

FLINT

Total Knee Replacement Physical Therapy Diary

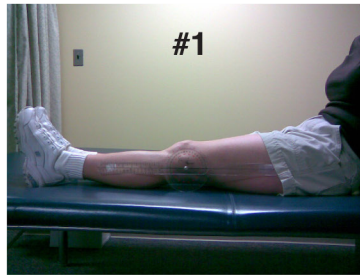
Patient Name: _____
 Diagnosis: _____
 Out-patient Therapy Site: _____
 Site Phone: _____

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

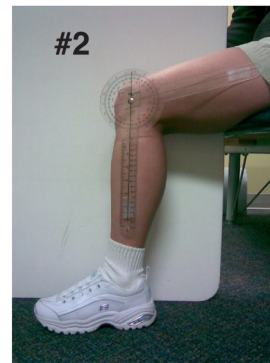
Surgeon: _____
 Surgery date: _____
 Weight bearing status: _____

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°-106° #1-#2)	Passive (example: 8°-110° #3-#4)	Distance	Device	Comments	#Steps	Comments	(ie. transfer, bed mobility)
Hospital Discharge Date: _____ Therapist: _____ Phone: _____								
(if indicated) Home Care Evaluation Date: _____ Therapist: _____ Phone: _____								
Home Care Discharge Date: _____ Therapist: _____ Phone: _____								
Outpatient Evaluation Date: _____ Therapist: _____ Phone: _____								
6th outpatient visit Date: _____								
Outpatient Discharge Date: _____ Therapist: _____ Phone: _____								



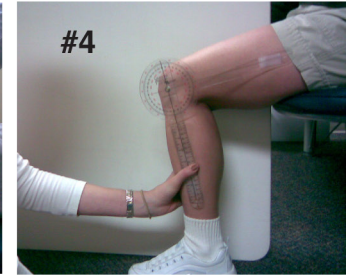
#1
Active Extension
 (instruct patient to perform quad set)



#2
Active Flexion



#3
Passive Extension



#4
Passive Flexion

Key: (example) 8°-110° degrees describes the patient's knee as lacking 8° from terminal knee extension and having 110° of flexion.