

Date: [Date]

To: [Receiving Clinician/Facility Name]

From: [Sending Clinician/Facility Name]

Subject: Transfer of Care - Post-Operative Rehabilitation

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Date of Surgery: [Date]

Procedure: Total Knee Replacement (TKR) - [Left/Right/Bilateral]

1. Clinical Summary

The patient underwent an uncomplicated total knee replacement on [Date]. The surgical approach used was [Approach Type]. Prosthesis used: [Prosthesis Details].

2. Current Status

- **Range of Motion (ROM):** Extension: [Degrees], Flexion: [Degrees]
- **Weight Bearing Status:** [e.g., Full Weight Bearing / Toe-Touch]
- **Mobility:** [e.g., Ambulating 50ft with rolling walker]
- **Incision:** [e.g., Clean, dry, and intact / Staples removed]

3. Medications

[List current medications, including anticoagulants and pain management protocols]

4. Rehabilitation Plan & Precautions

Please continue with the following protocol:

- Progressive ROM exercises and strengthening.
- Gait training and functional mobility.
- Edema and pain management.
- **Precautions:** [e.g., No pivoting on planted foot, avoid falls].

5. Follow-up

The patient is scheduled for a follow-up appointment with the orthopedic surgeon on [Date].

Please contact [Name] at [Phone Number] for any clinical questions regarding this transfer.

Sincerely,

[Signature]

[Printed Name and Title]

[Facility Name]