



London Health Sciences Centre

Outpatient Physiotherapy TOTAL KNEE ARTHROPLASTY / TOTAL HIP ARTHROPLASTY FLOWSHEET

- Joint Infusion Study (*Fast Track*)
 Early CCAC Regular CCAC No CCAC
 Rehab Hospital Nursing Home Convalescent Care

ADDRESSOGRAPH

Surgery Date: (YYYY/MM/DD) _____ Inpatient Discharge Date: (YYYY/MM/DD) _____
 Sex: Female Male Age: _____
 Number of CCAC Patient Visits: _____ Number of Co-morbidities: _____
 (*obtain information from patient*) (*obtain information from co-morbidities questionnaire*)

KEY: WBAT = Weight Bearing as Tolerated TKA: Total Knee Arthroplasty THA = Total Hip Arthroplasty

<input type="checkbox"/> TKA: <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Primary <input type="checkbox"/> Revision <input type="checkbox"/> THA: <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Primary <input type="checkbox"/> Revision	Initial Assessment	4 weeks Postop	6 weeks Postop	9 weeks Postop	Discharge
Date: (YYYY/MM/DD)					
Weight Bearing Status	<input type="checkbox"/> WBAT <input type="checkbox"/> 50% <input type="checkbox"/> Other _____	<input type="checkbox"/> WBAT <input type="checkbox"/> 50% <input type="checkbox"/> Other _____	<input type="checkbox"/> WBAT <input type="checkbox"/> 50% <input type="checkbox"/> Other _____	<input type="checkbox"/> WBAT <input type="checkbox"/> 50% <input type="checkbox"/> Other _____	<input type="checkbox"/> WBAT <input type="checkbox"/> 50% <input type="checkbox"/> Other _____
Numeric Pain Rating Scale (NPRS) (0 - 10)					
Lower Extremity Functional Score (LEFS) (out of 80)					
<input type="checkbox"/> Patient did not identify additional activities Patient Specific Functional Scale 1. _____ 2. _____ 3. _____ (Please use separate sheet for additional concerns.)					
Timed Up & Go Test (in seconds)					
AAROM (extension-flexion, TKA only) (Measured supine, extension with heel on roll)					
Quads Lag (TKA only) (Quads over roll)					
Trendelenberg Sign (THA only) (Yes / No)					
Gait Aid Use	<input type="checkbox"/> Standard Walker <input type="checkbox"/> Wheeled Walker <input type="checkbox"/> Crutches 1, 2 <input type="checkbox"/> Cane <input type="checkbox"/> None	<input type="checkbox"/> Standard Walker <input type="checkbox"/> Wheeled Walker <input type="checkbox"/> Crutches 1, 2 <input type="checkbox"/> Cane <input type="checkbox"/> None	<input type="checkbox"/> Standard Walker <input type="checkbox"/> Wheeled Walker <input type="checkbox"/> Crutches 1, 2 <input type="checkbox"/> Cane <input type="checkbox"/> None	<input type="checkbox"/> Standard Walker <input type="checkbox"/> Wheeled Walker <input type="checkbox"/> Crutches 1, 2 <input type="checkbox"/> Cane <input type="checkbox"/> None	<input type="checkbox"/> Standard Walker <input type="checkbox"/> Wheeled Walker <input type="checkbox"/> Crutches 1, 2 <input type="checkbox"/> Cane <input type="checkbox"/> None
Comments					
Signature					