



# Joint Replacement Protocols

**DO NOT CALL THIS MD REGARDING ISSUES NOT RELATED TO THE SURGERY PERFORMED**

**1. WEIGHT BEARING STATUS:**

a. Total Hip Replacement:

PWB 60 - 90 lbs x 2 wks

b. Total Knee Replacement:

WBAT

**2. DVT PROPHYLAXIS METHOD:**

ASA or Coumadin, ASA, Lovenox, Arixtra, Xarelto

Skilled Nursing to teach on injections – if ordered at hospital discharge.

a. Length of Time Post Op: \_\_\_\_\_

b. Blood Draws or fingerstick CoaguChek & Frequency: PT/INR q \_\_\_\_\_

c. Report Lab Results to: \_\_\_\_\_

**3. MISCELLANEOUS ITEMS: (Are they used, and if so, when are they discontinued?)**

a. CPM Machine: \_\_\_\_\_

b. Ted Hose: 2-4 wks

c. Walker/ Crutches: \_\_\_\_\_

**4. SPECIALIZED PHYSICAL THERAPY:**

Physical Therapy services up to 5 visits within the first 7 days upon discharge from hospital

LEVEL OF CARE: ~~(5w1, 3w3) Physical Therapy~~ 5x/wk x 2 wks

Skilled Nursing as needed

Other services as needed

**5. PHYSICIAN FOLLOW-UP:**

a. First Post-Op visit in office: 2 weeks

b. Home SN/ PT may remove sutures/ staples in home post-op: \_\_\_\_\_

c. Physician requests PT reports faxed to office before \_\_\_\_\_ week post-op visits

AND/ OR  See Attached Physician's Pre-Printed Protocol

**ORTHOPEDIC PROGRAM:** I authorize Home Care Network East to provide an orthopedic pre-surgical safety call to patient and any DME that the patient may need for the first 7 days upon discharge from the hospital.

**START OF CARE ORDERS:** Home Care Network East will provide physical therapy services up to 5 visits within the first 7 calendar days upon discharge from the hospital including gait training, therapeutic exercise, mobility training, pain management, and home exercise program.

I authorize Home Care Network East to provide home health services, follow the prescribed protocol listed above and to provide the above level of care following surgery.

Physician Signature: [Signature] Date: \_\_\_\_\_

Printed Name: Dr. Miguel Hernandez Contact Person: Rubi

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