

**TOTAL KNEE 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.

**Knee 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 knee 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 knee 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.



**Knee 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 knee (Left)       Primary Unilateral knee (Right)

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

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

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

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

**PRIMARY UNILATERAL KNEE**

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

**Functional active ROM**

- Less than 5 degrees Knee Extension  
 Greater than 110 degrees Knee Flexion

**Functional Strength**

- Knee: Grade 4/5 or functional control of knee  
 Quadriceps strength without lag in straight leg raise (SLR) and short arc quadriceps (SAQ) (sitting)

**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**



ST. JOSEPH'S • ST. MICHAEL'S • PROVIDENCE  
**UNITY HEALTH**  
**TORONTO**

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).



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

Intake Assessment scheduled within 7 days post-operatively

12 scheduled sessions over the course of 6 weeks is likely  
required to achieve goals

\*\*Number of sessions should be goal dependent

**1. Initiation of Outpatient Physiotherapy Treatment**

If you are receiving this for a total knee arthroplasty patient, the surgeon is recommending outpatient facility-based physiotherapy. A referral will accompany this package. Our total knee arthroplasty patients require physiotherapy to begin within 7 days of discharge from acute care. This is essential for a good outcome.

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

The greatest improvement in knee flexion occurs within the first 6 weeks postoperatively. We understand that there are some instances in which a patient will not reach their ideal flexion or functional goals. Should the patient experience a plateau in progression, please contact the surgeon for further instructions. The expected duration of outpatient physiotherapy is 6 weeks, with 12 sessions provided twice weekly. Please consider providing more sessions should the patient require it to meet functional goals. If you believe our shared patient requires more than 12 sessions, another referral may be provided to you at the surgeon's discretion so that your facility may access further funding. In addition, the patient should be placed on a self-directed home exercise program and instructed to perform home exercises 3-4 times per day.

## 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 minute 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:

- Less than 5 degrees knee extension
- Greater than 110 degrees knee flexion
- Grade 4/5 strength and functional control of the knee
- Quadriceps strength without lag in straight leg raise (SLR) and short arc quadriceps (SAQ) (sitting)
- 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>