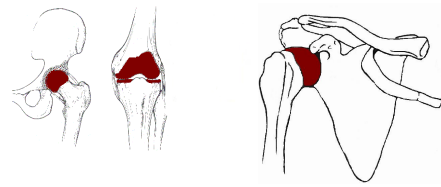


DR SA PEACH

MBChB (PRET) M MED ORT (PRET) GKS (SA) ORT
PR 2807122



ORTOPEDIESE CHIRURG / ORTHOPAEDIC SURGEON

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FAX: (012) 335 1856 / 9591 (Eugene Marais)
TEL: (012) 348 4601 (Faerie Glen)
Email: andrepeach@lantic.net

PATIENT DISCHARGE FORM – ACL RECONSTRUCTION

PATIENT: _____

Treatment Plan Post-Operative:

- * Crutches for the first 2 weeks.
- * Knee Brace – 6 weeks.
- * First 2 weeks partial weight bearing, 0° - 60°, next 4 weeks full weight bearing 0° - 120°.

Post-operative – Physiotherapy for ± 12 weeks. Phone Linda Peach Physiotherapists to book an appointment 1 week after discharge. When consulting another physiotherapist, the above-mentioned physiotherapists can be contacted for the treatment protocol.

Wounds: Follow up appointment, wounds and stitches after 2 - 3 weeks

Date discharged: _____ Physician satisfied: Yes No Did not see physician

Step Down Yes No

PROGNOSIS:

- i Small chance of rerupture of ACL especially with cutting sports.
- ii There is occurrence of post traumatic osteo arthrosis of knee after ACL injuries.
- iii Knee can become stiff – physiotherapy & home exercising is VERY important. (See patient notes)
- iv Rehabilitation takes at least 9 months. Cutting & contact sports only after that.

FOLLOW UP APPOINTMENT: PLEASE PHONE IN TIME (012) 335 9514, TO MAKE AN APPOINTMENT

2 WEEKS 3 WEEKS 4 WEEKS 6 WEEKS

PRESCRIBED MEDICATION

MEDICATION	DOSAGE	FREQUENCY	QUANTITY

NB! ! IF you run out of MEDICATION, PLEASE CALL THE Rooms IN WORKING HOURS FOR A REPEAT PRESCRIPTION

NOTE: _____

DR. SA PEACH

PATIENT

DATE