

McLaren Print System Order

Order No: 9009
 Order Date: 2015-02-12
 User: Cindy Weller
 Phone: 810-342-4289

Ship Location: Therapy Services 1 North/Cindy Weller
 401 S. Ballenger Hwy.
 Flint, MI 48532

Forms

Quantity: 500
 Paragon Dept No: 23020
 Dept Name: 5 North Joint and Spine Center
 Company Number: 60

Order Total Price: 77.00

Item Number: 2856
 Item Description: Total Knee Replacement Physical Therapy Diary
 Revision Date: 2/2015
 Print: 1 sided full color
 Paper: 32# Color Copy Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Misc Info:



FLINT

Total Knee Replacement Physical Therapy Diary

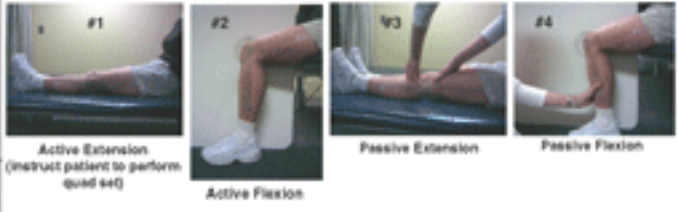
Patient Name: _____
 Diagnosis: _____
 Out-patient Therapy Site: _____
 Site Phone: _____

Home Care Agency (if indicated): _____
 Phone: _____

Surgeon: _____
 Surgery date: _____
 Weight bearing status: _____

Your Inpatient Physical Therapist will start this diary on the day of your discharge from the hospital. Take this diary to your ongoing physical therapy sessions so your therapists can continue to record your progress. Your Orthopedic Surgeon will need to see this information each time you have a follow-up appointment so DON'T FORGET to take this diary with you.

	ROM		WALKING			STAIRS		OTHER
	Active (example: 10°-130° #1-#2)	Passive (example: 0°-110° #3-#4)	Distance	Device	Comments	#Steps	Comments	(i.e. transfer, bed mobility)
Inpatient Discharge Date: _____ Therapist: _____ Phone: _____								
If Inpatient: Home Care Evaluation Date: _____ Therapist: _____ Phone: _____								
Home Care Discharge Date: _____ Therapist: _____ Phone: _____								
Info about Exercises Date: _____ Therapist: _____ Phone: _____								
All required still Date: _____								
Outpatient Discharge Date: _____ Therapist: _____ Phone: _____								



Key: (example) 0°-110° degrees describe the patient's knee as lacking 0° from terminal knee extension and having 110° of flexion.
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