

# My Lumbar Disc Herniation Post-Op Recovery & Tracking Tool

*Our Post-Op Recovery Plan & Tracking Tool outlines your recovery roadmap after surgery so you know what to do and what to expect, including restrictions, therapy, and follow-up. Use it to track your progress and bring it to your appointments so your care team can support you and adjust your plan if needed.*

## Care Plan Snapshot

Home Health: Yes / No / If yes, who? \_\_\_\_\_

Physical Therapy: Yes / No PT Frequency: \_\_\_\_ times per week for \_\_\_\_ weeks Start Date: \_\_\_\_\_

### Restrictions: (simple list):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> No bending/twisting | <input type="checkbox"/> Lifting restrictions | <input type="checkbox"/> Brace (if prescribed)    |
| <input type="checkbox"/> Limited sitting     | <input type="checkbox"/> Walking program      | <input type="checkbox"/> Nerve symptom monitoring |

### Additional Restrictions:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Clinic Notes / Special Instructions: \_\_\_\_\_

## Pre-op Planning

Surgery Date/Time: \_\_\_\_\_ Arrival Time / Location: \_\_\_\_\_

### Transportation:

☐ Ride confirmed (name + phone): \_\_\_\_\_ ☐ No ride yet (needs plan)

### Home Setup (check all that apply):

- ☐ Clear walking paths / remove rugs
- ☐ Bathroom plan (grab bars / shower chair)
- ☐ Meals / groceries prepared
- ☐ Medications picked up
- ☐ Ice packs / supplies ready

### Medication / Health Review:

- ☐ Medication list reviewed
- ☐ Blood thinner / aspirin instructions reviewed
- ☐ Allergies confirmed
- ☐ Diabetes / blood pressure plan reviewed

### Support at Home (First 48 hours):

☐ Yes (name + phone): \_\_\_\_\_ ☐ No (needs plan)

### Pre-Op Instructions Confirmed:

☐ When to stop eating/drinking \_\_\_\_\_

☐ What medications to take the morning of surgery \_\_\_\_\_

☐ What to bring (ID, insurance, assistive device if needed) \_\_\_\_\_

## Post-op Final Instructions + Execution

Discharge Date/Time: \_\_\_\_\_ Discharging Staff Name/Title: \_\_\_\_\_

### Wound / Incision Care

- ☐ Dressing instructions reviewed
- ☐ Showering/bathing instructions reviewed
- ☐ Bandage change instructions reviewed
- ☐ Signs of infection reviewed

### Activity & Restrictions (confirmed)

- ☐ Lifting restriction: \_\_\_\_\_ lbs.
- ☐ Bending/twisting restrictions reviewed
- ☐ Walking instructions reviewed
- ☐ Sitting/standing limits reviewed (if applicable)

### Pain Management Plan

- ☐ Medication instructions reviewed
- ☐ Side effects/constipation plan reviewed
- ☐ Ice/heat instructions reviewed (if applicable)
- ☐ Pain expectations explained

### Physical Therapy / Home Exercise

- ☐ PT referral given (if applicable)
- ☐ Home exercise instructions reviewed
- ☐ Start date confirmed: \_\_\_\_\_
- ☐ PT location / contact (if known): \_\_\_\_\_

Clinic Notes / Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Follow-Up

Next Appointment After Surgery: Date/Time: \_\_\_\_\_

Follow-up appointment confirmed: ☐ Yes ☐ No on Date/Time: \_\_\_\_\_

Clinic phone number to call with questions: \_\_\_\_\_

### Red Flags (When to Call Immediately)

- ☐ Reviewed with patient & caregiver

**Call immediately if you have any of the following:**

- ☐ New or worsening weakness in the legs
- ☐ Loss of bowel or bladder control
- ☐ New or worsening numbness/tingling
- ☐ Severe pain that is not improving with the plan
- ☐ Fever, chills, or concern for infection
- ☐ Any symptom that feels urgent or concerning

☐ Clearance required before: ☐ Driving ☐ Work ☐ Lifting ☐ Exercise/PT progression

Cleared on (date): \_\_\_\_\_ By: \_\_\_\_\_

Clinic Notes / Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Self-Check & Recovery Tracking

Use a **designated notebook** to track your recovery so you can give your professional care team accurate updates on what you've been doing at home.

### How to write entries (simple steps):

1. Start on the **first blank page** and write today's **date** at the top.
2. Write **2–4 short notes** about symptoms, activity, and questions.
3. Continue in **date order** (one entry per day or after PT).

If something changes suddenly, make a note right away and call the clinic if needed.

### These are general entry note suggestions to help you track your recovery:

**Overall, I feel:** ☐ Better ☐ About the Same ☐ Worse

**The most limiting symptom right now is:**

☐ pain ☐ weakness ☐ numbness/tingling ☐ sleep disruption ☐ walking limitation

**My symptoms have:** ☐ improved ☐ stayed the same ☐ worsened

**What is my primary goal?** ☐ reduce pain ☐ return to work ☐ walk longer ☐ sleep better ☐ avoid surgery

### Plan Participation Checklist

I have:

- ☐ Began PT / attend sessions
- ☐ Performed home exercises as instructed
- ☐ Avoided my top trigger activities
- ☐ Took medication as directed
- ☐ Tracked symptoms

**Clinic Notes / Special Instructions:** \_\_\_\_\_

### Functional Tracking (simple)

Perform a self-check:

- ☐ Evaluate pain (0 = none, 10 = worst): \_\_\_\_
- ☐ Can I walk 10 minutes? ☐ yes ☐ no
- ☐ Can I sit 30 minutes? ☐ yes ☐ no
- ☐ Numbness/tingling today? ☐ yes ☐ no
- ☐ Need to call? ☐ yes ☐ no

### Plan Review & Patient Confirmation

- ☐ Recovery plan reviewed with patient (and caregiver if present)
- ☐ Patient can explain their restrictions and next steps ("teach-back")
- ☐ Patient understands when to start PT / home exercises and how often
- ☐ Patient understands when to call the clinic (red flags reviewed)
- ☐ Questions answered and plan confirmed

This Recovery Plan & Tracking Tool supports clear communication between you and your care team. Bring it to your office visits so your provider can review your progress and adjust your plan if needed.

**Date Care Plan Reviewed Together:** \_\_\_\_\_

\_\_\_\_\_  
Provider (Name)

\_\_\_\_\_  
Patient (Name)