

# My TKA Post-Op Recovery Plan & 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):

- Weight-bearing:  WBAT  Partial  Non-weight bearing  Use walker/cane as directed
- Brace/Device (if prescribed)  No kneeling (if applicable)  No twisting/pivoting on the surgical leg  Elevation/ice schedule  Fall precautions  Compression stockings (if prescribed)

### 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) \_\_\_\_\_

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

## 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)

- Weight-bearing status confirmed
- Blood thinner/aspirin use reviewed (if prescribed)
- Compression stockings reviewed
- Fall prevention / stairs safety reviewed

### 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: \_\_\_\_\_

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## Follow-Up

Follow-up appointment confirmed:  Yes  No 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:

- Chest pain / shortness of breath (Call 911)  Calf pain, swelling, warmth (possible blood clot)
- New or worsening weakness/numbness/tingling  Severe pain that is not improving with the plan
- Fever, chills, or worsening redness/drainage at incision  Any symptom that feels urgent

Clearance required before:  Driving  Work  Lifting  Exercise/PT progression

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

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

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## 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:**

**What is still difficult or concerning and the most limiting issue right now is:**

Pain  Swelling  Stiffness  Walking  Sleep  Fear of movement  Incision concerns

**My progress has:**  Improved  Stayed the same  Worsened

**My primary goal is:**  Reduce pain  Improve walking  Improve knee bending  Return to normal activities  Sleep better

### Plan Participation Checklist

I have:

- Began PT / attend sessions
- Performed my home exercise plan
- Avoided my top trigger activities
- Took medication as directed
- Tracked symptoms

### Functional Tracking (simple)

Perform a self-check:

- Evaluated pain (0 = none, 10 = worst): \_\_\_\_\_
- Swelling today:  mild  moderate  severe
- I walked short distances today (as directed):  yes  no
- I am using my walker/cane as instructed:  yes  no
- Noticed calf pain, warmth, or swelling?  yes

### Preventive Care

- Walk short distances frequently (as directed)
- Ankle pumps / foot exercises reviewed
- Compression stockings / blood thinner instructions reviewed (if prescribed)

### 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:** \_\_\_\_\_

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Provider (Name)

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Patient (Name)