EQUIP-TJR

THR Post-acute Rehab Checklist

Name: _____ Surgery date: _____ Rehab clinic: _____

Assessments: Check item where your therapist used a standardized tool or approach and did so at least twice (example: at the start & just before discharge from rehab)		
	Start	**End**
QI-1: Assess level of pain in my surgical hip (Example: 0 to 10 rating scale)	☐	☐
QI-2: Examine my hips, legs and low back and record all of the following:		
• How I walk and use walking aids (Example: watch me walk with crutches, cane)	☐	☐
• My posture when standing and how straight my legs are	☐	☐
• How far I can move my hips and knees on both sides (range of motion using a goniometer)	☐	☐
• If any muscles in my legs have shortened or are less flexible	☐	☐
• How strong my leg muscles are on both sides, especially muscles that move my hips backward (gluts) and sideways (Example: push against their hand or a small device)	☐	☐
• My balance when standing still (static) and walking (dynamic)	☐	☐
• If my legs are the same length (Note: might only check once at about 3 months post-op)		☐
QI-3: Assess how easy or hard it is to do my usual activities using a questionnaire or form (Examples: bathing, dressing, cooking, household chores, yard work)	☐	☐
QI-4: Assess how well I can do at least at least one of the following: ☐ climb up/down stairs ☐ stand up/sit down on chair for 30-secs ☐ walk at normal or fast speed (time how long I take)	☐	☐
QI-5: Assess my ability to do activities that are important to me such as paid/unpaid work, caregiving, and leisure and sports using a questionnaire or form	☐	☐
QI-6a: Ask about how active I am (including how much time I spend sitting or resting) (Example: how many times a week do I go for a walk) (can be done once)	☐	
QI-6b: Tell me about the benefits of exercise and provide guidance on how to stay active including where to find resources online and in my community (can be done once)	☐	
QI-7: Assess my quality of life including questions about how my hip replacement affects my health, comfort, social life and happiness using a questionnaire or form	☐	☐

Interventions (treatment): Check off each item as it is met	Yes
QI-8: After my hip replacement, my rehab or exercise program should: • Meet my individual needs (e.g., designed to meet my goals) • Be supervised by a physiotherapist or rehabilitation assistant with joint replacement experience • Be at the appropriate level for me (Example: difficulty of exercise) • Regularly progressed (Example: made harder as I get stronger) • Last at least 6 weeks (from time of initial assessment to discharge from program) • Include a way to record my attendance or track my exercises in an activity log or journal	 ☐ ☐ ☐ ☐ ☐ ☐
QI-9: My rehab program should include the following: • Ways to manage my surgical hip pain other than with medications (e.g., cold packs, massage) • Range of motion exercises to move my hips in all directions (e.g., forward/back, side to side) • Leg strengthening exercises (resistance training using my own body weight, bands, machines) • Balance training when standing still (Example: standing & reaching forward, turning my head) and when walking or moving around (Example: stepping side to side, over objects) • Posture and core strengthening exercises (Example: tightening lower tummy muscles) • Walking (gait) training including using a cane and walking on different surfaces, slopes or speeds • Everyday (functional) exercises (Examples: climbing stairs, rising/lowering to chair, bending down) • A home exercise program with instructions and pictures (Example: booklet, App or website)	 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

	Yes
QI-10: At the end of my supervised rehab, a member of my healthcare team should have me fill out or send me a questionnaire asking about my rehab experience and how satisfied I am with the results of my surgery and rehab.	

Notes about my rehab or questions for my therapist