Pre-Op Home Safety Assessment

Patient Name: Xiao Xu Date of Assessment:

DOB: Evaluator: Ashley Mathis, PT, DPT

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 53 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	◉	○	
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	○	◉	No pets
Cognitive issues observed?	○	◉	No pets
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 0 into house • #stairs 7 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 hep aide with dressing

Pre-Op Home Safety Assessment

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. NA
2. NA
3. NA

Durable Medical Equipment (DME) recommendations:

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

DME Present in the home: RW
Cane
NA

After surgery patient plans to be discharged:

☑ **Home** ☐ **Family/Friend Home** ☐ **Other:**_____

Other Comments:

. .

09/18/25
Date

PERMANENTE MEDICINE®

Mid-Atlantic Permanente Medical Group

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 Ellie Tong

My caregiver's phone number is 9173642134

Patient Signature: _____

Patient Printed Name: Xiao Xu

Date: Sep 18, 2025

Electronically signed by (clinician): Ashley Mathis, PT, DPT

Date: 09/18/25

KAISER PERMANENTE®