























## Quickstep Group

These activities are to help avoid complications and ensure you have a successful recovery.  
This is your guide so you can ask staff if an event has not happened or you need more assistance.

Day of surgery	Day 1	Day 2	Day 3-4 (Leaving Hospital)
<input type="checkbox"/> I started my exercises Exercises count:	<input type="checkbox"/> I took some pain medications (as prescribed).  <input type="checkbox"/> I told the nurse if my pain was too much or I was feeling sick. 	<input type="checkbox"/> I took some pain medications (as prescribed).  <input type="checkbox"/> I told the nurse if my pain was too much or I was feeling sick. 	<input type="checkbox"/> I took some pain medications (as prescribed).  <input type="checkbox"/> I understand my pain medications (when to take them) & I have a GP appointment at _____
<input type="checkbox"/> I wore calf compressors and stockings. 	<input type="checkbox"/> I wore calf compressors and stockings.  <input type="checkbox"/> I learned how to take my medications to prevent VTE (i.e. blood clots). 	<input type="checkbox"/> I wore calf compression stockings and took my VTE prevention medications.  	<input type="checkbox"/> I understand how to take my medications to prevent VTE. I need to take this for _____
<input type="checkbox"/> I took some pain medications (as prescribed).  <input type="checkbox"/> I told the nurse if my pain was too much or I was feeling sick. 	<input type="checkbox"/> I did my exercises and worked on my hospital physio goal.  Exercises count: _____ Walking count: _____ I had ice on my leg 4 times today.	<input type="checkbox"/> I did my exercises and worked on my hospital physio goal. Exercises count: _____ Walking count: _____ <input type="checkbox"/> I had ice on my leg 4 times today. 	<input type="checkbox"/> I have achieved my Hospital Physio goals. I have a walking aide ready to take home. I will continue my exercises at home with physio appointments. <input type="checkbox"/> I have achieved my Hospital OT goals <input type="checkbox"/> I have the equipment I need for home
	<input type="checkbox"/> I had a blood test today. 	<input type="checkbox"/> I walked as per Physio instructions to the shower and toilet.  <input type="checkbox"/> I had less help in the shower and getting dressed. <input type="checkbox"/> I sat out of bed for all my meals.	<input type="checkbox"/> My wound is not bleeding or oozing and the dressing is fully stuck on. 
	<input type="checkbox"/> I walked with assistance to the toilet.  <input type="checkbox"/> I had some help in the shower. <input type="checkbox"/> I dressed into normal clothes. <input type="checkbox"/> I sat out of bed for lunch and dinner.	<input type="checkbox"/> I had an Xray today.  <input type="checkbox"/> I have arranged my equipment (with OT advice) and transport home	Before I go home, I have: <input type="checkbox"/> My discharge and referral letter <input type="checkbox"/> My personal items and medications   

**Name:**

**What are my hospital goals and how do I achieve them?**

**Physiotherapy (physio)**

**Aims:**

- 1. Be safe walking
- 2. Have good strength and movement
- 3. Have minimal swelling.

**To achieve your hospital physio goals:**

- Do your strength and movement exercises multiple times a day.
- Walk small amounts regularly.
- Use ice on your joint.

**My hospital physio goal is:**

My walking equipment is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Forearm frame



Rollator frame



Crutches/usual aide

**Occupational Therapy (OT)**

**Aims:**

- 1. Be safe to shower and get dressed
  - 2. Be safe to use the toilet
  - 3. Get in/out of a chair and the car.
- This can be with help from another person.

**To achieve your hospital OT goals:**

- Work on doing a little more yourself each time you do an activity
- Talk to the OT about any issues you might have to be safe at home.

**My hospital OT goal is:**

**Showering**

Ready for Home



**Get in/out of a chair**

Ready for Home



**Dressing**

Ready for Home



**Toileting**

Ready for Home



My questions:

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_