

Eight Week Angular Limb Deformity Surgery Recheck Patient Care Instructions (Dog)

Patient: _____

Date: _____

Exercise

- Over the next month, gradually increase the duration of the walks to a normal level.
 - Three walks per day are permitted. Start with 15-minute walks and gradually increase to 30- minute walks over the next month.
 - If lameness is noted during or after walking, decrease the duration of the walk by 50%, and then increase the length of the walk more slowly.
 - Jumping, running, and playing with other pets are not permitted for 1 more month.
 - Your companion now can jump on surfaces that are no higher than 2 feet in large dogs and 1 foot in small dogs.
 - Climbing stairs is permitted.
 - After one month, all restrictions can be lifted (off leash activity is then allowed).
- Limit exercise to ____ minute walks three times daily for 6 weeks.
- No leash walks are permitted other than what is necessary for urination and bowel movements for ____ weeks. Jumping, running, unattended stair climbing and playing with other pets are not permitted during this time.
- All exercise restrictions can be lifted.

Rehabilitation

- Application of warm and cold compresses can be discontinued.
- Range of motion exercises should be performed twice daily for ____ weeks. This involves fully extending and flexing shoulder, elbow and carpal joints. Hold the joints in maximal flexion and extension for 3 seconds in each position. Twenty repetitions should be done during each session.
- No additional therapy is needed.

Radiographic Evaluation

- X-rays indicated that the bone has healed.
- X-rays indicate that the bone has progressive, but incomplete healing. Therefore, exercise still needs to be limited for another 6 weeks (as stated above). Please make an appointment to have x-rays made of the knee to evaluate healing of the bone in ____ weeks from now.
- X-rays indicate that the fracture is not healing and additional surgery is needed.

Additional Evaluation/Treatment

- Make an appointment to have the limb evaluated and x-rayed in ____ weeks.
- No additional evaluations are needed.
- Please schedule additional surgery.

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