

Pre-Op Home Safety Assessment

Patient Name: Thomas Jackson

Date of Assessment: 01/16/2026

DOB: 09/07/1942

Evaluator: Susan Rowan PT

Purpose: To determine if patient can be safely discharged home post-op Total Joint Replacement with a walker. If an issue is identified, provide education and recommendation to resolve issue. If unable to resolve, escalate to nurse navigator and physician.

Mobility Assessment

Required Mobility Training pre-op home visit– (Practice Post-op Techniques)			
REQUIRED Practice/Instruct:	Completed	Incomplete	Comments
Tug Test <u>12</u> secs High/Med/Low Risk	☒	☐	
Correct sequencing for stairs with walker and/or cane (if steps outside/inside of home)	☒	☐	
Practice getting in/out of car simulating post-op condition	☐	☒	Educated on technique
Transfer training sit to stand and in/out of bed	☒	☐	
Practice ambulating with walker and/or cane if needed in home	☒	☐	
If Walker has been received, fit to patient	☒	☐	

Safety Assessment

Social/Economic Support:	Yes	No	Comment
Are there pets in the home?			
☒ Educated on having pets out of home or in other part of house upon return	☐	☒	
☒ Educated on risk for infection sleeping with pets			
Cognitive issues observed?	☐	☒	
Home Safety	Issue	No Issue	Comment
Lighting outside entrance?			
☒ Educated on leaving light on for return home	☐	☒	
☒ Identify entrance that minimizes stairs			
☒ Recommend handrail addition if needed			
Has stairs to navigate with assistive device?			
• #Stairs <u>5</u> into house	☐	☒	
• #stairs <u>14</u> inside the house (to access Bedroom or Bathroom)	☐	☒	
Has handrail at stairs?:			
• Into house on right/left/both/none	☐	☒	
• Inside the house on right/left/both/none	☐	☒	
Has a ramp with/without handrail?	☐	☒	
Throw rugs and other tripping hazards in all areas needed to move between bedroom/bathroom/kitchen/living areas?			
☒ Educated on removing for gait safety	☐	☒	

Pre-Op Home Safety Assessment

Home Safety	Issue	No Issue	Comment
Path wide enough for walker to ambulate to common areas (2 feet wide)? • Bedroom • Bathroom • Kitchen • Chair	☐ ☐ ☐ ☐	☒ ☒ ☒ ☒	
Has chair with arm rests that is high enough to get in/out of safely (recommend firm, straight-back chair)? ☐ Educate on issues with low chairs/couches/rocking/swivel ☐ Recommend furniture risers to elevate a favorite, but low, chair, sofa or bed ☐ Recommend adding foam cushion or folded blanket to the seat to raise height ☐ Educate on proper hand placement during transfers	☐	☒	
Can access light switches?	☐	☒	
Has adequate lighting?	☐	☒	
Walker fits through doorways (2 feet wide)? Any barriers? ☐ If bathroom door not wide enough, may need cane in bathroom	☐	☒	
Bathroom same level as Bedroom? Or temporary sleeping arrangements set up with easy access to bathroom or bedside commode?	☐	☒	
Toilet height adequate Or has purchased elevated toilet? ☐ Educate on Sit to stand & stand to sit simulating post TJR	☐	☒	
Patient has a walk-in shower stall Or Patient has a tub with transfer bench for safe bathing? (high enough to not exceed hip precautions for THR if applicable)	☐	☒	
Toilet Paper in an easy reach place to avoid bending forward or twisting to reach it?	☐	☒	
Has a phone within reach, even when moving around house? ☐ Recommend having a pouch around neck, basket on walker, or phone mount on walker to carry	☐	☒	
Has a place to sit in bedroom in order to dress? ☐ Educate on putting clothes on equipment for easy reach while getting dressed ☐ Recommend putting often-used items in dresser drawers that do not require bending or stooping	☐	☒	
Has proper footwear to prevent falls?	☐	☒	
Bed height adjusted, sleeping on edge of bed that is easier to get in/out?	☐	☒	

Pre-Op Home Safety Assessment

Kitchen/eating Recommendations

- ☒ Place often-used pans/utensils and foods within reach without bending or climbing
- ☒ Consider serving carts too push food from stove to table
- ☒ Slide items along the countertops to get items from place to place/use tall stool to sit at the counter to prepare your food
- ☒ Keep a small ice chest of food and beverages next to you where you sit
- ☒ Consider mealsonwheelsamerica.org or having frozen pre-med meals

Bathroom Recommendations

- ☒ Raised toilet seat or 3-in-1 commode (Required for Anterior approach THR)
- ☒ Non-skid mat in tub/shower
- ☒ Shower chair or tub transfer bench
- ☒ Grab bars if possible, wall grab bar, tub grab bar that attaches to the side of the tub, universal floor to ceiling grab bar
- ☒ Long-handled sponge and/or a handheld shower so you can wash while remaining seated
- ☒ Educate on placement to avoid bending over
- ☒ Consider a reacher, sock aid, and/or a long-handled shoehorn to help with dressing

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Safety assessment summary

Safety assessment performed:

☒ In-home ☐ Video ☐ Telephone ☐ Patient refused visit

Safety recommendations for unresolved issues during pre-op home safety assessment as follows:

1. Clear rug
2. Remove obstacles
3. Have walker on each floor

Durable Medical Equipment (DME) recommendations:

☐ 3-in-1 commode ☐ Grab bar ☐ Tub seat ☐ Tub transfer bench
☒ Other: Cane

DME Present in the home: Rolling walker

Grab bars

Tub seat

After surgery patient plans to be discharged:

☒ Home ☐ Family/Friend Home ☐ Other: _____

Other Comments:

01/16/2026

Date

Total Joint Care Partner Agreement

Part of planning is having a **Care Partner**. This is someone who will support and help you before and after your surgery. You need to let us know who your Care Partner is *before* surgery.

Make sure to share the information below with your Care Partner before surgery. When possible, bring your Care Partner to your appointments before and after surgery.

A Care Partner can help you:

- Get to and from the hospital for your surgery. You will need a ride.
- Get your questions answered
- Make healthy food to eat during your recover
- Make it to your surgery on time
- Pick up prescriptions from the pharmacy (ex. pain medication)
- Prepare for surgery
- Recover after surgery
- Understand medication and instructions after surgery
- With basic tasks at home for the first few days after surgery
- With emotional and physical support

A Care Partner does *not* need to provide medical treatment, such as wound care or bandage changes. They also do *not* need to provide help with physical lifting.

☒ I will identify a caregiver to help me at home for the first five to seven days after my surgery.

My caregiver's name is Beverly Jackson

My caregiver's phone number is 4104914516

Patient Signature: J. Jackson
Patient Printed Name: Thomas Jackson
Date: Jan 16, 2026

Electronically signed by (clinician): Susan Rowan PT
Date: 01/16/2029

KP TJR Pre-op Assessment Form - HomeCentris

Final Audit Report

2026-01-16

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-  Web Form created by Melissa Cott (mcott@maine.rr.com)
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-  Web Form filled in by Thomas Jackson (Daisy.jones@homecentris.com)
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