SURGICAL PREOPERATIVE CHECK LIST

PATIENT	NAME:		
SURGERY	DATE:	SURGERY TIME:	ARRIVE AT:
**Please	note that the su	rgery time is always subject to cha	nge. We will confirm this 1-2 days prior to your
surgery.			
tu ne	* Please give young, kidney probleed to visit them	or Primary Doctor the instruction sl ems – please see the doctor who h	re Physician/ Cardiologist /Pulmonologist, etc. heet included in this folder. If you have heart, nelps you deal with these problems. You will scheduling your surgery. If you are uncertain ask
2		DRY JOINT REPLACEMENT CLASS –	FREE! There are 2 options:
l.	OrthoSkool – t this video.	his is an online automated learnin:	g platform. You will receive access to a link for
II. There is also a		live, virtual class that occurs Tueso	day's from 3 – 4 pm. You will be given an option
	to register for this class.		
	**You may complete one OR both! Family/support members who will be involved in your care are encouraged to join!		
	**MUST complete prior to preoperative appointment with Dr. Ennis so that you can ask any additional questions that may arise from taking the class!		
3	For knee patients only – SCHEDULE PHYSICAL THERAPY		
	** Schedule your physical therapy appointment once you know your surgery date! Try to have this completed before your pre-operative appointment.		
	• Sch	nedule your first PT appointment fo	or 1 week after your surgery date .
		o You will do physical therapy 2:	x/wk for 6 weeks (your PT may increase or
		decrease this depending on yo	our progress/needs)
		pose a physical therapy facility that our insurance. We have a list of reco	t is conveniently located and contracted with ommended facilities to consider.
4	PRE-OPER surgery d		nis (this should fall 1-2 weeks prior to your

** Please bring family member/friend/support member who will help you after surgery. If

they are not able to come in person, please try to have them available by phone.

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