TKR Post-acute Rehab QI Audit Tool

(For adults who had primary TKR 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 recorded
□ Obese I (30-34.9) □ Obese II (35-39.9) □ Obese III (≥40)

Other MSK condition: □ Other knee □ 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 knee 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) knee effusion	○	○	○	○	
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. AND 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 knee ROM	◯	◯	
c) resistance training for lower limb muscles	◯	◯	
d) static and 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: