



# Rehabilitative Care Alliance

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

## Quick Reference Guide: In-Home Rehabilitative 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.

## In-Home Rehabilitative Care for Patients with Primary Hip & Knee Replacement

Initiation	Rehab should begin within 7 days of discharge; earlier if patient is high risk.
Duration	<b>TKA (Total Knee Arthroplasty):</b> Rehab should include intensive exercise to achieve range of motion and function throughout the first 12 weeks post-surgery. <b>THA (Total Hip Arthroplasty):</b> 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.
Frequency	<b>TKA:</b> Frequency is more intense in the first few weeks (2-3 times per week) due to risk of contracture or loss of range of motion. <b>THA:</b> The typical number of visits is once per week, for the first few weeks, and then based on the progress of the patient thereafter.
Summary of Rehabilitative Care Best Practices	Treatment is focused on safety at home, as well as optimizing the physical and functional abilities necessary for daily activities. *20
	Include principles of healthy lifestyles and active living in the rehabilitation program.
	Interventions to reduce knee swelling may help improve quadriceps strength and gait speed.
	Patient 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. *21-22
	Discharge criteria: patient has achieved their discharge goals, or they have reached a plateau. *22 Monitor progress and transfer to outpatient rehab once patient's ability to access services outside the home is no longer limited by their condition.
	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. *23

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