

HIP SURGERY RECOVERY LOG

Post-Op Week: _____

Patient Name: _____

Surgery Date: _____

Pain Scale: 0 (None) to 10 (Severe) | PT: Physical Therapy Exercises Completed

| DATE/DAY | PAIN (0-10) | MEDICATION | PT DONE | MOBILITY (STEPS/DISTANCE) | NOTES (SWELLING, SLEEP, INCISION) |
|----------|----------------|------------|------------|------------------------------|--|
| Day 1 | | | â-j | | |
| Day 2 | | | â-j | | |
| Day 3 | | | â-j | | |
| Day 4 | | | â-j | | |
| Day 5 | | | â-j | | |
| Day 6 | | | â-j | | |
| Day 7 | | | â-j | | |

Weekly Goals & Precautions

- 90-Degree Rule (Do not bend hip past 90)
- No crossing legs or ankles

- Icing Schedule: 20 mins on / 20 mins off

Red Flags (Contact Doctor Immediately): Fever over 101F, sudden calf pain, shortness of breath, or excessive drainage from incision.