

phil h. berry, jr., m.d.
miguel a. hernandez, III, m.d.
ray f. aronowitz, m.d.
david a. heck, m.d.
zachary kelley, m.d.
alexander cho, m.d.
jason k. lowry, md
jon e. nathanson, d.p.m.



810 north zang blvd.
dallas, tx 75208-4233
telephone (214) 941-4243
fax (214) 941-1153

www.TheBoneDocs.com
www.jasonlowrymd.com

2800 east broad st, suite 510
mansfield, tx 76063
telephone (817) 453-3500
fax (817) 453-3520

Dr. Lowry's Instructions for Acute Rehab/SN Facilities

Patient: Procedure: DX:

1. I appreciate & expect open lines of communication between your facility's providers & my office.
 - a. Please call my office when my patients arrive to your facility to review/clarify the below orders.
2. DVT Prophylaxis:
 - a. Arixtra 2.5mg SQ or Lovenox 30mg SQ QDay x 30 days (based on CrCL) OR ECASA 325mg PO BID x 30 days if NOT a hip frx & NOT at higher risk for DVT.
 - b. Knee-high TED Hose to bilateral LEs x 4wks & SCDs to bilateral LEs at all times while in bed
3. Bone Health: all of my patients will be on Calcium & Vit D; I also expect all frx patients to be on either a bisphosphonate or Forteo for frx prevention (please coordinate this with primary care).
 - a. Calcium w/ D 500 SIG: T PO TID x 90 Days & Vit D2 50,000 IUs SIG: T PO Qwk x 6wks
4. Dressings:
 - a. For THAs, Hip Hemi-arthroplasty for frx or TKAs: Aquacel dressing is to NOT be changed until 10 days post-op. Apply thin layer of triple ABX ointment to incision & a simple island dressing after showering. Dressing should be on for at total of two weeks. If aquacel dressing becomes >60% saturated, then please call my office. ** I also recommend the hip patients to wear spandex-type biker shorts for two weeks to help with compression (decreases edema) 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 for at least two weeks after surgery.
 - c. As a general rule, there will NOT be staples or suture to remove. I will make every attempt to place absorbable sutures within the subQ with an overlying dermabond sealant.
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
6. My patients' discharged to home & transition to Home Health Nursing/PT/OT:
 - a. Please call my office to review orders & plan of care prior to their discharge home.
7. Clinic appointment: generally **30 days after date of surgery**, unless otherwise specified. Please call & confirm this appointment with my clinic. The patient will need XRays done prior to their appointment.

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

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Lowry", with a stylized flourish at the end.

Dr. Jason K. Lowry, MD FAAOS