

NAME: _____

TKR THR #HIP

WEIGHT BEARING STATUS: _____

Day 3:
DISCHARGE DATE _____

DESTINATION _____

MOBILITY

Day 1:
WALK IN ROOM
(GOAL - 3 METERS)

Day 1 or 2:
EQUIPMENT
ARRANGED

Day 2:
WALK IN HALL
(WITH ASSISTANCE)

Day 3:
WALK IN HALL
(GOAL - INDEPENDENT)

Day 3:
PHYSIO
FOLLOW-UP
ARRANGED

Day 1:
BEDSIDE
UP TO CHAIR

Day 3 or 4:
STAIRS

RANGE

DISCHARGE

Day 1:
LIE TO SIT WITH
USE OF RAILS

Day 3 or 4:
INDEPENDENT
LIE TO SIT
UNDER HOME
CONDITIONS

Day 1:
EXERCISES
TAUGHT

Day 3:
INDEPENDENT
EXERCISES

Day 3:
DRESS IN
STREET
CLOTHES

Day 3:
TAUGHT LIE TO
SIT UNDER HOME
CONDITIONS

EXERCISES

