

**TOTAL HIP ARTHROPLASTY  
OUTPATIENT PHYSIOTHERAPY PACKAGE FOR  
PROVIDERS**

**UNITY HEALTH TORONTO-  
(St. Joseph's Health Centre Site)**

**INSTRUCTIONS TO PATIENTS:**

Please bring this booklet to your physiotherapist at your first outpatient appointment

Patient Name:

OHIP:

**INSTRUCTIONS TO REHABILITATION PROVIDERS:**

Please read this entire booklet for information on rehabilitation expectations, payment rates, reporting requirements and billing processes.

**Hip Arthroplasty Care: Post-Acute Rehabilitation**

Thank you in advance for providing care to this patient. By way of this package and referral, we consider your facility and St. Joseph's Health Centre (SJHC) as providers of excellence in shared care for this patient. Please feel free to contact us directly at any time for questions or concerns at:

[BundledCare.smh@unityhealth.to](mailto:BundledCare.smh@unityhealth.to)

This patient is in the hip bundled care program at Unity Health Toronto- SJHC Site. A post-surgical Guideline is outlined in this package so that we can best serve our shared patients. This document outlines our expectations regarding what outpatient physiotherapy our patients will require postoperatively. Please contact the referring surgeon at any point should you have ANY concerns about our shared patient and/ or if they are not progressing toward their functional goals as expected.

A **Discharge Summary Form** is on page 3 of this package and we request that you complete the form and return it to us upon discharging the patient from your care. It can be returned scanned and e-mailed to:

[BundledCare.smh@unityhealth.to](mailto:BundledCare.smh@unityhealth.to)

Confirmation of receipt of the discharge summary is required for us to pay you.

We value your partnership and you will be reimbursed by Unity Health Toronto for the care you provide.

The total reimbursement rate is **\$312.00** per primary unilateral hip replacement. For ease of billing, an **invoice template** is provided on Page 4. Billing instructions are also provided. Upon discharging the patient from your facility, please return to us a completed invoice, patient discharge summary and a copy of the original referral we sent you so that we can promptly process your payment.



**Hip Bundled Care**  
**Post-Acute Rehabilitation**  
**DISCHARGE SUMMARY FORM**

**\*\*To be completed by your facility and returned to us after discharge from your care\*\***

SURGICAL PROCEDURE PERFORMED: \_\_\_\_\_ DATE OF SURGICAL PROCEDURE: \_\_\_\_\_

Referring Surgeon \_\_\_\_\_

- Primary Unilateral Hip (Left)  Primary Unilateral Hip (Right)

NAME OF REHABILITATION PROVIDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF INITIAL ASSESSMENT: \_\_\_\_\_ DATE OF DISCHARGE: \_\_\_\_\_

NUMBER OF SESSIONS COMPLETED: \_\_\_\_\_ GROUP THERAPY \_\_\_\_\_ 1:1 THERAPY: \_\_\_\_\_

**PRIMARY UNILATERAL HIP**

**\*Please check box if outcome was met.**

**Functional Strength**

- Hip: Grade 4/5 hip flexion and extension  
 Grade 4/5 hip abduction

**Pain**

- Manageable pain with functional activities of daily living  
 Patients not requiring opioid medications  
 If still requiring opioid medication, please describe what medication and why:

\_\_\_\_\_  
 \_\_\_\_\_

- Wound healed

*Please contact the surgeon's office immediately if you have any concerns about wound healing such as: unexpected redness, swelling, drainage or more than expected pain.*

**Functional Mobility**

- Independent ambulation (indoors and outdoors, without ambulation aid). If an ambulation aid is continuing to be required, please tell us why: \_\_\_\_\_  
 Safe transfers as required (home, vehicle)  
 Have you prescribed continuing home therapy (home exercise program)\_  
 If any functional goals were not met, please tell us why: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

***\*\*Please contact the Surgeon regarding any goals that have not been achieved or if you have other information that would be important for the surgical care team to know\*\*we have provided contact information for your convenience***



**INVOICE NO.** \_\_\_\_\_

**DATE** \_\_\_\_\_

**Bill To:**

Unity Health Toronto  
 30 Bond Street, Toronto ON  
 M5B 1W8  
[BundledCare.smh@unityhealth.to](mailto:BundledCare.smh@unityhealth.to)

**Remit To:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Outpatient Rehab Rates	
Hip	<b>\$312</b>
Knee	<b>\$312</b>

Patient Name (First and Last Name)	Date of Birth (mmddyy)	Health Care Number	Total #: Outpatient Rehab Sessions	Hip: Left (L) or Right (R)	Knee: Left (L) or Right (R)	Amount
						\$
						\$
						\$
						\$
						\$
						<b>Total Amount</b>
						\$

*If you require additional space, please attach a separate sheet.*

Signature of Administrative Authority at your Agency \_\_\_\_\_

Please scan and email the following to [BundledCare.smh@unityhealth.to](mailto:BundledCare.smh@unityhealth.to):

1. Invoice
2. Discharge Summary form per patient
3. Copy of physiotherapy referral from SJHC Site per patient

Please also submit the mandatory NACRS Clinic Lite data reporting tool for this patient. More information is available: <https://www.cihi.ca/en/nacrs-clinic-lite> . Please affirm, by checking the box below, that you have submitted this mandatory requirement for this patient(s).

We affirm that we have submitted the mandatory NACRS Clinic Lite reporting for this patient(s).

**Hip Arthroplasty Post-Acute Rehabilitation  
Guideline for Outpatient Physiotherapy Care**

The majority of our Primary THA patients need to adhere to universal hip precautions, i.e. do not sit on low surface, do not cross legs, etc., for 3 months. Any deviation from the above will be outlined on our referral to you for this patient.

Most THA patients do not require physiotherapy but if you are receiving this package as a provider, it has been determined that this THA patient requires formal physiotherapy.

Approximately 4 scheduled sessions over the course of 12 weeks is likely required to achieve goals

**1. Initiation of Outpatient Physiotherapy Treatment**

If you are receiving this on a total hip arthroplasty patient, the surgeon is recommending outpatient facility-based physiotherapy. A referral will accompany this package.

Our hip arthroplasty patients require no formal physiotherapy before 4 weeks post-surgery. If at their 4 week follow-up visit, physiotherapy is deemed to be required, the following outlines our recommended guidelines for care.

## **2. Expected Duration and Frequency of Outpatient Physiotherapy Treatment**

Duration of physiotherapy is based on the achievement of functional goals of independence. We understand that there are some instances in which a patient will not reach their functional goals. Should the patient experience a plateau in progression, please contact the surgeon for further instructions. The expected duration of outpatient physiotherapy is approximately 4 sessions provided over 12 weeks. Please consider providing more sessions should the patient require it to meet functional goals after reviewing the patient's outcome with our surgeon.

## **3. Type of Outpatient Physiotherapy Required**

Some of our patients will be appropriate for group physiotherapy and some will require 1:1 therapy. We endorse both options but encourage you to assess each patient to identify factors that may suggest a patient is better suited to 1:1 therapy. These factors include (but are not limited to): slow progression, limited English, cognitive impairment, frailty or multiple medical comorbidities, weakness or lack of stamina. Should the patient be well suited to group therapy, we suggest 60 – 90 minutes sessions inclusive of both education and treatment and a maximum class size of 4-6 patients, class run by a PT/PTA.

## **4. Discharge Criteria from Outpatient Physiotherapy**

In sending you this patient, we expect that the following will be achieved prior to discharge from your care. Should you have any concerns in the patient's ability to meet these outcomes, please call us immediately and we would be pleased to collaborate further in care planning:

- *Functional strength Grade 4/5 hip flexion and extension & Grade 4/5 hip abduction*
- Manageable pain (without opioids) to achieve functional activities of daily living
- High functional mobility inclusive of but not limited to:
  - Safe transfers (home, vehicle, etc.)
  - Independent ambulation (indoors and outdoors, without ambulation aid)
  - Knowledge of prescribed home exercise program and how to progress the home exercise program.
  - Knowledge of resumption of safe activities and a return to an active lifestyle

### **References**

1. Hip & Knee Bundled QBP Health System Quality and Funding Division Ministry of Health and Long-Term Care Overview <https://www.oha.com/Documents/Bundled%20Care%20Expansion%20Oct%2013,%202017.pdf>