input type="text"/>	N/A
<input type="text"/>	Pain control	<input type="text"/>	N/A

5. What forms of exercise do you offer your clients? (Check all that apply)

- UE/LE strengthening using free weights/bands/bodyweight/or machines
 Functional training (i.e. stair walking, sit-stand)
 Core exercises
 Balance/weight transfer training
 Cardio exercise
 Other (please specify)

6. What resources do you primarily use to guide your exercise intervention? (Check all that apply)

- Past clinical experience
 Established practice guidelines
 Online exercise databases
 Other (please specify)

7. When planning exercise for clients, preference is given to:

- Open kinetic chain exercises
 Closed kinetic chain exercises
 Both

8. In what setting does the exercise take place?

- A group setting
 An individualized session
 Both

9. How far in advance of surgery is pre-operative exercise provided to your clients?

Pre-Operative Education

10. Please indicate the setting in which you provide pre-op rehabilitation/education:

- Hospital
- Client's home
- Community centre
- Outpatient clinic
- Other (please specify)

11. Which of the following professionals participate in the pre-op rehab program? (Check all that apply)

- Occupational Therapist
- Physical Therapist
- Therapy Assistant
- Social Worker
- Community Case Manager
- Nurse
- Physician/Surgeon
- Other (please specify)

12. During the pre-operative program, on which of the following do you provide education? (Check all that apply)

- Exercise
- Movement Precautions
- Meals and household management
- Equipment recommendations
- Transportation
- Car Transfers
- Performing transfers
- Emotional impact of undergoing procedure
- Ability to manage self-care
- Pain control
- Post-op medical protocols (i.e. administration of blood thinners)
- Average length of hospital stay
- Caregiver role
- Physical home environment (i.e. potential need to modify)
- Other (please specify)

13. Which of the following educational resources do you provide your clients with pre-operatively: (Check all that apply)

- Education booklet
- Exercise handouts
- Community service(s) information sheet
- Equipment list
- List of equipment loan cupboards and/or local medical equipment vendors
- Service provider phone number list
- Online resources
- Other (please specify)

14. Does pre-operative education occur in:

- A group setting
- An individualized session
- Both

15. In what format is the session presented?

- In person by health professionals
- In person by non-health professionals
- DVD format with questions afterward
- Other (please specify)

16. How many people typically present to the group or individual?

- 1 presenter
- 2 presenters
- More than 2 presenters
- Other (please specify)

17. How many sessions does the individual attend?

- 1
- 2 - 4
- 5 or more
- Other (please specify)

18. Please identify which of the following elements your clients have an opportunity to practice, with a therapist, prior to their admission to hospital. (Check all that apply)

- Exercise
- Adhering to movement precautions
- Proper use of gait aids
- Performing transfers
- Strategies to manage pain
- Other (please specify)

19. Have you recently evaluated your client's satisfaction with your pre-op education program?

- Yes
- No

20. If "yes" when did you evaluate their satisfaction?

- After the pre-operative program
- After the surgery
- Both

21. Did you change any elements of your program as a result of client feedback?

22. How far in advance of surgery is pre-operative education provided to your clients?

Inpatient Acute Phase

23. Do you provide acute in-patient care for patients with total hip/knee replacement surgeries?

- Yes
 No

24. What are your goals for the IN-PATIENT acute phase? Rank your responses with 1 being the highest priority and 4 being the lowest priority

<input type="text"/>	Improving R.O.M	<input type="checkbox"/>	N/A
<input type="text"/>	Improving strength	<input type="checkbox"/>	N/A
<input type="text"/>	Improving function	<input type="checkbox"/>	N/A
<input type="text"/>	Pain control	<input type="checkbox"/>	N/A

25. Does your facility follow a care map or clinical pathway for all total hip/knee replacement surgeries?

- Yes
 No

26. What is the average length of stay in DAYS for patients in acute care:

Total Knee clients

Total Hip clients

27. Indicate the number of times per day, on average, clients are seen by each of the following team members:

	Visits per Day
Physical Therapist	<input type="text"/>
Occupational Therapist	<input type="text"/>
Therapy Assistant	<input type="text"/>
Recreation Therapist/ Health Care Aid	<input type="text"/>

28. Which are the following exercises are performed during in-patient stay? (Check all that apply)

- Bed exercises
 Seated exercises
 Standing exercises

29. How frequently are supervised exercises performed each day?

- 1
 2
 3
 4+

30. How often are patients instructed to perform exercises independently each day?

- 1
 2
 3
 4
 5+
 Other (please specify)

31. How many days after surgery are exercises initiated following total hip or knee replacement?

- 0
- 1
- 2
- 3
- 4

32. Is each patient required to walk daily?

- Yes
- No

33. If "Yes":

How many times each day are clients assisted with walking?

On which day post-op is dangling initiated?

On which day post-op is walking initiated?

Other (please specify)

34. Please indicate which of the following functions form the PRIMARY roles for each of the following team members:

	Physical Therapy	Therapy Assistant
Discharge planning	<input type="checkbox"/>	<input type="checkbox"/>
Mobility (i.e. walking)	<input type="checkbox"/>	<input type="checkbox"/>
Bed exercises	<input type="checkbox"/>	<input type="checkbox"/>
Transfers: Lie-Sit and Sit-Stand	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver education	<input type="checkbox"/>	<input type="checkbox"/>
Gathering info re: home environment	<input type="checkbox"/>	<input type="checkbox"/>
Referral to in-and out-patient rehab	<input type="checkbox"/>	<input type="checkbox"/>
Education on care of the incision	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

35. Following a normal care path, on which day post-operative are the following functions initiated post total hip or knee replacement?

	Day
Discharge planning	<input type="text"/>
Mobility (i.e. walking)	<input type="text"/>
Bed exercises	<input type="text"/>
Seated exercises	<input type="text"/>
Standing exercises	<input type="text"/>
Transfers: Lie-Sit and Sit-Stand	<input type="text"/>
Car transfers	<input type="text"/>
Caregiver education	<input type="text"/>
Gathering info re: home environment	<input type="text"/>
Referral to in-and out-patient rehab	<input type="text"/>
Education on care of the incision	<input type="text"/>

36. Please indicate which of the following modalities are used during the client's in-patient stay to manage pain and swelling: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Ice therapy | <input type="checkbox"/> TENS |
| <input type="checkbox"/> Heat therapy | <input type="checkbox"/> Pain medications |
| <input type="checkbox"/> Elevation | <input type="checkbox"/> CPM |
| <input type="checkbox"/> Sequential Pressure cuff | |
| <input type="checkbox"/> Other (please specify) | |

37. Please indicate which of the following modalities are used to increase strength (Check all that apply):

- Biofeedback
- Bed/seated/standing exercises
- Functional exercise (i.e. practicing transfers, functional activities, LE exercises)
- Muscle stimulation
- Other (please specify)

38. Please identify the exercises typically used with patients: (Check all that apply)

- Bed mobility exercises
- Bed exercises
- Seated exercises
- Standing exercises
- Gait exercises
- Stair walking
- ROM exercises
- Other (please specify)

39. Please indicate which team members perform the following elements of discharge planning:

	Physical Therapist	Occupational Therapist	Community Case Manager	Nurse	Social Worker
Arranging equipment for client's home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practicing stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluating ADL performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addressing meals and household management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making referral to community care (if needed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referrals to in-patient/out-patient rehabilitation programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensuring client has transportation home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

***40. Upon discharge, where are the total hip clients routinely referred to for post-discharge follow-up? Please rank the following from 1-3, with 1 being the most frequent referral made upon discharge and 3 indicating the least frequent discharge referral.**

<input type="text"/>	Out-patient Rehabilitation (hospital based)	<input type="checkbox"/>	N/A
<input type="text"/>	Privately run out-patient clinic	<input type="checkbox"/>	N/A
<input type="text"/>	In-patient Rehabilitation Unit subacute	<input type="checkbox"/>	N/A

***41. Upon discharge, where are the total knee clients routinely referred to for post-discharge follow-up? Please rank the following from 1-4, with 1 being the most frequent referral made upon discharge and 4 indicating the least frequent discharge referral.**

<input type="text"/>	Community Therapy	<input type="checkbox"/>	N/A
<input type="text"/>	Out-patient Rehabilitation (hospital based)	<input type="checkbox"/>	N/A
<input type="text"/>	Privately run out-patient clinic	<input type="checkbox"/>	N/A
<input type="text"/>	In-patient Rehabilitation Unit subacute	<input type="checkbox"/>	N/A

42. Please provide the following information:

Number of Occupational Therapists (in FTE's) working on in-patient orthopedic unit

Number of Physical Therapists (in FTE's) working on in-patient orthopedic unit

Number of Rehab Assistants (in FTE's) working on in-patient orthopedic unit

Average number of total joint clients admitted to unit on a MONTHLY basis

Total number of beds on in-patient orthopedic unit

Outpatient Rehabilitation

43. Do you offer out-patient rehabilitation?

- Yes
- No

***44. What are the goals of your POST-OPERATIVE program? Rank your responses with 1 being the highest priority and 4 being the lowest priority.**

<input type="text"/>	Improving R.O.M	<input type="checkbox"/>	N/A
<input type="text"/>	Improving strength	<input type="checkbox"/>	N/A
<input type="text"/>	Improving function	<input type="checkbox"/>	N/A
<input type="text"/>	Pain control	<input type="checkbox"/>	N/A

45. In which out-patient rehabilitation setting do you provide your services?

- Private Clinic
- Hospital Based Setting
- Home care
- Other (please specify)

46. Please indicate which of the following modalities are used in treating total joint replacement patients in the out-patient clinic: (Check all that apply)

- Ice (bagged from machine)
- Cryocuff
- Ice packs
- Hot packs
- Muscle stimulation
- TENS
- Interferential Current
- Biofeedback
- Other (please specify)

47. What forms of exercise do you offer your patients? (Check all that apply)

- Strengthening exercises using free weights/bands/bodyweight/or machines
- Functional training (i.e. stair walking, sit-stand)
- Core exercises
- Balance/weight transfer training
- Cardio exercise

Other (please specify)

48. What resources do you primarily use to guide your exercise intervention? (Check all that apply)

- Past clinical experience
- Established practice guidelines
- Online exercise databases
- Other (please specify)

49. When planning exercise for patients, preference is given to:

- Open kinetic chain exercises
- Closed kinetic chain exercises
- Both

50. Are patients seen in a group setting?

	Yes	No	N/A
Total Hip clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Total Knee clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

51. If you answered “yes”, how many patients are seen per group?

Total Hip group: number of clients per group:

Total Knee group: number of clients per group:

52. Who is the PRIMARY person responsible for the bookings for appointments at your clinic? (Check all that apply)

- Clerk/Admin Assistant
- Rehabilitation Assistant
- Physical Therapist or Occupational Therapist
- Other (please specify)

53. If patients are seen for individual treatment sessions, what is the average number of treatment sessions provided?

Total Hip clients: Avg number of sessions:

Total Knee clients: Avg number of sessions:

54. How much time is scheduled for the following activities in your clinic?

Total Hip clients: Initial assessment (in minutes per session)

Total Knee clients: Initial assessment (in minutes per session)

Total Hip clients: Follow-up visit (in minutes per session)

Total knee clients: Follow-up visit (in minutes per session)

55. At which point in time, post-operatively, are patients seen in the out-patient clinic?

Total Hip clients: average number of WEEKS post-op

Total Knee clients: average number of WEEKS post-op

56. Do you have an established discharge criterion for total joint patients?

Yes

No

57. If yes, please share with us your discharge criterion for total hip/total knee patients:

58. Upon discharge from the out-patient program, do you refer any of your patients for follow-up in the community?

Yes

No

Other (please specify)

59. If "yes", where do you refer patients for follow-up? (Check all that apply)

Private practice PT

Recreation Center

Home and Community Care

Other (please specify)