

# Recovery Report Card

**S O A R**



**Specialists in Orthopedics  
And Recovery**

<b>Patient Name:</b>	
<b>Surgeon Name:</b>	
<b>Surgery Date:</b>	
<b>Follow-Up Date:</b>	

<b>Date</b>						
<b>Pain 0-10</b>						
<b>Incision</b>						
Healing Well						
Infection Concern (redness, drainage)						
Reaction Concern (rash, itching)						
<b>Knee ROM (degrees)</b>						
Flexion						
Extension						
<b>Ambulation Status</b>						
Walker						
Cane						
No Assist Device						
<b>Special Tests</b>	<i>Normal: TUG &lt; 14 sec.                      30 SCS-Male, 65-74yo-12 reps. Female, 70-79 yo-10 reps.</i>					
TUG (seconds)						
30 Second Chair Stand						
<b>Pain Medication Notes</b>						