



**Rehabilitative
Care Alliance**

Rehabilitative Care Best Practice Framework for Patients with Primary Total Knee & Hip Replacement

Quick Reference Guide: Bedded Rehabilitative Care

JANUARY 2018

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.

Bedded Rehabilitative Care for Patients with Primary Hip & Knee Replacement

Initiation	<p>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. <i>*12</i></p>
Duration	
Frequency	
<p>Summary of Rehabilitative Care Best Practices</p>	<p>Therapeutic interventions should include exercise for range of motion and strength, functional training (gait, stairs, transfers), and ADL/IADL assessment and training. Rehab should be provided by a dedicated interprofessional MSK/orthopedic team, knowledgeable in total joint replacement rehab. <i>*12</i></p>
	<p>Interventions to reduce knee swelling may help improve quadriceps strength and gait speed. Include principles of healthy lifestyles and active living in the rehabilitation program.</p>
	<p>Patients/families require accessible, actionable health information in order to manage their health and make fully informed decisions about their treatment and care. <i>*12-13</i></p>
	<p>Assess pain using a standardized pain assessment instrument and use multimodal pain management to maximize effect and outcomes. <i>*13</i></p>
	<p>Criteria for discharge: ambulate & transfer safely with mobility aid; able to negotiate stairs, as necessary; able to perform safe/supported ADLs; home exercise program provided; ongoing rehab plan in place. <i>*13-14</i></p>
	<p>Range of motion, strength, and gait speed should be assessed, to measure progress, along with at least one patient reported measure, and at least one performance-based outcome measure. <i>*14</i></p>

** Refer to page #(s) indicated, in the RCA Total Joint Replacement Framework, for more information*