

St. Joseph's Health Care London Shoulder Arthroplasty Bundled Care Post-Acute Rehabilitation Discharge Summary Form

Patient's First Name:		Patient's Last Name:		
Date of Birth (DD/MM/YYYY):		OHIP #:		V/C:
Address:		City/Town:		
Province:		Postal Code:		
Email Address:				
Name of Provider:				
Ministry #:		Address:		
City/Town:		Province:		
Postal Code:	Email Addres			
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Procedure Date (DD/MM/YYYY):	Initial Assessmen	nt Date (DD/MM/YYYY):	Discharg	ge Date (DD/MM/YYYY):
Procedure Performed				
☐ Anatomic Shoulder Arthroplasty		☐ Reverse Total Sho	ulder Arth	
☐ Shoulder Hemi-Arthroplasty		Left	1 —	Right
Number of Sessions Completed:		L Leit		WRIIT
Format of Sessions: 1:1		☐ Group Based		☐ Virtual
romat of Sessions.				viicuui
Outcome Measures on Discharge				
Shoulder SANE Score Percentage (%):		Q-DASH:		
Discharge Criteria				
Functional Active ROM (Consider Pre	e-on Status):	Functional Strength:		
☐ 120-140° Shoulder Flexion	-op status,		ard elevate	e up to 100-120° with good
☐ 120-140° Abduction/Scaption		scapular mechanics	ara cicia.	5 up to 100 120 6115
☐ 30-45 External Rotation		☐ Grade 4/5 Scaption at	+ 90°	
☐ L5 Hand Behind Back		☐ Grade 4/5 External Ro		Neutral
Pain (Consider Pre-op Status and Co-	-morbidities):	ADL's:	<u> </u>	- IVCatiai
☐ Manageable pain with functional a	•	☐ Able to perform self-c	care (dress	sing showering shaving,
living	,	feeding)	Jul 6 (3	Jilig, 3110 11 ct
Swelling resolved or self-managed	wound healed	☐ Able to return to drivi	ing (if app	licable)
or self-managed		7,010 10 121	8 (e. i. i	neasie,
☐ Demonstrated independence with	n home exercise			
program				
Notes and Other Considerations:				