

TKR Post-acute Rehab Questionnaire

Name:	Surgery date:	Rehab clinic:		
started rehab on:	I fir	nished rehab on:		
	indardized tool/appr	ach quality indicator activity that was one one of the start & before activity that was one of the start & before		<u>end</u>
Assessments: Did my therapist			Start	End
QI-1: Assess level of pain in my surg	ical knee (Example: 0	to 10 rating scale)		
 QI-2: Examine my knees, legs and low How I walk and use walking aids My posture when standing and head of the standing standing still (standard) My balance when standing still (standard) Swelling in my operated knee (Example) 	(Example: watch me wow straight my legs and hips on both sides (nortened or are less floor both sides, especially) (Example: push a static) and walking (dy	walk with crutches, cane) re using a goniometer) exible ally muscles on front of thigh (quads) and gainst their hand) rnamic)		
QI-3: Assess how easy or hard it is to (Examples: bathing, dressing, cooking)	•	· .		
QI-4: Assess how well I can do at lea climb up/down stairs stand walk at normal or fast speed (ti	up/sit down on chair f	or 30-secs □ timed up and go test		
QI-5: Assess my ability to do activities work, leisure and sports using a ques	•	o me such as caregiving, paid/unpaid		
QI-6a: Ask about how active I am (in how many times a week do I go for a	•	e I spend sitting or resting) (Example:		
QI-6b: Tell me about the benefits of ewhere to find resources online and in		guidance on how to stay active including oe done once)		
QI-7: Assess my quality of life including health, comfort, social life and happing				

Interventions (treatment): Check each item that was done	Yes
QI-8: After my knee replacement, did my rehab or exercise program include the following?	
Met my individual needs (Example: designed to meet my goals)	
Was supervised by a physiotherapist or rehabilitation assistant with joint replacement experience	
Was at the appropriate level for me (Example: difficulty of exercise)	
 Was regularly progressed (Example: made harder as I got stronger) 	
 Lasted at least 6 weeks (from time of initial assessment to discharge from program) 	
Included a way to record my attendance or track my exercises in an activity log or journal	
QI-9: Did my rehab program include the following treatments?	
Ways to manage my surgical knee pain other than with medications (e.g., cold packs)	
Range of motion exercises to move my knees in each direction	
 Leg strengthening exercises (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 (Examples: using a cane, walking at different speeds or on slopes) 	
 Everyday (functional) exercises (Examples: climbing stairs, rising from chair and floor) 	
A home exercise program with instructions and pictures (Examples: booklet, website)	
	Yes
OI 10. At the end of my supervised robots did a member of my healthcare team have me fill out or cond	163
QI-10: At the end of my supervised rehab, did a member of my healthcare team have me fill out or send me a questionnaire asking about my rehab experience and how satisfied I was with the results of my surgery and rehab?	
Notes and reflections about rehab after my knee replacement. Do I still have questions I'd like to as my physiotherapist?	sk