

# Orthopedic Surgery Recovery Plan

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

**Dear [Patient Name],**

Following your recent shoulder reconstruction surgery, we have developed a recovery plan to ensure optimal healing and regain functionality. Please review the following guidelines and recommendations:

## 1. Immediate Post-Operative Care

- Rest and limit shoulder movement for the first 48 hours.
- Apply ice packs for 20 minutes every hour to manage swelling.
- Take prescribed pain medications as directed.

## 2. Physical Therapy

Start physical therapy sessions within [Insert timeframe, e.g., 1-2 weeks] post-surgery. Therapy will focus on:

- Gentle range of motion exercises.
- Strengthening shoulder muscles.
- Improving flexibility and stability.

## 3. Activity Restrictions

Avoid the following activities until cleared by your surgeon:

- Heavy lifting (more than 5-10 lbs).
- Overhead activities.
- Sports and recreational activities.

## 4. Follow-Up Appointments

Please schedule your follow-up appointment for [Insert date] to ensure proper healing and assess recovery.

## 5. Signs of Complications

Contact our office immediately if you experience:

- Signs of infection (redness, swelling, fever).
- Increased pain or swelling.
- Numbness or weakness in the arm.

We are here to support you through your recovery process. Please feel free to reach out with any questions or concerns.

**Sincerely,**

[Your Name]

[Your Title]

[Your Contact Information]