

# Orthopedic Surgery Recovery Plan

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

**Dear [Patient Name],**

We are pleased to provide you with your recovery plan following your recent spine surgery. This plan will outline important guidelines to help facilitate your healing process.

## 1. Post-Operative Care

- Rest and Limit Activity: Aim for a minimum of [insert time] of rest post-surgery.
- Pain Management: Take prescribed pain medications as directed.
- Incision Care: Keep the surgical area clean and dry. Follow instructions for dressing changes.

## 2. Physical Activity

- Follow Weight-Bearing Restrictions: Limit weight-bearing as per doctor's advice.
- Physical Therapy: Begin post-operative physical therapy sessions by [insert date].
- Gradual Increase in Activity: Slowly increase daily activities as tolerated.

## 3. Follow-Up Appointments

Your follow-up appointment is scheduled for [insert date]. Please ensure you attend this appointment for monitoring your progress.

## Contact Information

If you have any concerns or questions during your recovery, please do not hesitate to reach out to our office at [insert phone number] or [insert email address].

Wishing you a smooth and speedy recovery.

**Sincerely,**

[Your Name]

[Your Title]

[Your Clinic/Hospital Name]