



Grey Bruce Health Network

## FRACTURED HIP CLINICAL PATHWAY COMMUNITY CARE STAGE - PT

Outpatient PT  CCAC  LTC Facility

SITE/AGENCY: \_\_\_\_\_

PATIENT ID \_\_\_\_\_

Date of Admission to Services: \_\_\_\_\_ Therapist: \_\_\_\_\_

Client Age: \_\_\_\_\_ Male  Female   
 Surgery: \_\_\_\_\_  
 Cause of Fracture: \_\_\_\_\_  
 Surgeon: \_\_\_\_\_  
 Date of Surgery: \_\_\_\_\_  
 Date of Hospital Discharge: \_\_\_\_\_

**Factors that may affect outcomes:**

- Hx of Falls  CVA
- Diabetes  Mental Health (CAM Score if applicable: \_\_\_\_\_)
- Perioperative  Cognitive Issues
- Social/Emotional  Cardio-Respiratory
- Other Musculoskeletal  Wt Bearing Status: \_\_\_\_\_
- Osteoporosis
- Medications: \_\_\_\_\_

Category	Status of Client on ADMISSION	Please Initial and Date		Status of Client on DISCHARGE	Please Initial and Date	
		YES	NO		YES	NO
<b>EDUCATION</b>	Teaching checklist started			Teaching checklist complete, client/caregiver aware of and understands all items on list		
<b>ROM</b>	Flexion: _____			At least 90° flexion to allow for functional seated position		
	Abduction: _____			At least 15° to allow for personal care		
	Other: _____			Other: _____		
<b>STRENGTH</b>	Grade 2 abductors			At least Grade 3 abductors		
	Grade 3 flexors			At least Grade 3 flexors		
<b>SWELLING</b>	Present <input type="checkbox"/> Not Present <input type="checkbox"/> Affects mobility <input type="checkbox"/> Affects safety (i.e. footwear) <input type="checkbox"/>			Improved and/or controlled		
<b>AMBULATION</b>	Independent on level surface with mobility aids, specify: _____			Independent gait with or without mobility aids, specify: _____		
	Safe on stairs			Safe on stairs		
<b>TRANSFERS</b>	Independent <input type="checkbox"/> Assisted <input type="checkbox"/> Bed			Independent <input type="checkbox"/> Assisted <input type="checkbox"/> Bed		
	Independent <input type="checkbox"/> Assisted <input type="checkbox"/> Chair			Independent <input type="checkbox"/> Assisted <input type="checkbox"/> Chair		
	Independent <input type="checkbox"/> Assisted <input type="checkbox"/> Toilet			Independent <input type="checkbox"/> Assisted <input type="checkbox"/> Toilet		
	Independent <input type="checkbox"/> Assisted <input type="checkbox"/> Bath			Independent <input type="checkbox"/> Assisted <input type="checkbox"/> Bath		
<b>ACTIVITY</b>	Returned to client's usual activity level			Returned to client's usual activity level		
<b>EXERCISES</b>	Independent exercises or caregiver taught			Independent exercises or caregiver taught		
<b>PAIN</b>	Pain Analogue Score (/10) _____	Score		Controlled to allow functional ambulation and activities of daily living		
				Pain Analogue Score (/10) _____	Score	

Client Pathway given to Client: Yes

P/T Signature: \_\_\_\_\_ Discharge Date: \_\_\_\_\_ # of P/T visits: \_\_\_\_\_

Date: \_\_\_\_\_ Client transferred to Outpatient P/T: Yes  No  N/A

P/T Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This document, developed by the Fractured Hip Community Working Group, has been adapted from the Durham Access to Care THR Case Path.*



## INDICATOR REFERENCE LIST - FRACTURED HIP ACUTE STAGE

### POST-OP DAY 1:

1	Antibiotic discontinued 24 hours post surgery
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