

joint replacement

1. Age
2. Race
3. Gender
4. Medical History Separate With Commas
5. Surgeons Name
6. Operated Extremity
7. Date Of Surgery
8. Surgeons Last Name
9. Procedure Performed
10. Ebl
11. Unit Name
12. Medical Doctor
13. Comorbid
14. Assistance Level

joint replacement

Pt is a _____ age _____ yo _____ race _____ gender _____ with a history of _____ medical history separate with commas _____. Pt presented to _____ Surgeons name _____ with progressively worsening pain in their _____ operated extremity _____. Pt tried and failed all conservative treatment including injections, therapy, and activity modification. Pt was cleared for surgery and on _____ date of surgery _____, Dr. _____ surgeons last name _____ performed a _____ procedure performed _____. Surgery was uneventful with an EBL of _____ EBL _____. Pt was transferred to _____ unit name _____ for medical management and recovery.

Dr. _____ medical doctor _____ was consulted for medical management of _____ comorbidities _____.

Therapy was consulted to evaluate and treat. Per therapists, pt requires _____ assistance level _____ for a variety of tasks including bed mobility, transfers, ambulation and ADLs. Pt is appropriate for inpatient rehab and can complete 3 hours of therapy on a daily basis. Therapists and MDs agree that pt requires inpatient rehab for carryover physical progression and medical management. Pt would not recover in a less intensive setting.