Chicago Orthopaedics
& SPORTS MEDICINE, S.C.

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HIP AND KNEE REPLACEMENT
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Patient Name SAMPLE **Surgical Date** SAMPLE

Diagnosis LEFT / RIGHT Knee DJD **Procedure** Rapid Recovery Knee Replacement - LEFT / RIGHT TKA

Discharge Date _____ **Start of Care Date** _____

Service Address _____

This is a pre-admission home health referral/letter of medical necessity for persons will be undergoing minimally invasive hip replacement.

Please Perform the Following:

RN: Evaluation & Treat X PRN As Follows

- We Request a nurse present two times after surgery.
- Visit 1: The day after surgery for initial evaluation. Please check vitals and dressing at this time. Also go over the discharge medications and ensure the patient has filled them and has them available.
- Visit 2: Post-op day 7. Remove silver outer dressing. The patient will have dermabond mesh over the incision. This should NOT be removed. Patient may shower with this dressing and pat dry. The incision should be covered with a dry dressing for protection at this point forward but does not need to be covered during showering.
- Pain management: Please ensure patient is taking adequate medications for pain management. Oxycodone prescribed is meant for breakthrough and to be taken 1 hour prior to and then after physical therapy or home health exercise.
- Some bruising and swelling is expected after surgery. Please instruct the patient on elevation of the lower extremity while seated or lying down to prevent this.
- If the patient would like, it is appropriate to place a compressive ACE wrap or thigh high support hose on the bilateral lower extremities to prevent swelling.
- Please confirm the patient has an appointment to see Dr. Karas's office approximately 14 days post-operatively. If no appointment is scheduled please assist the patient in calling Veronica at 773.433.3123 to schedule an appointment.

PT: Evaluation & Treat X As Follows

Frequency/Duration 3 times a week for 2 weeks

Strengthening X Stretching X Modalities X Soft Tissue Mobilization X

Physical Therapy Functional Guidelines:

- Evaluate and Treat 5 times within the first 7 days post operatively
- After 7 days, the patient should begin outpatient physical therapy. Please ensure this appointment has been made no later than visit 3.
- If the patient requests home health for a second week, treat 3 times per week then discharge to outpatient physical therapy.
- Functional Guidelines for Physical Therapy
    - Weight bearing status: Weight bearing as Tolerated unless otherwise specified
    - Gait: Progression from the use of an assistive device to unassisted ambulation is encouraged immediately post-operatively. Progression is per physical therapist discretion with the primary goal of avoiding gait deviations.
- Specifics of exercise:
    - Emphasis on knee extension.
    - Patient should be educated to incorporate extension of surgical knee positioning during sleep and sitting positions in conjunction with elevation.
    - Increasing range of motion is the goal of physical therapy. Patient should achieve 0 degrees of extension and 110 degrees of flexion 2 weeks post-operatively.
    - Please call XXXXXXXX (Dr. Karas's Cell Phone) weekly regarding ROM if it is less than 90 degrees after the first week post-operatively.

In making this referral, the physician certifies that the prescribed rehabilitation is a medical necessity.