

RECOVERY TRACKER

Post-Operative Spinal Surgery Log

Week No: _____

Patient Name: _____

Surgery Date: _____

Surgeon: _____

DAY / DATE	PAIN LEVEL (1-10)	MEDICATION & TIME	MOBILITY/WALKS	SYMPTOMS/NOTES
Monday ____/____	AM: ____ PM: ____			
Tuesday ____/____	AM: ____ PM: ____			
Wednesday ____/____	AM: ____ PM: ____			
Thursday ____/____	AM: ____ PM: ____			
Friday ____/____	AM: ____ PM: ____			
Saturday ____/____	AM: ____ PM: ____			

DAY / DATE	PAIN LEVEL (1-10)	MEDICATION & TIME	MOBILITY/WALKS	SYMPTOMS/NOTES
Sunday ____/____	AM: ____ PM: ____			

Weekly Summary & Incision Appearance:

RED FLAGS (Contact Doctor Immediately):

Sudden loss of bowel/bladder control & New weakness in legs & Fever over 101.5F & Excessive drainage or redness at incision site & Sudden calf pain or shortness of breath.

This chart is for personal tracking purposes only. Always follow your surgeon's specific discharge instructions.