

TKR Post-acute Rehab Questionnaire

Name:	Date:	Rehab clinic:			
replacement surgery and check ea	ach quality indicator a	s you provide to patients after tota ctivity that you routinely do. Chec end of the rehabilitation program (k if you		
Assessments			Start	End	
QI-1: Assessed level of surgical knee	pain (e.g., 0 to 10 scale	e, KOOS or OKS subscale)			
 QI-2: Performed a physical examination Gait and use of walking aids (e.g.) Standing posture and lower limb and a Bilateral active lower limb range of Bilateral passive lower limb range Bilateral passive lower limb range Bilateral lower limb flexibility/control Bilateral lower limb strength included static and dynamic balance (e.g., Surgical knee effusion (e.g., meas 	alignment (e.g., pelvic a alignment (e.g., pelvic a of motion (at least both ke of motions (at least both ractures (e.g., Thomas ding quads, hamstrings, single leg stand, Berg	lignment, genu valgus) knees using a goniometer) h knees using a goniometer) Fest, hamstring length) hip flexors, extensors and abductors Balance, BESTest)			
QI-3: Assessed self-reported physica	al function (e.g., LEFS, C	exford Knee Score)			
QI-4: Assessed performance-based f □ stair ascent/descent □ 30sec □ self-paced or fast walking speed	c chair stand test				
QI-5: Assessed participation (e.g., ca	aregiving, paid/unpaid w	ork, leisure and sports)			
QI-6a: Assessed physical activity level questionnaire) (can do once)	el and sedentary behavio	our (e.g., PA vital signs, PA	[
QI-6b: Provided education on benefit resuming a physically active lifestyle (d tailored guidance and support on			
QI-7: Assessed health-related quality	of life (e.g., KOOS subs	scale, EQ-5D, AQOL)			

Rehabilitation interventions: Check each item that was done	Yes
QI-8: Provided a physiotherapy program that was:	
Individualized to the patient's functional needs and goals	
Supervised by a physiotherapist or rehabilitation assistant with joint replacement experience	
Appropriately dosed (e.g., intensity, frequency)	
Regularly progressed (e.g., based on RPE, reps in reserve, 10RM)	
At least 6 weeks in duration (e.g., from initial assessment to discharge)	
Monitored for attendance (e.g., exercise log, wearable device)	
QI-9: AND included the all of the following components:	
Pain management strategies (e.g., ice, mind-body approaches)	
Active knee range of motion exercises	
Progressive resistance training for lower limb muscles	
• Static and dynamic balance training (e.g., tandem stance/walking, side stepping, stepping over objects, forward/sideways reaching)	
 Postural and core stability training (e.g., engaging lower abs, lower gluts) 	
• Gait training including use of walking aids, walking on different surfaces, slopes or speeds)	
 Functional exercises (e.g., stair climbing, rising/lowering to chair and floor) 	
A home exercise program (e.g., printed exercise sheet, website, App)	

	Yes	No
QI-10: Assessed the patient's experience and satisfaction with rehabilitation process and outcomes of care (e.g., program evaluation form, emailed questionnaire after discharge)		

Notes and reflections about the rehabilitation care you routinely provide after knee replacement surgery.		