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Appendix A

Standard Work: Outpatient Operative Ambulatory Fracture Care Pathway

Process Trigger: Patient diagnosed with fracture in ED

Process Done: Patient discharged home following surgery

Date: March 11, 2019

Revision Number: 16

Step	Work Elements	Process Owner(s)	Guidelines/Notes
1	Patient diagnosed with ambulatory fracture, suspected operative candidate	ED physician	Physiologically young patient (no age limit) Operative ambulatory fractures: <ul style="list-style-type: none"> - Displaced, isolated lateral malleolus - Bi- or tri-malleolar ankle - Patella - Clavicle (>2cm shortened and >100% displaced, butterfly fragment) - Proximal humerus - Olecranon - Distal humerus - Forearm - Distal radius (>5mm shortening, >5° dorsal tilt, displaced intra-articular)
2	ED physician consults on-call orthopaedics resident	ED physician	
3	Orthopaedics resident assesses patient, determines eligibility for: <ol style="list-style-type: none"> a. Operative management b. Ambulatory pathway 	Orthopaedics resident	Eligibility criteria for ambulatory pathway: <ul style="list-style-type: none"> - Lower extremity: patient can mobilize safely with crutches, walker, or cane - Upper extremity: patient can manage ADLs with injured extremity in sling/cast - Medical clearance: ASA 1 or 2, no need for formal anesthesia consult

4	Informed consent completed and reliable phone number obtained	Orthopaedics resident	
5	Case booked at OR desk with indication that patient is waiting at home, consent and admission orders stapled to booking sheet	Orthopaedics resident	Standard booking procedure Orders for: - Admit to orthopaedics
			- NPO - Pre-op antibiotics - Pain meds
6	Complete pre-operative workup	Orthopaedics resident	Follow established MSH guidelines for necessary pre-operative investigations (Appendix 1) - In general, no pre-operative testing is required (confirmed with Eric Goldszmidt, Chief of Anesthesia)
7	Discharge instructions provided - Outpatient fracture pathway information package - Mobility training (for lower extremity fractures) - Cast care instructions - Prescription for pain meds - Return to care instructions	ED RN +/- physiotherapist	Discharge package provided Medication reconciliation to be completed by orthopaedics resident (Appendix 4)
8	Safety assessment completed and patient discharged home	ED RN	If patient is seen overnight and requires PT clearance prior to discharge, patient may wait in virtual observation unit until morning

<p>9</p>	<p>Patient waits at home for surgery</p> <ul style="list-style-type: none"> - NPO at midnight - Allowed to take home meds with sips in am - Await call from MSH OR desk 	<p>Patient</p>	<p>Follow MSH NPO guidelines (Appendix 2)</p> <ul style="list-style-type: none"> - No solid food or non-clear fluids (e.g. milk, orange juice, coffee or tea with milk etc.) after midnight the evening before surgery. This includes gum and candy. - Only clear fluids (e.g. apple juice, water, Gatorade, clear tea, black coffee) can be consumed up to 3 hrs. prior to the scheduled time of surgery.
<p>10</p>	<p>Patient called in for surgery</p> <ul style="list-style-type: none"> - Patient must bring an escort to adhere to day surgery discharge policy - During daytime, patient should be called in 1.5 hours prior to projected OR time 	<p>OR charge nurse Orthopaedics fellow/staff on-call</p>	<p>Notifications</p> <ul style="list-style-type: none"> - OR clerical staff (weekdays) and/or RN team lead (weekends/statutory holidays) will call patient to update - On-call orthopaedics resident/fellow/staff may be asked to assist in communicating with patients - Once a patient is called in for surgery, admitting, PACU (11S on weekends or statutory holidays), and orthopaedics resident-on-call MUST be notified to expect patient <p><u>Process</u></p> <ul style="list-style-type: none"> - 0700: On-call orthopaedics fellow/staff reviews trauma list with OR charge nurse and anesthesia <ul style="list-style-type: none"> o If time available later in the day, patient is instructed to present to admitting 1.5 hours prior to anticipated surgical start time

			<ul style="list-style-type: none">- 1500-1700: On-call orthopaedics fellow/staff reviews trauma list with OR charge nurse and clerical staff<ul style="list-style-type: none">○ If time is not available for surgery, patient is instructed to eat. Repeat steps 9 and 10.○ If time is available to complete case in evening, patient is instructed to present to admitting○ If time available for surgery the following morning, patient is instructed to present to admitting at 0700. <p>Patient should be called between 0800h-1000h and between 1500h-1900h to provide updates and any instructions related to NPO status.</p> <p>ALL phone calls to patient MUST be documented on back of OR Emergency booking form.</p>
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11	Patient registers at admitting department <ul style="list-style-type: none"> - <u>Weekday and Weekend after 1200h</u>: Patient is sent to Surgical Admission, admitted by PACU nurse, and waits in day surgery chairs - <u>Weekend prior to 1200h</u>: Patient is sent to 11S, admitted by 11S RN, and waits to be called down to OR 	Admitting department	<ul style="list-style-type: none"> - Weekdays: Patient sent to Surgical Admission - Weekends and Statutory holidays <i>after 1200h</i>: Patient sent to Surgical Admission - Weekends and Statutory holidays <i>prior to 1200h</i>: Patient sent to 11S (11S can only accommodate 1 ambulatory outpatient at a time. Any additional patients that are brought in prior to 1200h will need to wait in admitting prior to being sent to 11S or Surgical Admission) <ul style="list-style-type: none"> o 11S must be notified that patient is arriving o Patients should be sent from 11S to the OR with their personal belongings to be discharged directly from PACU after surgery
12	OR RN sends for patient from 11S or retrieves patient from PACU	OR RN	While the patient is waiting for surgery, they should be advised to use their prescribed pain medications as required
13	Patient brought to OR for surgery	OR RN Anesthesia Orthopaedics on-call	
14	Patient recovers in PACU	PACU RN	Patient is discharged directly from PACU Post-operative orders are completed on paper order sheets <ul style="list-style-type: none"> - Residents should not be ordering 'PT to see'
15	Discharge instructions provided <ul style="list-style-type: none"> - Mobility training (for lower extremity fractures) - Cast care instructions - Return to care instructions 	PACU RN Orthopaedics staff/fellow	Follow-up appointment instructions (Appendix 3) If crutches or air cast are needed, PACU RN should take from fracture clinic and leave invoice sheet with PACU NUA

	<ul style="list-style-type: none"> - Prescription for pain meds, physio, mobility aids - Follow-up appointment arranged 		
16	Safety assessment completed + patient meets discharge criteria (pain controlled, tolerating oral intake, voiding, and mobilizing safely)	PACU RN	
17	Patient discharged home, with responsible adult, directly from PACU	PACU RN	
NOTE	Surgery Cancelled at Mount Sinai Hospital and care transferred to Women’s College Hospital as outpatient	Orthopaedics Staff/fellow/resident	<p>Person cancelling procedure at MSH will write “cancelled – rebooked at WCH” on the OR Emergency booking form</p> <p>Orthopaedic staff/fellow/resident must relay plan of care to patient</p>

Appendix B

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OUTPATIENT FRACTURE SURGERY

A Patient's Guide

Quick Reference Numbers

On-call team: 416-586-4800, ext. 0 (ask for on-call orthopaedics resident) Patient
Inquiry: 416-586-8300

Surgeon: _____

Office Number: _____

Follow-up Appointment

To be completed after surgery by PACU or 11S nurse

Date: _____

Time: _____

Location: Fracture Clinic, Room 504 Phone:
(416) 586-4800, ext. 4415

STAPLE BUSINESS CARD HERE

MOUNT SINAI HOSPITAL



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YOUR HEALTHCARE TEAM

You and your surgeon have decided to proceed with surgery to fix your fracture. You have now taken the first step toward returning to your daily routine and to the activities you have enjoyed in the past.

Our goal is to help you get back to your home to wait until your surgery can be done and then discharge you home in a timely and safe manner. This booklet has been developed to provide you with information regarding what you may experience before, during, and after your surgery.

During your experience at Mount Sinai, you may meet some of the following members of the healthcare team.

- Orthopaedics team (surgeon, resident, medical student)
- Anesthesiologist
- Operating room nurse
- Recovery room nurse
- Physiotherapist

However, the most important member of the team is you!

To achieve the best results from your surgery, it is very important that you actively participate in and guide your recovery.

Please speak with members of your health care team regarding any questions or concerns that you may have. We are here to support you.

YOUR DISCHARGE PLAN FROM THE EMERGENCY DEPARTMENT (ED)

After your surgeon has explained the procedure in detail and you have consented to the operation, you will be discharged home to await surgery. You will be discharged once you have met the following criteria:

- You are provided and understand safe mobility training by nurse or physiotherapist (for lower extremity trauma);
- You are provided and understand cast care instructions;
- You experience no more than minimal nausea or vomiting; and
- There is an absence of excessive pain

Prior to discharge, you should receive the following:

- Outpatient Fracture Surgery handbook;
- Prescription for pain medications and a laxative; and
- Medication Reconciliation document (what medications to continue or hold prior to surgery)

You should remain non-weight bearing on the affected extremity while you await surgery. Do not place any weight on the affected extremity, specifically during ambulation, position changes, or activities of daily living.

IT IS DANGEROUS TO OPERATE A MOTOR VEHICLE WHILE ON NARCOTIC MEDICATION. Refer to the directions on your medication bottle(s) prior to operating a motor vehicle.

WAITING AT HOME FOR SURGERY

Patients wait an average of one to two days at home prior to being called in for surgery, although you may wait up to five to seven days at home for surgery. Waiting up to seven days will not impact your final surgical outcomes.

While waiting at home, you should take pain medication as required and follow the guidelines on your Medication Reconciliation document regarding which home medications to continue and which to hold.

THINGS TO WATCH FOR WHILE WAITING AT HOME FOR SURGERY:

If you experience any of the following symptoms:

- Shortness of breath or difficulty breathing
- Chest pain, tightness, or pressure
- A significant increase in pain or swelling that is not alleviated by oral pain medication, rest, or elevation of the affected limb
- Development of numbness, tingling, or weakness in your injured extremity that is not relieved by rest or elevation of the affected limb

Please call the hospital and speak to the on-call orthopedics resident, or come directly to the emergency department (see number on the front of this handbook).

SURGERY DATE/TIME:

You will be placed on the urgent list for surgery. This list changes based on the urgency of cases; urgent cases may take priority and delay your surgery.

In the morning, you will receive a call from our clerical staff. If your surgery will occur that day, you will be instructed to come to the hospital at a specific time (approximately 1.5 hours prior to your surgery). You may also receive a call stating that your surgery will not occur that day and you will be provided with information and instructions regarding your surgery time and fasting instructions. You will then receive another call in the evening to update you on the status of your surgery anticipated time.

DIETARY INSTRUCTIONS AT HOME:

1. DO NOT eat any solid food after midnight.
2. DO NOT eat anything in the morning.
3. You may drink CLEAR fluids until you leave for the hospital (clear fluids are fluids you can see through, such as water, apple juice, black coffee, or clear tea WITHOUT milk).
4. You may take pain medications or appropriate home medications (check your Medication Reconciliation document) with SIPS of clear fluid.

WHAT TO BRING TO THE HOSPITAL:

- OHIP card, Mount Sinai Hospital card, and any private insurance information
- A responsible adult to bring you home after your surgery
- Partial plates, dentures, hearing aids, glasses, and contact lens can be worn but must be removed before going to surgery (please bring a container/case for these items to be stored in while you are having your surgery)
- Something to read or occupy your time while you are waiting for surgery
- Crutches, sling, or other mobility device(s) that you have been using
- Leave jewelry and other valuables at home

Note: We cannot accept responsibility for lost or stolen valuables

WHERE TO GO ONCE YOU ARE CALLED IN FOR SURGERY:

- You will be instructed to arrive at the hospital approximately 1.5 hours prior to your intended surgery time
- When you arrive at Mount Sinai Hospital, check in at the Admitting Department, located on the Main Floor
- In the Admitting Department, you will present your:
 - o Mount Sinai Hospital card
 - o Health card
 - o Any insurance policy information that you may have
- From the Admitting Department, you will be directed to either:
 - o Surgical Admission Area (5th floor, Room 548) (Weekdays)
 - o 11th floor south nursing station (Weekends and statutory holidays)
- Once you arrive at your designated area, present your admitting documents to the clerical staff and your nurse will admit you and prepare you for surgery

GOING TO SURGERY

You will be asked some questions by the operating room nursing staff, your surgeon, and your anesthesiologist prior to going into the operating room. At this time, they will answer any further questions you may have.

THE OPERATING ROOM

When you go to the operating room, the team will ensure that they have your family's contact information. Your family will be contacted by the surgeon or his/her assistant once your surgery is completed.

Your family will be provided with information on where they can wait during your surgery.

YOUR DISCHARGE PLAN FOLLOWING SURGERY

Please ensure that you arrive with a responsible adult who can accompany you home after surgery. Failure to bring an appropriate person may delay your surgical care.

THE POST ANESTHETIC CARE UNIT (PACU)

After your operation, you will be taken to the PACU on the 5th floor. You will remain in the PACU until you have woken up from the anesthetic. Your care will be tailored to your individual needs and safety, your blood pressure, heart rate, and breathing will be monitored frequently. Your pain level will be assessed by members of the orthopaedic and anesthesia teams and you will be given medication to make you comfortable. If you are uncomfortable or feel unwell in any way, inform the staff caring for you. You may be in the PACU for a few hours. You may have a family member or friend visit you in the PACU, if you consent. Once your condition is stable, you will be prepared for discharge.

You will be discharged home directly from the PACU. You will be discharged once you have met the following criteria:

- Vital signs stable for at least 1 hour;
- Oriented to person, place, and time;
- Able to tolerate fluids;
- Able to go to the bathroom, dress, and mobilize without assistance;
- Experience no more than minimal nausea or vomiting;
- Have minimal pain and bleeding; and
- Are assessed and discharged by both the anesthesia and orthopaedic surgery teams

Prior to discharge, you will receive the following:

- Prescription for pain medication(s) and a laxative;
- Mobility training (for lower extremity trauma);
- Cast care instructions; and
- A follow-up appointment

Unless otherwise instructed, you should resume all home medications after discharge.

POST-DISCHARGE CARE INSTRUCTIONS

MOBILITY

After your surgery, we encourage you to mobilize as soon as possible to prevent any complications. Be sure to follow the mobility instructions you receive from the nursing staff and/or physiotherapist and use the guide in this handbook to support your recovery.

PAIN CONTROL

You will likely require regular doses of pain medications. Please take the medication as directed on the medication bottle(s). The amount of pain medication you will require will decrease daily. You should gradually stop taking any narcotics 1-2 weeks after surgery.

CONSTIPATION

Constipation often happens after surgery because of pain medication and limited activity. To prevent constipation:

- Drink plenty of fluids and minimize caffeine consumption
- Eat fibre rich food
- Continue to be as active as possible
- Keep a regular meal pattern
- Use laxatives as necessary; consider using Metamucil and/or prunes/prune juice

THINGS TO WATCH FOR AFTER YOUR SURGERY

If you experience any of the following symptoms:

- Shortness of breath or difficulty breathing
- Chest pain, tightness, or pressure
- A significant increase in pain or swelling that is not alleviated by oral pain medication, rest, or elevation of the affected limb
- Development of numbness, tingling, or weakness in your injured extremity that is not relieved by rest or elevation of the affected limb

Please call the hospital and speak to the on-call orthopaedics resident, or come directly to the emergency department (see number on the front of this handbook).

If you experience any of the following symptoms:

- Increased redness, swelling, or bruising around the incision
- Drainage for more than 4 days after discharge
- Excessive bleeding
- A persistent increase in your temperature (over 38°C)

Notify your surgeon or family doctor IMMEDIATELY.

POST-OPERATIVE MOBILITY AND WEIGHT BEARING

WEIGHT BEARING

Unless otherwise instructed, you should **NOT** put any weight on your operative extremity until cleared to do so by your surgeon (typically around 6-8 weeks after surgery).

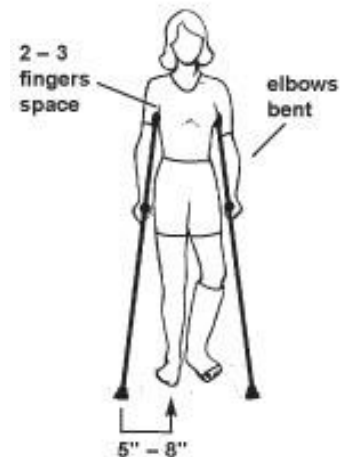
A PATIENT'S GUIDE TO CRUTCHES

(Non-weight bearing)

Fitting Crutches:

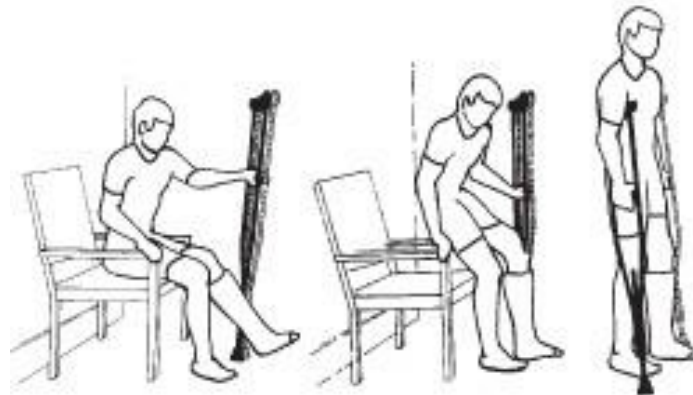
(Refer to instructions in packaging)

1. In a standing position, place crutch tips 2 inches to side and 6 inches ahead of feet.
2. Adjust height of crutch to measure 2-3 finger-widths between the top of the crutch and the armpit
3. Adjust handle height to be at the level of the wrist crease when the arm is hanging at the side.



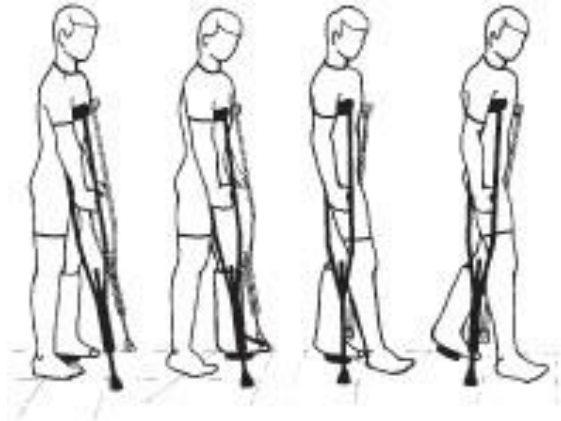
To stand:

1. Hold crutches together on the same side as the casted leg, holding onto the hand grips.
2. Push from the seat/arm of the chair with the other hand to stand up.
3. Adjust crutches under each arm. The top of each crutch should rest against your chest. Push down on the hand grips. Do not lean on top of the crutches – this puts pressure on nerves in your armpit and can lead to weakness and pain in your arms.



To walk:

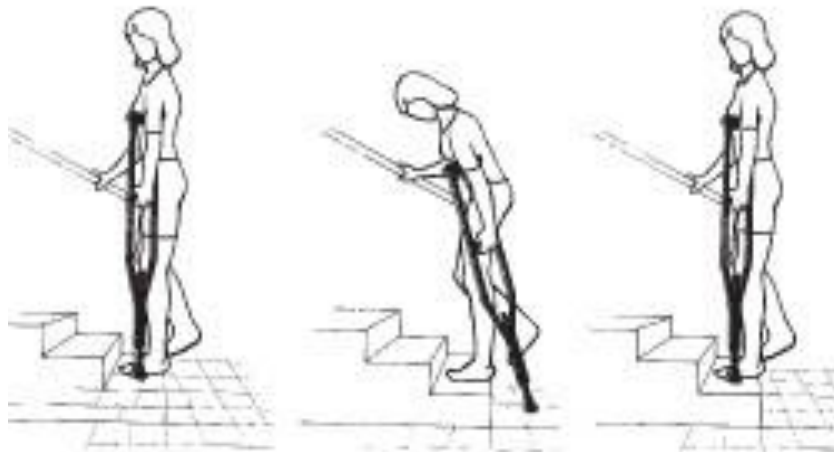
1. Place crutches about 8 inches in front of you and 8 inches to the side of your toes.
2. While keeping the casted leg off the floor, push down on the hand grips and step through the crutches with the other leg. Advance the crutches with each step.



Going up stairs:

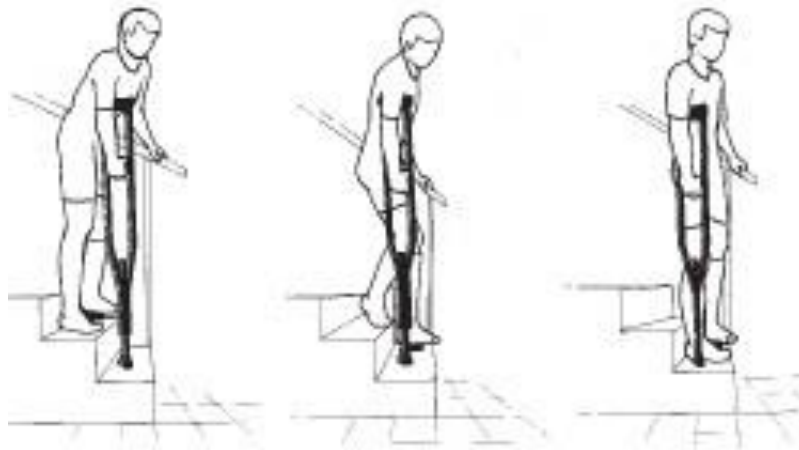
1. Hold onto the rail with one hand and both crutches together under the opposite arm. If there is no rail, keep one crutch under each arm.
2. Stand close to the stair or curb. Push down on the hand grips of the crutches and the railing and step up with your GOOD leg.
3. Lift your casted leg and the crutches up to the same step. Remember not to put weight on your casted leg.

“Up with the good, down with the bad.”



Going down stairs:

1. Hold onto the rail with one hand and both crutches together under the opposite arm. If there is no rail, keep one crutch under each arm.
2. Stand close to the edge of the step. Lower the crutches to the next step and hover your casted (BAD) leg over the step. Remember not to put weight on your casted leg.
3. Push through the crutch and the railing and step down with the GOOD leg. Continue going down, always with the crutches down first.



Tips:

- Avoid resting on underarms and putting weight on the top of crutches, as this can cause nerve damage
- Take short steps
- Rest often
- Wear well fitting, low-heeled, rubber soled shoes (e.g. running shoes)
- Be careful on uneven or slippery surfaces
- Keep rubber ends of crutches dry
- Never remove rubber ends
- Keep crutches in good repair
- Replace rubber padding or tips as needed
- Be aware of tripping hazards, such as loose items on the floor, electrical wires, floor mats, and rugs

For education handouts in different languages, visit:

<https://myhealth.alberta.ca/alberta/pages/ise-crutches.aspx>

Pictures referenced from MyHealth.Alberta.ca

ONE-HANDED ACTIVITIES

In General:

- If you only have the use of one hand or arm, doing your daily activities can be difficult
- If you have lost the use of your dominant hand, you will need to use your other hand for most tasks like feeding or writing, at least in the short-term
- There are many single-handed devices that you can use if you have the use of just one hand. You can purchase these products at a medical supply store
- You can also find tips to help you with “one-handed living” on the internet or in books. There are great ideas on how to perform hundreds of daily living activities without the use of specialized products/devices

Eating/Preparing Food

- Plate guards can be attached to existing plates and give you an edge to push against
- Plates with rims or raised side/lip at one end to keep food on plate and push food against a barrier and get it onto fork/spoon
- Opening containers: stabilize jar by putting it between your knees, or place it inside a drawer and lean against the drawer with your hip
- Practice extra caution while using knives

Getting Dressed:

- It is easier to dress the affected extremity first
- A buttonhook device can help you do up buttons with one hand
- A dressing stick or long handled grabber/reacher can be used to help when putting on pants or shirts

EXERCISES WHILE WEARING A CAST

Most patients will be placed in a splint after surgery. This will prevent you from moving the affected joint. You are encouraged to move adjacent joints to prevent stiffness and improve function. For example, patients with ankle fractures are encouraged to wiggle their toes and move their knee after surgery.

If your arm is in a splint/cast:

- While awake, you should exercise your fingers every hour for five minutes as follows:
 - o Make a tight fist, hold for the count of five, then relax
 - o Spread your fingers out for the count of five, then relax
- Elevate your arm on a pillow to minimize swelling
- Continue moving your elbow and shoulder as normal so they do not stiffen up

If your leg is in a splint/cast:

- Move your toes five minutes every hour while awake
- If your toes become slightly swollen, sit with your foot elevated on a pillow
- Continue moving your knee to prevent stiffness

CAST CARE INSTRUCTIONS

Your cast may be made of plaster or fiberglass.

Do not push objects under the cast.

Do not cut, heat, or submerge the cast in water.

If you experience any of the following problems:

- The cast becomes loose or uncomfortable;
- The cast becomes tight;
- Your fingers or toes become swollen or blue;
- You have any tingling, numbness, or weakness in the extremity;
- There is any discharge or foul odor from the cast; or
- You have any painful areas beneath the case

Notify the fracture clinic at 416-586-4800, ext. 4415 from Monday to Friday, 8am-4pm (excluding holidays). Contact your family physician, your surgeon, or return to your nearest emergency department during evenings, weekends, and holidays.

BATHING WITH YOUR CAST ON

Bathing with a cast must be done cautiously to prevent moisture from entering the cast.

- If you have a cast on your arm, place a plastic bag over the cast and tape it securely around the upper arm. Repeat the process to 'double bag' your arm. Attempt to hold the arm above your head while bathing
- If you have a cast on your lower leg, wrap a towel around the upper portion of the cast and then repeat the double bag/tape technique outlined above

DRIVING

It is dangerous to operate a motor vehicle while wearing a cast. We recommend not driving with a cast that limits your ability to safely operate a motor vehicle.

EQUIPMENT

You may require walking aids or other equipment after surgery.

Here is a list of retail outlets and equipment suppliers:

Rexall Pharmacy

Mount Sinai Hospital

600 University Ave (3rd floor, Street
Level)

416-586-8288

Canadian Red Cross

Home Health Care Equipment Rental

416-236-3180 (for bathroom equipment)

Main Drug Mart

1100 Sheppard Ave E

416-221-1700

Motion Specialties

82 Carnforth Rd

416-751-0400

Hunts Convalescent

109 Woodbine Downs

416-798-1303

Shoppers Drug Mart

(Head Office — call for locations)

416-493-1220

Med Depot

1464 Danforth Ave

416-466-5251

Patterson Medical Canada

1-800-665-9200

Starkman Surgical Supplies

1243 Bathurst St

416-534-8411

Amherst All Care

3462 Kingston Rd

416-261-6409

The Medical Spot

812 St. Clair Ave W

416-656-2661

Able Home Health Care

3537 Bathurst St

416-789-5551

Doncaster Home Health Care Centre

(Head Office — call for locations)

416-444-7198

Sears Canada Inc

1-800-267-3277 (Catalogue Order

Department)

Mobility Savers

445 Midwest Rd

416-750-1940

* Search the internet for “Hospital
Equipment and Supplies”

PHYSIOTHERAPY

You may attend outpatient physiotherapy once instructed by your orthopaedic surgeon, usually after your cast has been removed. Options for outpatient physiotherapy include:

1. Attending a private physiotherapy clinic covered by your private insurance provider. A prescription signed by your surgeon will be provided to you in the fracture clinic.
2. Attend a publicly funded physiotherapy clinic. The following is a list of publicly funded physiotherapy clinics in Toronto.

Mount Sinai Hospital does not endorse any of these organizations. Prepared by Mount Sinai Hospital Occupational Therapy and Physiotherapy for information purposes only.

CLINIC NAME	ADDRESS	TELEPHONE
High Park Physiotherapy & Sports Medicine Clinic	301-2150 Bloor Street West Toronto M6S 1M8	416-766-8565
Active Health Services Limited	6-1500 Bathurst Street Toronto M5P 3L3	416-651-0040
Albany Medical Clinic	807 Broadview Avenue Toronto M4K 2P8	416-461-9471
Community Physiotherapy Clinic	909 Queen Street East Toronto M4M 1J4	416-465-2401
Eglinton-Bayview and Joints In Motion Inc.	355 Eglinton Avenue East Toronto M4P 1M5	416-489-8888
Kings Professional Physiotherapy Clinic	1206 King St. West Toronto M6K 1G4	416-588-9377
Kingsway Physiotherapy	105-3101 Bloor Street West Etobicoke M8X 2W2	416-233-6368
Main & Gerard Physiotherapy Clinic	194 Main Street Toronto M4E 2W1	416-691-4835
North Toronto Physiotherapy Clinic	368 Melrose Avenue North York M5M 1Z7	416-789-5936
Parkdale Physiotherapy Associates	201-491 Lawrence Avenue West North York M5M 1C7	416-256-0600
Physical Therapy Services	109-484 Church Street Toronto M4Y 2C7	416-923-8577
Physiotherapy Associates	28 Overlea Boulevard Toronto M4H 1B6	416-441-1222
St. Clair Dufferin Physio Inc.	202-909 James Street York M6E 4C6	416-604-4404
St. George Physiotherapy Clinic	1202-180 Bloor Street West Toronto M5S 2V6	416-921-4587
Therapia	www.therapia.life	416-526-6933
York Physiotherapy and Rehabilitation Centre	977 Eglinton Avenue West York M6C 2C4	416-781-3945

NOTES

Please use this space to write down any questions you may have, or important points you would like to remember.
