**McLaren Flint**
**Flint, Michigan**

## Orthopedic Total Joint Progress Note

| Date: | S: ☐ No Complaints ☐ Pain Controlled: ☐ Other: |
|---|---|
| | |
| | O: ☐ NAD ☐ Comfortable ☐ Other: |
| | |
| | Dressing/Incision: ☐ C/D/I ☐ Other: |
| | |
| | ☐ Bilateral IPC's in Place ☐ Other: |
| | |
| | ☐ Calves soft, non-tender ☐ Other: |
| | |
| | ☐ Ankle/foot dorsi & plantar flexion intact ☐ Other: |
| | |
| | ☐ Sensation intact to light touch throughout foot ☐ Other: |
| | |
| | ☐ Dorsalis pedis pulse: 1+ / 2+ ☐ Other: |
| | |
| | ☐ Posterior tibial pulse: 1+ / 2+ ☐ Other |
| | |
| | ☐ Other: |
| | |
| | ☐ No Foley Present ☐ Foley Discontinued |
| | ☐ Continue Foley Reason: _____ |
| | |
| | A/P: POD# _____ R / L |
| | |
| | 1. Pain Control: |
| | 2. PT/OT: per total joint protocol: |
| | 3. DVT prophylaxis: |
| | ☐ Lovenox (Enoxaparin) |
| | ☐ Coumadin (Warfarin) |
| | ☐ Arixtra (Fondaparinux) |
| | ☐ Aspirin |
| | ☐ Xarelto (Rivaroxaban) |
| | ☐ Other_____ |
| | |
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| | |
| | |
| | **Signature:** **Date/Time:** |
| | |
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