



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: _____

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: _____

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: _____

Provider (Name)

Patient (Name)