

LONG-TERM SURGICAL RECOVERY LOG

Surgery Date: _____

Procedure: _____

Surgeon/Clinic: _____

RECOVERY PHASE	DATE	CLINICAL MILESTONES	SENSATION / INCISION NOTES
Acute (Days 1-7)		Swelling Management	
		Pain Control Regimen	
		First Post-Op Visit	
Proliferation (Weeks 2-6)		Suture/Staple Removal	
		Incision Closure	
		Physical Therapy Start	
Remodeling (Months 2-6)		Scar Tissue Massage	
		Full Range of Motion	
		Impact Activity Resumed	
Maintenance (Months 6-12)		Nerve Sensation Return	
		Final Strength Goals	
		Annual Follow-up	

SYMPTOM TRACKING (0-10 SCALE)

Pain Level: _____

Mobility: _____

Energy: _____

Warning Signs: Contact your surgical team immediately if you experience localized heat, spreading redness, pus-like discharge, or a sudden fever over 101F.