

Knee Osteoarthritis Program

Acceleration Physiotherapy's Knee Osteoarthritis Program is intended for patients diagnosed with arthritic knee pain who are fit to participate in a physiotherapist guided exercise program.

The program begins with a baseline assessment which is followed by a six-week guided active exercise management program. Over the six-week program, patients will attend two, one-on-one sessions per week with physiotherapist, Brittney Achtymichuk, MScPT, BPE.

Program Highlights:

- Emphasis on educating patients to ultimately manage their knee pain independently.
- The lead physiotherapist will routinely forward progress reports to the referring physician.
- Treatment plans are adapted based on the severity of each patient's osteoarthritis presentation and whether pre-operative preparation is indicated.

Studies show that active exercise and strength training effectively support the management of knee osteoarthritis. Through its active approach, the Knee Osteoarthritis Program can improve a patient's function and help them engage in the management of their symptoms.

Once COVID-19 restrictions are lifted and it is safe and responsible to do so, the program will expand to include a group-based delivery option in a community environment.

Cost:

- One-on-one program - \$650
 - Includes full assessment (\$110) and 12 exercise sessions (\$45 each)
- Group program – TBD

For more information, please visit the Acceleration Physiotherapy website:

www.accelerationphysio.com/knee-osteoarthritis-program/

Please fax completed form below to 1-587-212-0102

Acceleration Physiotherapy Knee Osteoarthritis Program Referral

Patient Information

Name:	Gender:	DOB (DD/MM/YYYY):
Address:		
Primary phone:	Email:	PHN:

Clinical Details

Please select one option from each column:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Left knee | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Right knee | <input type="checkbox"/> Pre-op prep |
| <input type="checkbox"/> Bilateral | |

Relevant History/Contraindications to exercise:

If imaging or investigation reports are available, please include them when faxing this form. Please note these are not required for a referral.

 Referring Physician Name

Signature

Please fax form to 1-587-212-0102. Upon receipt, Acceleration Physiotherapy will contact the patient to arrange an assessment.