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**ARLINGTON ORTHOPEDIC  
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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

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- 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