



In-Home Physiotherapy Services Checklist

Please indicate if any of the following statements describe your client:

- recent discharge from hospital
- deconditioned or prior medical history causing weakness and/or deconditioning
- injuries to chest or thorax and may require chest therapy
- overall mobility impaired, use of gait aid required (e.g. cane, walker, crutches, etc.)
- previous medical history and mobility difficulties evident prior to injury
- impaired joint movement making it difficult to perform activities of daily living
- in a state of chronic inflammation (e.g. swelling, redness, acute pain, heat)
- joints in a cast, brace or fixation device
- recently had a cast or brace removed
- significant scarring from surgery (e.g. staples, stitches, etc.) affecting movement
- decreases in endurance and strength affecting return to work and/or activities of daily living
- transportation to a clinic not feasible due to pain, discomfort or apprehension
- recommendations have been made for an in-home exercise program or "hurt versus harm" education in an independent medical evaluation (IME) report.

If your client exhibits one or more of the above characteristics, he/she is a good candidate for referral for In-home Physiotherapy Services.

For more information, please contact 1.800.363.8900

