

KNEE REPLACEMENT DISCHARGE SUMMARY

Name:		PARIS ID:
DOB:	Age:	PHN:
Gender:		Phone:
Home Address:		

Assessment Start Date: _____ **Assessment End Date:** _____ **Carried Out By:** _____

Unregistered Contacts

Contact Name	Primary Number	Alternate Number	Association	Comments
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Assessment

Right Left **Date of Surgery:** _____ **Hospital Discharge Date:** _____

Past Medical History:

Post-operative course:

Pain Assessment 0-10

At Rest: _____ **With Activity:** _____ **Nocturnal:** _____

Operative Knee

ROM (degrees) **Flex (135):** _____ **Ext (0):** _____

Strength (Oxford scale 1-5) **Quads:** _____ **Hams:** _____

Ambulation

Aids: _____ **Distance:** _____

Stairs:

Railing up on Right Left Elevators

Oxford Hip Score (out of 60): _____ **Leg Length Discrepancy:** _____

TEDS stockings size: _____ **Post-Op swelling management:** _____

Weight Bearing Status

None Feather _____ % partial WBAT / Full

Duration of Protected WB: _____

Cognitive Status and Safety Awareness: _____

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Transportation

- Driving Is driven Bus
 Taxi HandyDart

Conditions that may affect post-operative rehabilitation:

Other Information:

Casenote

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

----- End of Report -----