1. In what region of the province do you primarily work?

2. Do you provide a pre-operative rehabilitation and/or education program for total hip/knee clients?
   - Yes
   - No

3. What do you offer in your pre-operative program?
   - Education and Exercise
   - Education only

4. What are the goals of your PRE-OPERATIVE program? Rank your responses with 1 being the highest priority and 4 being the lowest priority

<table>
<thead>
<tr>
<th>Goal</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving R.O.M</td>
<td></td>
</tr>
<tr>
<td>Improving strength</td>
<td></td>
</tr>
<tr>
<td>Improving function</td>
<td></td>
</tr>
<tr>
<td>Pain control</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

5. What forms of exercise do you offer your clients? (Check all that apply)
   - UELE strengthening using free weights/bands/dumbbells/machines
   - Functional training (i.e. stair walking, sit-stand)
   - Core exercises
   - Balance/weight transfer training
   - Cardio exercise
   - Other (please specify)

6. What resources do you primarily use to guide your exercise intervention? (Check all that apply)
   - Past clinical experience
   - Established practice guidelines
   - Online exercise databases
   - Other (please specify)

7. When planning exercise for clients, preference is given to:
   - Open kinetic chain exercises
   - Closed kinetic chain exercises
   - Both

8. In what setting does the exercise take place?
   - A group setting
   - An individualized session
   - Both

9. How far in advance of surgery is pre-operative exercise provided to your clients?
## Pre-Operative Education

### 10. Please indicate the setting in which you provide pre-op rehabilitation/education:
- [ ] Hospital
- [ ] Client’s home
- [ ] Community centre
- [ ] Outpatient clinic
- [ ] Other (please specify)

### 11. Which of the following professionals participate in the pre-op rehab program? (Check all that apply)
- [ ] Occupational Therapist
- [ ] Physical Therapist
- [ ] Therapy Assistant
- [ ] Social Worker
- [ ] Community Case Manager
- [ ] Nurse
- [ ] Physician/Surgeon
- [ ] Other (please specify)

### 12. During the pre-operative program, on which of the following do you provide education? (Check all that apply)
- [ ] Exercise
- [ ] Movement Precautions
- [ ] Meals and household management
- [ ] Equipment recommendations
- [ ] Transportation
- [ ] Car Transfers
- [ ] Performing transfers
- [ ] Emotional impact of undergoing procedure
- [ ] Ability to manage self-care
- [ ] Pain control
- [ ] Post-op medical protocols (i.e. administration of blood thinners)
- [ ] Average length of hospital stay
- [ ] Caregiver role
- [ ] Physical home environment (i.e. potential need to modify)
- [ ] Other (please specify)

### 13. Which of the following educational resources do you provide your clients with pre-operatively? (Check all that apply)
- [ ] Education booklet
- [ ] Exercise handouts
- [ ] Community service(s) information sheet
- [ ] Equipment list
- [ ] List of equipment loan cupboards and/or local medical equipment vendors
- [ ] Service provider phone number list
- [ ] Online resources
- [ ] Other (please specify)
14. Does pre-operative education occur in:
   - A group setting
   - An individualized session
   - Both

15. In what format is the session presented?
   - In person by health professionals
   - In person by non-health professionals
   - DVD format with questions afterward
   - Other (please specify)

16. How many people typically present to the group or individual?
   - 1 presenter
   - 2 presenters
   - More than 2 presenters
   - Other (please specify)

17. How many sessions does the individual attend?
   - 1
   - 2 - 4
   - 5 or more
   - Other (please specify)

18. Please identify which of the following elements your clients have an opportunity to practice, with a therapist, prior to their admission to hospital. (Check all that apply)
   - Exercise
   - Adhering to movement precautions
   - Proper use of gait aids
   - Performing transfers
   - Strategies to manage pain
   - Other (please specify)

19. Have you recently evaluated your client's satisfaction with your pre-op education program?
   - Yes
   - No

20. If “yes” when did you evaluate their satisfaction?
   - After the pre-operative program
   - After the surgery
   - Both

21. Did you change any elements of your program as a result of client feedback?

22. How far in advance of surgery is pre-operative education provided to your clients?
23. Do you provide acute in-patient care for patients with total hip/knee replacement surgeries?
   - Yes
   - No

24. What are your goals for the IN-PATIENT acute phase? Rank your responses with 1 being the highest priority and 4 being the lowest priority
   - Improving R.O.M
   - Improving strength
   - Improving function
   - Pain control

25. Does your facility follow a care map or clinical pathway for all total hip/knee replacement surgeries?
   - Yes
   - No

26. What is the average length of stay in DAYS for patients in acute care:
   - Total Knee clients
   - Total Hip clients

27. Indicate the number of times per day, on average, clients are seen by each of the following team members:
<table>
<thead>
<tr>
<th>Visits per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Therapist</td>
</tr>
<tr>
<td>Occupational Therapist</td>
</tr>
<tr>
<td>Therapy Assistant</td>
</tr>
<tr>
<td>Recreation Therapist</td>
</tr>
<tr>
<td>Health Care Aid</td>
</tr>
</tbody>
</table>

28. Which of the following exercises are performed during in-patient stay? (Check all that apply)
   - Bed exercises
   - Seated exercises
   - Standing exercises

29. How frequently are supervised exercises performed each day?
   - 1
   - 2
   - 3
   - 4+

30. How often are patients instructed to perform exercises independently each day?
   - 1
   - 2
   - 3
   - 4
   - 5+
   - Other (please specify)
31. How many days after surgery are exercises initiated following total hip or knee replacement?
- 0
- 1
- 2
- 3
- 4

32. Is each patient required to walk daily?
- Yes
- No

33. If "Yes":
- How many times each day are clients assisted with walking?
- On which day post-op is dangling initiated?
- On which day post-op is walking initiated?
- Other (please specify)

34. Please indicate which of the following functions form the PRIMARY roles for each of the following team members:

<table>
<thead>
<tr>
<th>Function</th>
<th>Physical Therapy</th>
<th>Therapy Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge planning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobility (i.e. walking)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bed exercises</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfers: Lie-Sit and Sit-Stand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caregiver education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gathering info re: home environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral to in-and outpatient rehab</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education on care of the incision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

35. Following a normal care path, on which day post-operative are the following functions initiated post total hip or knee replacement?

<table>
<thead>
<tr>
<th>Function</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge planning</td>
<td></td>
</tr>
<tr>
<td>Mobility (i.e. walking)</td>
<td></td>
</tr>
<tr>
<td>Bed exercises</td>
<td></td>
</tr>
<tr>
<td>Seated exercises</td>
<td></td>
</tr>
<tr>
<td>Standing exercises</td>
<td></td>
</tr>
<tr>
<td>Transfers: Lie-Sit and Sit-Stand</td>
<td></td>
</tr>
<tr>
<td>Car transfers</td>
<td></td>
</tr>
<tr>
<td>Caregiver education</td>
<td></td>
</tr>
<tr>
<td>Gathering info re: home environment</td>
<td></td>
</tr>
<tr>
<td>Referral to in-and outpatient rehab</td>
<td></td>
</tr>
<tr>
<td>Education on care of the incision</td>
<td></td>
</tr>
</tbody>
</table>
36. Please indicate which of the following modalities are used during the client's in-patient stay to manage pain and swelling: (Check all that apply)

- Ice therapy
- Heat therapy
- Sequential Pressure cuff
- Other (please specify)
- TENS
- Pain medications
- CPM

37. Please indicate which of the following modalities are used to increase strength (Check all that apply):

- Biofeedback
- Bed/standing exercises
- Functional exercise (i.e. practicing transfers, functional activities, LE exercises)
- Muscle stimulation
- Other (please specify)

38. Please identify the exercises typically used with patients: (Check all that apply)

- Bed mobility exercises
- Bed exercises
- Seated exercises
- Standing exercises
- Saul exercises
- Stair walking
- ROM exercises
- Other (please specify)

39. Please indicate which team members perform the following elements of discharge planning:

<table>
<thead>
<tr>
<th>Physical Therapist</th>
<th>Occupational Therapist</th>
<th>Community Case Manager</th>
<th>Nurse</th>
<th>Social Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arranging equipment for client's home</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practicing stairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluating ADL performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Addressing meals and household management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Making referral to community care (if needed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referrals to inpatient/outpatient rehabilitation programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensuring client has transportation home</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*40. Upon discharge, where are the total hip clients routinely referred to for post-discharge follow-up? Please rank the following from 1-3, with 1 being the most frequent referral made upon discharge and 3 indicating the least frequent discharge referral.

- Out-patient Rehabilitation (hospital based)  N/A
- Privately run out-patient clinic  N/A
- In-patient Rehabilitation Unit subacute  N/A
41. Upon discharge, where are the total knee clients clients routinely referred to for post-discharge follow-up? Please rank the following from 1-4, with 1 being the most frequent referral made upon discharge and 4 indicating the least frequent discharge referral.

<table>
<thead>
<tr>
<th>Service</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Therapy</td>
<td>4</td>
</tr>
<tr>
<td>Out-patient Rehabilitation (hospital based)</td>
<td>N/A</td>
</tr>
<tr>
<td>Privately run out-patient clinic</td>
<td>N/A</td>
</tr>
<tr>
<td>In-patient Rehabilitation Unit subacute</td>
<td>N/A</td>
</tr>
</tbody>
</table>

42. Please provide the following information:

- Number of Occupational Therapists (in FTEs) working on in-patient orthopedic unit
- Number of Physical Therapists (in FTEs) working on in-patient orthopedic unit
- Number of Rehab Assistants (in FTEs) working on in-patient orthopedic unit
- Average number of total joint clients admitted to unit on a MONTHLY basis
- Total number of beds on in-patient orthopedic unit

Outpatient Rehabilitation

43. Do you offer out-patient rehabilitation?

- Yes
- No

44. What are the goals of your POST-OPERATIVE program? Rank your responses with 1 being the highest priority and 4 being the lowest priority.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving R.O.M</td>
<td>4</td>
</tr>
<tr>
<td>Improving strength</td>
<td>N/A</td>
</tr>
<tr>
<td>Improving function</td>
<td>N/A</td>
</tr>
<tr>
<td>Pain control</td>
<td>N/A</td>
</tr>
</tbody>
</table>

45. In which out-patient rehabilitation setting do you provide your services?

- Private Clinic
- Hospital Based Setting
- Home care
- Other (please specify):

46. Please indicate which of the following modalities are used in treating total joint replacement patients in the out-patient clinic: (Check all that apply)

- Ice (bagged from machine)
- Cold pack
- Hot pack
- Muscle stimulation
- TENs
- Interferential Current
- Biofeedback
- Other (please specify):

<table>
<thead>
<tr>
<th>Modality</th>
</tr>
</thead>
</table>
47. What forms of exercise do you offer your patients? (Check all that apply)

- Strengthening exercises using free weights/bands/bodyweight/or machines
- Functional training (i.e. stair walking, sit-stand)
- Core exercises
- Balance/weight transfer training
- Cardio exercise

Other (please specify)

48. What resources do you primarily use to guide your exercise intervention? (Check all that apply)

- Past clinical experience
- Established practice guidelines
- Online exercise databases
- Other (please specify)

49. When planning exercise for patients, preference is given to:

- Open kinetic chain exercises
- Closed kinetic chain exercises
- Both

50. Are patients seen in a group setting?

<table>
<thead>
<tr>
<th>Total Hip clients</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Total Knee clients</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

51. If you answered “yes”, how many patients are seen per group?

Total Hip group: number of clients per group: 

Total Knee group: number of clients per group: 

52. Who is the PRIMARY person responsible for the bookings for appointments at your clinic? (Check all that apply)

- Clerk/Admin Assistant
- Rehabilitation Assistant
- Physical Therapist or Occupational Therapist
- Other (please specify)

53. If patients are seen for individual treatment sessions, what is the average number of treatment sessions provided?

Total Hip clients: Avg number of sessions: 

Total Knee clients: Avg number of sessions: 
54. How much time is scheduled for the following activities in your clinic?

Total Hip clients: Initial assessment (in minutes per session)
Total Knee clients: Initial assessment (in minutes per session)
Total Hip clients: Follow-up visit (in minutes per session)
Total Knee clients: Follow-up visit (in minutes per session)

55. At which point in time, post-operatively, are patients seen in the out-patient clinic?

Total Hip clients: average number of WEEKS post-op
Total Knee clients: average number of WEEKS post-op

56. Do you have an established discharge criterion for total joint patients?

☐ Yes
☐ No

57. If yes, please share with us your discharge criterion for total hip/total knee patients:

58. Upon discharge from the out-patient program, do you refer any of your patients for follow-up in the community?

☐ Yes
☐ No
☐ Other (please specify)

59. If “yes”, where do you refer patients for follow-up? (Check all that apply)

☐ Private practice PT
☐ Recreation Center
☐ Home and Community Care
☐ Other (please specify)