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LIFE IN FULL MOTION

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Dr. Lowry's Instructions for Home Health Agencies

PATIENT: DATE:

PROCEDURE(S):

DX(S):

1. **I appreciate & expect open lines of communication between your facility's providers & my office.**
    a. Please call my office when my patients are seen for their initial intake to review/clarify the following instructions with my Medical Assistant. THIS IS A REQUIREMENT. NO EXCEPTIONS.
    b. I expect the initial intake to be PRIOR to the surgery date for all elective pts. This will be coordinated through our pre-op joint education seminars at the hospital.
    c. All rehab protocols are available online.
    d. Knee pts:
        - PT 4x/wk x 3wks (or when meet protocol reqs to transition to outpt)
        - SN BIW x 2wks
    e. Hip pts:
        - SN BIW x 2wks
        - PT 3x/wk x 3wks (or when meet protocol reqs to transition to outpt)
2. DVT Prophylaxis: safe, frequent mobilization of the patient is the most important factor for prevention
    a. ECASA 81mg PO BID x 30 days
        i. Higher risk pts: Xarelto 10mg QD or Lovenox 40mg SQ QDay x 30 days (based on CrCL)
    b. Knee-high TED Hose to bilateral LEs x 4wks
    (portable SCDs to bilateral LEs may be added once available in the future).
3. Bone Health: all of my patients will be on Calcium & Vit D.
    a. Calcium w/ D 500 SIG: T PO TID x 90 Days

b. Vit D3 5,000 IUs SIG: T PO Qwk x 6wks

c. All geriatric frx patients should have a **"Bone Health Optimization Plan"** to include:

   a. Prescribed Prolia or Forteo for frx prevention

   b. Schedule out-patient DEXA/Bone Density study

   c. Please coordinate this with primary care

4. Dressings:

   a. For THAs, Hip Hemi-arthroplasties or TKAs: the Aquacel dressing is to NOT be changed until 14 days post-op in my office. This is water-proof & pts can shower with it on (but no baths). Call the office if: >60% saturated or the silicone seal is broken. ** Hip patients should wear spandex-type bike shorts for two weeks to help with compression around the hip. **

   b. For Hip frx or Distal Femur frx patients treated with an IMN, there are generally two medium-sized incisions about the hip or knee with various smaller incisions about the hip or knee. QOD changes or with each shower/bath: apply thin layer of triple ABX ointment to each incision, folded sterile 4x4 & a TEGADERM. Incisions are to be covered x 2 wks after surgery.

   c. As a general rule, knee replacement pts will have staples to remove in 2 wks in my office. Hip pts will have absorbable sutures within the subQ with an overlying dermal sealant, thus there will be no sutures to remove.

5. Activity: Weight-bearing status will be tailored to each frx patient. Below are my general rules:

   a. Primary TKAs/THAs, Hip Hemis for Frx: WBAT with walker

   b. IMNs, Hip Perc Screws, Revision TKA or THA: TDWB with walker for 8wks

   c. Anterior hip precautions for all THA & Hip Hemiarthroplasty patients x 6wks

   d. Exceptions to this will be clearly defined. ***Rehab protocols can be found online***

6. My patients' discharged to home & transition to Home Health Skilled Nursing/PT/OT:

   a. PCP followup within 30 days

   b. "Bone Health Optimization Plan" (see above)

7. Clinic appointment: generally **14 days after date of surgery**, unless otherwise specified. Please call & confirm this appointment with my clinic. The patients will have XRays performed at my office. I do NOT want portable films performed prior to their visit.

Satisfaction surveys are obtained from all patients detailing their experience with your providers.

Failure to comply with these instructions or to communicate with my office as outlined will result in lost referrals to your agency.

If you have any other questions or concerns please call my clinic.

Sincerely,

Dr. Jason K. Lowry, MD FAAOS,2