

THR Post-acute Rehab QI Audit Tool

(For adults who had primary THR for OA)

Date: _____

Patient Demographics

Age: ____ yrs

Sex: ☐ Female ☐ Male ☐ Other ☐ Not recorded
 BMI: ☐ Underweight (<18.5) ☐ Normal (18.5-24.9) ☐ Overweight (25-29.9) ☐ Unknown/not
☐ Obese I (30-34.9) ☐ Obese II (35-39.9) ☐ Obese III (≥40) recorded

 Other MSK condition: ☐ Other hip ☐ Ipsilat knee ☐ Contralat knee ☐ LBP ☐ UE arthritis
☐ Osteoporosis ☐ Other _____ ☐ Unknown/not recorded

 Co-morbidities: ☐ Metabolic/diabetes ☐ CV ☐ Pulmonary ☐ Cancer (all types) ☐ Kidney
☐ Neurologic ☐ Visual ☐ Hearing ☐ Chronic pain syndrome
☐ Other _____

Surgical hospital: _____

In-hospital complications: ☐ No ☐ Unknown/not recorded ☐ Yes (list) _____

Surgery date: DD/MMM/YYYY Acute DC date: DD/MMM/YYYY

Rehab start date: DD/MMM/YYYY Rehab DC date: DD/MMM/YYYY No. rehab sessions _____

Quality Indicators

To score 'yes', the assessment must be performed using a standardized tool/form/approach, at baseline & prior to discharge (twice) and documented in the chart/health record. Check 'no' if not met or no data in chart. Use comment section to note if not applicable & name of tool. (Note: QI 6a & 6b may be performed once)

ASSESSMENTS	Yes at start & end	No at start only	No at end only	No, not assessed	Comments
1. Assessed surgical hip pain level	☐	☐	☐	☐	
2. Performed physical exam:	☐	☐	☐	☐	
a) gait & use of walking aids	☐	☐	☐	☐	
b) standing posture & lower limb alignment	☐	☐	☐	☐	
c) bilateral active lower limb ROM	☐	☐	☐	☐	
d) bilateral passive lower limb ROM	☐	☐	☐	☐	
e) bilateral lower limb flexibility/contractures	☐	☐	☐	☐	
f) bilateral lower limb strength	☐	☐	☐	☐	
g) static & dynamic balance	☐	☐	☐	☐	
h) leg length discrepancy (one measure acceptable)	☐ Yes	☐ No	☐ NA		
3. Assessed self-reported physical function	☐	☐	☐	☐	

4. Assessed performance-based function (at least one of SCT, 30-sec CST, walking speed)	☐	☐	☐	☐
5. Assessed participation (including care-giving, paid/unpaid work, leisure and sporting activity)	☐	☐	☐	☐
6a. Assessed physical activity level and sedentary behaviour	☐ Yes	☐ No		
6b. <u>AND</u> provided guidance and support on resuming physically active lifestyle	☐ Yes	☐ No		
7. Assessed health-related quality of life	☐	☐	☐	☐

To score 'yes', there must be evidence of receipt of the intervention documented in the chart/health record.

INTERVENTIONS	Yes	No	Comments
8. Provided physiotherapy/exercise that was:			
a) individualized to the patient's functional needs	☐	☐	
b) supervised (by PT or RA or kinesiologist)	☐	☐	
c) appropriately dosed	☐	☐	
d) regularly progressed	☐	☐	
e) at least 6 weeks duration	☐	☐	
f) monitored for adherence	☐	☐	
9. Included ALL of the following components:			
a) pain management strategies	☐	☐	
b) active hip ROM	☐	☐	
c) resistance training for lower limb muscles	☐	☐	
d) static <u>and</u> dynamic balance training	☐	☐	
e) postural and core stability training	☐	☐	
f) gait training (including use of walking aids and different walking surfaces/slopes)	☐	☐	
g) functional exercises (including stair climbing, rising/lowering to chair or ground)	☐	☐	
h) provision of a home exercise program	☐	☐	
ACROSS CONTINUUM	Yes	No	Comments
10. Assessed patient's experience and satisfaction with rehabilitation process and outcomes of care using a standardized tool.	☐	☐	

Auditor comments: