

Orthopedic Surgery Recovery Plan

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Procedure Details

Type of Surgery: Fracture Repair

Date of Surgery: [Insert Surgery Date]

Post-Operative Care Plan

- Rest and limited weight-bearing for [Insert Duration].
- Use of pain management medication as prescribed.
- Wound care instructions: [Insert Specific Instructions].
- Physical therapy initiation on [Insert Date].
- Follow-up appointment scheduled on [Insert Follow-up Date].

Signs and Symptoms to Monitor

Contact your healthcare provider if you experience any of the following:

- Increased swelling or redness.
- Fever over 100.4degF (38degC).
- Uncontrolled pain not relieved by medication.
- Any signs of infection at the surgical site.

Additional Recommendations

Please ensure to follow the prescribed rehabilitation exercises and attend all scheduled therapy sessions.

Contact Information

For any questions or concerns, please contact our office at: [Insert Phone Number]

Sincerely,
[Doctor's Name]

[Title/Position]
[Clinic/Hospital Name]