

LARGE PRINT



# Surgery Recovery Tracker

*For hip and knee replacement, day by day*

Warning signs • home checklist • my details • 6-week daily log

Type in it on screen, or print as many copies as you like

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# Warning Signs

KEEP THIS PAGE WHERE YOU CAN SEE IT • AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

Some pain with activity and at night is common for several weeks.

**These signs are not. Do not wait for your next appointment.**

## **Possible infection: call your surgeon right away**

- Fever that does not go away (higher than 100°F by mouth)
- Chills
- Wound getting more red, tender or swollen
- Drainage (fluid) coming from the wound
- Pain getting worse both when moving and at rest

## **Possible blood clot in the leg: call your surgeon right away**

- Pain in your calf that is getting worse
- Tenderness or redness above or below the knee
- New or increasing swelling in your calf, ankle and foot

## **Possible clot in the lung: call 911 now**

- Sudden shortness of breath
- Sudden chest pain
- Chest pain in one spot that gets worse when you cough

## **NUMBERS TO CALL**

SURGEON'S OFFICE \_\_\_\_\_

AFTER HOURS \_\_\_\_\_

PHYSICAL THERAPIST \_\_\_\_\_

# Get the Home Ready

TICK EACH ONE BEFORE SURGERY DAY • WHAT HELPS IN THE FIRST WEEKS

## BATHROOM

- ☐ Safety bars or a secure handrail in the shower or bath
- ☐ A raised toilet seat with arms, if the toilet is low
- ☐ A shower chair or tub bench
- ☐ A long-handled sponge and a hand-held shower head

## STAIRS AND FLOORS

- ☐ Secure handrails along the stairs
- ☐ Loose rugs and cords taken up
- ☐ A night light from the bed to the bathroom
- ☐ A bed set up on the main floor, if stairs will be hard

## SITTING AND REACHING

- ☐ A stable chair with arms and a firm back
- ☐ A footstool to raise the leg
- ☐ A reacher or grabber, and a sock aid
- ☐ Everyday things moved to between waist and shoulder height

## GETTING AROUND

- ☐ Walker, crutches or cane ready, as your team advised
- ☐ A bag or basket that fits on the walker
- ☐ Someone to drive you, and to help for the first days
- ☐ Meals made ahead or delivered

# My Details

FILL IN BEFORE YOU GO HOME FROM THE HOSPITAL

NAME \_\_\_\_\_

SURGERY (HIP OR KNEE, LEFT OR RIGHT) \_\_\_\_\_

SURGERY DATE \_\_\_\_\_

SURGEON & PHONE \_\_\_\_\_

AFTER-HOURS NUMBER \_\_\_\_\_

PHYSICAL THERAPIST & PHONE \_\_\_\_\_

BLOOD THINNER: NAME, DOSE, UNTIL WHEN \_\_\_\_\_

## FOLLOW-UP APPOINTMENTS

| DATE & TIME | WITH | QUESTIONS TO ASK |
|-------------|------|------------------|
|             |      |                  |
|             |      |                  |
|             |      |                  |
|             |      |                  |

## MY EXERCISES (FROM MY PHYSICAL THERAPIST)

| EXERCISE | HOW MANY | HOW OFTEN |
|----------|----------|-----------|
|          |          |           |
|          |          |           |
|          |          |           |
|          |          |           |
|          |          |           |
|          |          |           |
|          |          |           |

# Daily Recovery Log

DAYS 1–14 AFTER SURGERY • PAGE 1 OF 3

| DAY | DATE | PAIN 0–10 | PAIN MEDICINE<br>(TIMES) | EXERCISES AM /<br>NOON / PM                                                | WALKING FAR<br>/ LONG | WOUND OK?                | SWELLING /<br>NOTES |
|-----|------|-----------|--------------------------|----------------------------------------------------------------------------|-----------------------|--------------------------|---------------------|
| 1   |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 2   |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 3   |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 4   |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 5   |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 6   |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 7   |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 8   |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 9   |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 10  |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 11  |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 12  |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 13  |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 14  |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |

Wound OK = dry, no new redness, swelling or drainage. If not, see the Warning Signs page.

# Daily Recovery Log

DAYS 15–28 AFTER SURGERY • PAGE 2 OF 3

| DAY | DATE | PAIN 0–10 | PAIN MEDICINE<br>(TIMES) | EXERCISES AM /<br>NOON / PM                                                | WALKING FAR<br>/ LONG | WOUND OK?                | SWELLING /<br>NOTES |
|-----|------|-----------|--------------------------|----------------------------------------------------------------------------|-----------------------|--------------------------|---------------------|
| 15  |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 16  |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 17  |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 18  |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 19  |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 20  |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 21  |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 22  |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 23  |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 24  |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 25  |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 26  |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 27  |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 28  |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |

Wound OK = dry, no new redness, swelling or drainage. If not, see the Warning Signs page.

# Daily Recovery Log

DAYS 29–42 AFTER SURGERY • PAGE 3 OF 3

| DAY | DATE | PAIN 0–10 | PAIN MEDICINE<br>(TIMES) | EXERCISES AM /<br>NOON / PM                                                | WALKING FAR<br>/ LONG | WOUND OK?                | SWELLING /<br>NOTES |
|-----|------|-----------|--------------------------|----------------------------------------------------------------------------|-----------------------|--------------------------|---------------------|
| 29  |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 30  |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 31  |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 32  |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 33  |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 34  |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 35  |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 36  |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 37  |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 38  |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 39  |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 40  |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 41  |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |
| 42  |      |           |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                       | <input type="checkbox"/> |                     |

Wound OK = dry, no new redness, swelling or drainage. If not, see the Warning Signs page.