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

TOTAL/HEMI/REVERSE SHOULDER ARTHROPLASTY OUTPATIENT PHYSIOTHERAPY PACKAGE FOR PROVIDERS

UNITY HEALTH TORONTO (St. Joseph's Hospital Site)

ST. JOSEPH'S • ST. MICHAEL'S • PROVIDENCE
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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.

Total/Hemi/Reverse Shoulder 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. Michael's Hospital (SMH) 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

This patient is in the bundled care program at Unity Health Toronto-SMH 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

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 **$486.00** per shoulder arthroplasty. 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.

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Total/Hemi/Reverse Shoulder
Bundled Care
Post-Acute Rehabilitation
DISCHARGE SUMMARY FORM

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

REFERRING SURGEON:_____ DATE OF SURGICAL PROCEDURE:_____
SURGICAL PROCEDURE PERFORMED: (MM/DD/YY)
☐ Shoulder Arthroplasty (Left) ☐ Shoulder Arthroplasty (Right)

NAME OF REHABILITATION PROVIDER:_____

ADDRESS:_____

DATE OF INITIAL ASSESSMENT:_____ DATE OF DISCHARGE:_____

NUMBER OF SESSIONS COMPLETED:_____ GROUP THERAPY:_____ 1:1 THERAPY:_____

SHOULDER ARTHROPLASY

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

Functional Strength

- ☐ Elevation 120 degrees, flexion or scaption
- ☐ Rotator Cuff and Deltoid Grade 3

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

- ☐ 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*

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UNITY HEALTH TORONTO

INVOICE NO._____ **Date**_____

Bill To:
Unity Health Toronto
30 Bond Street, Toronto ON
M5B 1W8
BundledCare.smh@unityhealth.to

Remit To:
Name: _____

Address: _____

_____

Outpatient Rehab Rates	
Shoulder Arthroplasty	$486
Shoulder Reverse Arthroplasty	$486

Patient Name (First and Last Name)	**Date of Birth** (mmddyy)	**Number**	**Rehab Discharge Date**	Outpatient Rehab Sessions	Arthroplasty Left (L) or Right (R)	**Shoulder:** Reverse Arthroplasty Left (L) or Right(R)	**Amount**
							$
							$
							$
							$
							$

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

Total Amount
$

Signature of Administrative Authority at your Agency_____

Please scan and email the following to 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).

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Reverse Total Shoulder Arthroplasty Post-Acute Rehabilitation
Guideline for Outpatient Physiotherapy Care

Intake Assessment scheduled within 2 weeks post-operatively
8-12 scheduled sessions over the course of 16 weeks is recommended to achieve patient-specific goals
Transition from supervised therapy to independent home exercise program is encouraged beyond 16 weeks.

1. Initiation of Outpatient Physiotherapy Treatment

If you are receiving this for a total/hemi/reverse shoulder arthroplasty patient, the surgeon is recommending outpatient facility-based physiotherapy. A referral **and** post-operative protocol will accompany this package. Our total / hemi/reverse arthroplasty patients should ideally physiotherapy to begin within 2 weeks of discharge from acute care. This is essential for a good outcome.

2. Expected Duration and Frequency of Outpatient Physiotherapy Treatment

Duration of rehabilitative care is based upon: patient progress, activity level and goal achievement. Usual progression will involve 8-12 visits extended over a period of 16 weeks. We understand that there are some instances in which a patient will not reach their ideal range of motion or functional goals. Should the patient experience a plateau in progression, please contact the surgeon for consultation. 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 can be provided to you 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, as outlined by protocol guidelines provided.

3. Type of Outpatient Physiotherapy Required

Some of our patients may 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 minute sessions and a maximum class size of 3-4 per class run by a PT. We also emphasize that the patient's progression and participation in group sessions will be consistent with the protocol guidelines, for each phase of their recovery.

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 active ROM: Elevation 120 degrees, flexion or scaption
- Functional Strength: Rotator Cuff and/or Deltoid Grade 3
- Manageable pain (without opioids) with functional activities of daily living
- High functional mobility inclusive of but not limited to:
  - Ability to perform activities of daily living, independently, with appropriate assistive devices, as necessary.
  - 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, with continued observation of precautions outlined for shoulder Arthroplasty.

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