



# Lower Extremity Protocols

Post-fib - NWB  
4 wks  
Short leg  
cast

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

### 1. WEIGHT BEARING STATUS:

a. Total Ankle Replacement:

NWB for 6 wks

Achilles - NWB  
2 wks  
Short leg  
cast  
4 wks

b. Specific Instructions regarding lower extremity surgeries:

Bunionectomy - heal WB for 4 wks  
tendon reconstructions - NWB for 2 wks, splint - short leg cast

### 2. DVT PROPHYLAXIS METHOD:

(Coumadin, ASA Lovenox, Arixtra)

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. Ted Hose: \_\_\_\_\_
- b. Walker/ Crutches: Rollabouts
- c. Incision Care: \_\_\_\_\_
- d. Other: \_\_\_\_\_

### 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)
- Skilled Nursing  Physical Therapy  Occupational Therapy
- Other: \_\_\_\_\_

### 5. PHYSICIAN FOLLOW-UP:

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

b. Home SN/ PT may remove sutures/ staples in home post-op: No

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: 7-14-14  
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