# *Patient Education Guide*

# Table of Contents

Introduction 3

Preparing for your Surgery 4

**What to Expect after Surgery**

Postoperative symptoms 5

Activity 6

Pain Management 7

Counseling 8

**Discharge Planning**

Case Management & Discharge 10

Discharge Instructions 11

Exercises & Strengthening 12

Hygiene & Skin Care 13

**Appendix**

Medication List 14

Checklist: Preparing for Surgery 14

Personal Health History Form 15

Glossary of Terms 18

Important Contact Information 20

Diary Guide 21

# Introduction

It is estimated that there are 350,000 thousand amputees living in the United States with approximately 135,000 new amputations occurring each year. The most common causes of amputation of the lower extremity are disease (70%), trauma (22%) congenital or birth defects (4%) and tumors (4%).

You are not alone.

ABC Prosthetics & Orthotics partners all of the care providers that you will work with as an amputee. Your physicians, nurses, therapists, prosthetists, counselors, case workers, home health aides, and vocational specialists all have one common goal in mind… returning you to productive daily living.

This program helps to coordinate all of the different facets of your recovery and rehabilitation into one "team" of experts dedicated to your needs. Because every person's medical needs are unique, this program is designed to focus specifically on you, the individual, in an easy to understand format.

Remember that amputation does not have to ruin your life. There are many people living with limb loss in every walk of life. As long as you continue to work toward your goals, you can still maintain a successful career, partake in sports and recreational hobbies, and have a fulfilling family life.

# Preparing for your Surgery

If you have time to prepare for your surgery in advance, it is important to utilize that time effectively to make your return from the hospital as smooth as possible.

You might start preparing your home for your return after surgery. You may be using a walking device (such as crutches or a walker with wheels) for a period of time after your surgery. Check your house for items that could hinder your path or become a danger to you. Rearrange your furniture in a way that gives you more room to move throughout the house.

This is also a good time to develop your own "team" of personal assistance for your return. This can be family members, friends, neighbors, coworkers or anyone who would be willing to help you with common household chores, such as yard work, grocery shopping, cooking, and cleaning.

Because there is a chance that you may be away from your home for an extended period of time, make sure that you designate a person that you trust to care for your home while you are gone, making sure bills are paid, mail is collected, pets are fed, etc. This will make your return home much easier and free of worries.

It is also a good idea to discuss your current pain medications with your surgeon before your surgery. Your surgeon should know all medications you are presently taking so that the proper pain medication can be prescribed to your after your surgery. If you are working with a Pain Management Physician, let your surgeon know so that he or she can properly communicate with them to effectively manage any pain from your surgery.

Eat a light dinner the night before surgery. After midnight, refrain from eating or drinking (unless otherwise directed by your surgeon) and do not take ANY medications unless they have been specifically approved by your physician.

When you come to the hospital for surgery, you should bring with you a Picture Identification, your insurance card, a complete list of your current medications, eyeglasses, dentures, toiletries, and a comfortable outfit to wear home. Please do not bring money, credit cards, jewelry or other valuables to the hospital.

# *What to Expect After Surgery*

## Post-operative Symptoms

You will likely find your amputated limb wrapped or casted when you awake from surgery. This is to protect the surgery site from infection and to help promote healing. Depending on the orders of your surgeon, your limb may be wrapped or casted for about 5-7 days after surgery.

Be aware that many patients, as well as their family members, can be overwhelmed at the first sight of their limb after an amputation. It is difficult to prepare yourself for seeing such a drastic change to your body. However, your mental state can greatly affect your recovery, so it is important to concentrate on your road ahead.

It is not unusual to experience some drainage from the incision site after your surgery. In fact, some surgeons will insert a drain, or hemovac, to prevent excess build-up of fluid.

After an amputation, you should expect some post-operative edema, or swelling, which can create some pain or discomfort. Some patients find that elevating the limb will help ease this discomfort.

Some patients experience what is called “phantom pain” or a feeling of pain in the missing limb. While the intensity of this pain can vary from patient to patient, most phantom pain will subside over time as the healing process occurs.

If you are concerned about any of the symptoms you experience after surgery, please alert the nurses or doctors. They are highly experienced in treating cases like yours, and will be able to reassure you of what is a “normal” symptom of surgery.

# Activity

Some patients will be anxious to try to resume physical activity immediately following their surgery, while others will want to rest in bed and may be nervous or afraid to become mobile.

Ultimately, your physician, along with the assessment of your physical therapists, will determine how much activity you should be ready for and when. It is important to remember that you are not only learning to function without a limb, but you are going to be strengthening the remaining limbs to help you in the healing process. For instance, if you have had a lower extremity amputation, your recovery and physical therapy will also focus on strengthening your upper body, so that you will be able to do more without the use of your lower limb.

You will likely see your physical therapist in your hospital room on the first or second day after your surgery. Your therapist will begin to teach you some basic skills, such as bedside transfers, during their first visit, and will continue to advance your skills throughout your stay so that when you are discharged from the hospital, you should feel confident in your abilities and safe from injury.

While it is important to stay focused on your goals, be sure you do not try to push yourself too hard. This can be physically draining on you after a major surgery, and it can cause some mental setbacks if you are unable to perform at the level you had hoped to achieve right away. Your therapist will guide you on where your activity level should be, and patience is an absolute necessity on your road to recovery.

# Pain Management

We want you to have the proper tools to get the help you need to manage pain. In many instances, pain will decrease over time. However, in some cases it may be necessary to take further steps to control pain.

Long after surgical wounds have healed, most amputees still feel pain in their amputated limb and in the part that is now missing. Pain that feels like it comes from a missing limb is called “phantom pain.” Despite its name, phantom pain is very real to the patients who experience it. It is a physical condition, not psychological or “all in your head”.

A diary is a good tool to use to keep track of your pain from day to day. Because some days will be better than others, a diary will help you remember what to share with your doctors and therapists regarding your recovery. In your diary, you may want to write how much pain you were feeling on a specific day, rating the severity of the pain on a scale of 1-10. The type of pain you are experiencing, where it is located, how long it lasted, which medications were helpful, and which ones were not, are all good examples of what to notate in your diary. This will help your healthcare providers determine the best path for your pain management. Remember that this should only be used as a communication tool for your physicians, and should not cause you to focus on your pain constantly. If you find that you are concentrating too much on rating your pain each day, then the diary tool may not work well for you.

Do not be afraid or embarrassed to discuss your pain with your healthcare team. Pain can change your quality of life. It can make it difficult to sleep, work, socialize, and perform daily activities such as housework. Relationships with friends and relatives may suffer. Pain can cause you to lose your appetite, which can lead to weakness. Pain that is not treated can also cause depression and feelings of hopelessness. Many people believe that pain is an unavoidable part of limb loss. Your condition may cause pain — but pain can and should be treated. There are many options available to manage pain effectively.

# Counseling

There are three types of counseling that patients with limb loss should receive: Individual, Group, and Family.

**Individual Counseling** can come in many forms and providers. You will receive counseling from your entire healthcare team in one way or another, because their goal is to keep your rehabilitation moving in a positive direction. Your physicians, physical therapists, Prosthetist, case workers and vocational rehabilitation specialists, for example, are all trained in guiding you in your recovery path. You will not only be discussing your physical symptoms and accomplishments with your team, but your mental and emotional state as well. Open communication with your healthcare providers is an important asset to your health.

Patients with limb loss may also find it helpful to seek outside psychological counseling, whether it is from a licensed psychotherapist or a spiritual or religious advisor. Do not be ashamed to seek this counseling if you are having trouble coping with the loss of your limb. It does not make you "crazy" to seek professional guidance. Many patients feel a period of "grief" over the loss of their limb, and talking about those feelings with a trained individual will often help and prevent those emotions from getting worse or slipping into clinical depression.

There are also individuals who are trained in helping you deal with issues regarding body image and sexual concerns. Clinical psychologists can offer tremendous help in these areas. Cognitive behavior therapists can address any misperceptions of you have of yourself, and help you learn to love and accept who you are, inside and out.

**Group Counseling** is another important part of your recovery, because it promoted social interaction with others who have been through a similar situation as you. Amputee Support Groups are available all over the country, as well as online. While it is recommended to attend support groups in person, so that you can physically see that you are not alone in your circumstances, some patients who are homebound or not ready to attend a live meeting will find much support in an online forum. This peer-to-peer counseling can be especially helpful when you are feeling unsure of what lies ahead in your recovery, and can also give you a wonderful feeling of

satisfaction when you, in turn, are able to help someone else who is facing an amputation surgery.

**Family Counseling** is designed to help your family, friends and caretakers learn how to help you and be supportive in your recovery, without making you feel disabled or helpless. Many family members simply do not know how to deal with your emotional highs and lows, or will try to be so helpful that they unintentionally leave you feeling incapable of caring for yourself. Some family members are confused about how to verbalize what you have gone through. For instance, many patients do not like to be referred to as an “amputee” or similar labels. A family counseling setting can help prepare your caretakers and relatives for these types of questions.

There are different types of family counseling available, in group or individual settings, and most address the guidance from an educational level. Teaching your family and friends the best way to help and support you can make your relationships with them that much stronger.

# *Discharge Planning*

## Case Management and Discharge

When you are ready to leave the hospital after surgery, your case manager will work with your entire healthcare team to determine your plans for discharge based on your needs. Some patients will go directly home after your hospital stay, but sometimes patients need more time and physical therapy before they can safely return home. In this case, you may be referred to either an Inpatient Rehabilitation Program or a Skilled Nursing Facility for further care. These facilities will ensure that you are receiving the help and physical therapy you need to eventually allow you to return home.

**Inpatient Rehabilitation Program**
If you are referred to an inpatient program, you will remain at the hospital in their Rehabilitation Center. The typical inpatient stay lasts around 4 weeks. You will receive round-the-clock care and will receive physical and/or occupational therapy daily. You will also receive daily visits from your physiatrist to ensure that you are receiving the optimum level of care.

**Skilled Nursing Facility**
If you are referred to a Skilled Nursing Facility, you will be transferred to an offsite location that is operated by Nurses, Aides, and Therapists, and has a Medical Doctor that acts as the Clinical Director of the facility. You will receive daily physical and/or occupational therapy. This scenario is ideal for patients who wish to be closer to their home or families while strengthening themselves for a home return.

**Outpatient Rehabilitation Program**
With this option, you are able to return home after your hospital stay. You will have regular visits or appointments with your therapists, usually 2-3 times per week, and regular appointments with your physiatrist to evaluate your recovery. Your Case Manager will work with the rest of your team to specialize your individual home needs, such as home health aides, home medical equipment, and transportation services.

# Discharge Instructions

Once your Healthcare team has determined that you are able to return home, you should feel comfortable with the proper ways to care for yourself on a daily basis. If you have family members or friends helping you, they will also need to know what to look for to ensure that you are healing properly and avoiding injuries.

**Activity**

It is important to keep yourself active to help stimulate blood circulation and muscle strengthening. However, you must remember that you may not be as active as you were before your surgery, and that is okay. Your periods of rest are equally important to your periods of activity, and you should try to get at least eight hours of sleep each night, and have frequent rest periods thought the day. Avoid overexerting yourself, as this can cause further injury and set back your recovery process. Your physical therapist will advise you of the proper exercises and amounts of exercise you should be maintaining at home.

**Medications**

Use caution when regulating your own medications at home. It might be helpful to maintain a Medicine Journal to note when you take all of your medications to avoid overdosing or skipping medications. Do not take *any* medications, even over-the-counter medicine, without first consulting your physician. Certain medications can have adverse reactions, or even worsen edema and swelling, if taken incorrectly. You should also use caution when taking any pain medications or medicines that cause drowsiness. Plan to limit your movement and/or activity when taking these medications to prevent potential falls.

**When to call your physician**

- If you notice extreme redness, swelling, or drainage from your surgical incision
- If you develop a fever that exceeds 101 degrees or lasts for more than 3 days
- If you experience an unacceptable level of pain
- If you experience a fall or any trauma to the amputated limb

# Exercises & Strengthening

In order to maintain mobility and prepare your body for a prosthesis, you will work with your physical therapist to design an exercise and strengthening system to meet your needs.

Every person's recovery is different and moves a pace that is custom designed to you. While some patients feel ready to begin wearing their prosthesis regularly after a few weeks, others can take months to feel physically strong enough.

Many patients feel a lot of frustration during this period, especially if their progress is not moving as quickly as they would like. You may be tempted to give up, or skip therapy appointments if you are not feeling up to it one day. Just remember it is the *quality* of progress you are making that matters, not the *quantity*. Your therapist will properly determine what pace is best suited for you, while making sure that you keep challenging yourself and moving forward. The therapist's main concern is that you build muscle without injury.

# Skin Care & Hygiene

Proper care of your skin and residual limb will help prevent skin breakdown, chafing, excessive edema and infection, which would hinder recovery and the return to a normal, active life style.

Because air does not circulate properly around the residual limb while in an airless socket, accumulated heat and trapped perspiration create an environment conducive to infection and makes the limb more susceptible to fungal and bacterial growth.

**SKIN CARE:** Daily cleansing is essential to maintain the skin's health. Cleansing should be done in the evening, since damp skin within a socket is more likely to become irritated. Thoroughly wash the skin with warm water and an anti-bacterial soap. Rinse with warm water to remove all soap residues, since soap film can contribute to skin irritation. The skin should be gently and completely towel dried.

It is often advisable to apply a small amount of medicated cream or lotion to the entire area after the skin has been thoroughly dried. This helps maintain the skin's elasticity and suppleness, better enabling it to withstand the pressure exerted on it by the prosthesis. It also reduces skin breakdown, callous formation and extensive toughening of the skin.

**SOCKET CARE:** The prosthetic socket must also be washed every evening. Because of its design, it naturally harbors bacteria, fungi, and discarded skin tissue. Appliances with valves are particularly susceptible and require special attention. Wash the socket thoroughly using warm water and medicated soap. Rinse soap completely, dry with absorbent towels and allow air-drying overnight.

In appliances with valves, remove the valve, force soapy water into the valve and rinse well. The socket should be dry before wearing, because dampness can cause skin irritation. Rubbing alcohol can be used for cleaning plastic sockets. It will assist in controlling bacteria as well as reducing perspiration odor.

**SOCK CARE:** The prosthetic sock will need daily cleansing. Serving as a cushion between the skin and socket wall, it will absorb perspiration throughout the day. It is recommended that you change socks at least once during the day. Most prosthetic socks can be laundered with a gentle detergent.

# *Appendix*

## Medication List

| Medication Name | Dosage Amount | How Often? | Prescribed for: |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## Checklist: Preparing for Surgery

- ❑ Clear the walkways in your home
- ❑ Arrange for people to assist you with daily chores while you are away and recovering
- ❑ Complete the Medication List
- ❑ Complete the Personal Health History included in this guide
- ❑ Schedule a time to meet with your healthcare team, if possible, to make yourself familiar with the roles they each play in your recovery
- ❑ Schedule an appointment for preadmission / registration with the hospital
- ❑ Pack a bag with your belongings and toiletries for the hospital

| Date: |
|---|

# HEALTH HISTORY QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential
and will become part of your medical record.

| **Name** *(Last, First, M.I.):* ☐ M ☐ F | **DOB:** |
|---|---|
| **Marital status:** ☐ Single ☐ Partnered ☐ Married ☐ Separated ☐ Divorced ☐ Widowed | |
| **Previous or referring doctor:** | **Date of last physical exam:** |

## PERSONAL HEALTH HISTORY

| **Childhood illness:** ☐ Measles ☐ Mumps ☐ Rubella ☐ Chickenpox ☐ Rheumatic Fever ☐ Polio | | |
|---|---|---|
| **Immunizations and dates:** | ☐ Tetanus | ☐ Pneumonia |
| | ☐ Hepatitis | ☐ Chickenpox |
| | ☐ Influenza | ☐ MMR *Measles, Mumps, Rubella* |

**List any medical problems that other doctors have diagnosed**

| **Surgeries** | | |
|---|---|---|
| Year | Reason | Hospital |
| | | |
| | | |
| | | |
| | | |
| | | |

| **Other hospitalizations** | | |
|---|---|---|
| Year | Reason | Hospital |
| | | |
| | | |
| | | |
| | | |
| | | |

| **Have you ever had a blood transfusion?** | ☐ Yes | ☐ No |
|---|---|---|

*Please turn to next page*

## HEALTH HABITS AND PERSONAL SAFETY

| ALL QUESTIONS CONTAINED IN THIS QUESTIONNAIRE ARE OPTIONAL AND WILL BE KEPT STRICTLY CONFIDENTIAL. | | | | | | |
|---|---|---|---|---|---|---|
| **Exercise** | ☐ Sedentary (No exercise) | | | | | |
| | ☐ Mild exercise (i.e., climb stairs, walk 3 blocks, golf) | | | | | |
| | ☐ Occasional vigorous exercise (i.e., work or recreation, less than 4x/week for 30 min.) | | | | | |
| | ☐ Regular vigorous exercise (i.e., work or recreation 4x/week for 30 minutes) | | | | | |
| **Diet** | Are you dieting? | | | | ☐ Yes | ☐ No |
| | If yes, are you on a physician prescribed medical diet? | | | | ☐ Yes | ☐ No |
| | # of meals you eat in an average day? | | | | | |
| | Rank salt intake | ☐ Hi | ☐ Med | ☐ Low | | |
| | Rank fat intake | ☐ Hi | ☐ Med | ☐ Low | | |
| **Caffeine** | ☐ None | ☐ Coffee | ☐ Tea | ☐ Cola | | |
| | # of cups/cans per day? | | | | | |
| **Alcohol** | Do you drink alcohol? | | | | ☐ Yes | ☐ No |
| | If yes, what kind? | | | | | |
| | How many drinks per week? | | | | | |
| | Are you concerned about the amount you drink? | | | | ☐ Yes | ☐ No |
| | Have you considered stopping? | | | | ☐ Yes | ☐ No |
| | Have you ever experienced blackouts? | | | | ☐ Yes | ☐ No |
| | Are you prone to “binge” drinking? | | | | ☐ Yes | ☐ No |
| | Do you drive after drinking? | | | | ☐ Yes | ☐ No |
| **Tobacco** | Do you use tobacco? | | | | ☐ Yes | ☐ No |
| | ☐ Cigarettes – pks./day | | ☐ Chew - #/day | ☐ Pipe - #/day | ☐ Cigars - #/day | |
| | ☐ # of years | ☐ Or year quit | | | | |
| **Drugs** | Do you currently use recreational or street drugs? | | | | ☐ Yes | ☐ No |
| | Have you ever given yourself street drugs with a needle? | | | | ☐ Yes | ☐ No |
| **Sex** | Are you sexually active? | | | | ☐ Yes | ☐ No |
| | If yes, are you trying for a pregnancy? | | | | ☐ Yes | ☐ No |
| | If not trying for a pregnancy list contraceptive or barrier method used: | | | | | |
| | Any discomfort with intercourse? | | | | ☐ Yes | ☐ No |
| | Illness related to the Human Immunodeficiency Virus (HIV), such as AIDS, has become a major public health problem. Risk factors for this illness include intravenous drug use and unprotected sexual intercourse. Would you like to speak with your provider about your risk of this illness? | | | | ☐ Yes | ☐ No |
| **Personal Safety** | Do you live alone? | | | | ☐ Yes | ☐ No |
| | Do you have frequent falls? | | | | ☐ Yes | ☐ No |
| | Do you have vision or hearing loss? | | | | ☐ Yes | ☐ No |
| | Do you have an Advance Directive or Living Will? | | | | ☐ Yes | ☐ No |
| | Would you like information on the preparation of these? | | | | ☐ Yes | ☐ No |

## FAMILY HEALTH HISTORY

| | AGE | SIGNIFICANT HEALTH PROBLEMS | | AGE | SIGNIFICANT HEALTH PROBLEMS |
|---|---|---|---|---|---|
| **Father** | | | **Children** | ☐ M ☐ F | |
| **Mother** | | | | ☐ M ☐ F | |
| **Sibling** | ☐ M ☐ F | | | ☐ M ☐ F | |
| | ☐ M ☐ F | | | ☐ M ☐ F | |
| | ☐ M ☐ F | | **Grandmother** *Maternal* | | |
| | ☐ M ☐ F | | **Grandfather** *Maternal* | | |
| | ☐ M ☐ F | | **Grandmother** *Paternal* | | |
| | ☐ M ☐ F | | **Grandfather** *Paternal* | | |

## MENTAL HEALTH

| | | |
|---|---|---|
| Is stress a major problem for you? | ☐ Yes | ☐ No |
| Do you feel depressed? | ☐ Yes | ☐ No |
| Do you panic when stressed? | ☐ Yes | ☐ No |
| Do you have problems with eating or your appetite? | ☐ Yes | ☐ No |
| Do you cry frequently? | ☐ Yes | ☐ No |
| Have you ever attempted suicide? | ☐ Yes | ☐ No |
| Have you ever seriously thought about hurting yourself? | ☐ Yes | ☐ No |
| Do you have trouble sleeping? | ☐ Yes | ☐ No |
| Have you ever been to a counselor? | ☐ Yes | ☐ No |

## OTHER PROBLEMS

Check if you have, or have had, any symptoms in the following areas to a significant degree and briefly explain.

| | | |
|---|---|---|
| ☐ Skin | ☐ Chest/Heart | ☐ Recent changes in: |
| ☐ Head/Neck | ☐ Back | ☐ Weight |
| ☐ Ears | ☐ Intestinal | ☐ Energy level |
| ☐ Nose | ☐ Bladder | ☐ Ability to sleep |
| ☐ Throat | ☐ Bowel | ☐ Other pain/discomfort: |
| ☐ Lungs | ☐ Circulation | |

# Glossary of Terms

| | |
|---|---|
| **Ambulate** | to walk |
| **Amputation** | loss of all or part of a limb. |
| **Artificial Limb** | a type of prosthesis that replaces a missing body part. |
| **Bilateral** | both sides |
| **Contracture** | shortening of a muscle or tendon over a joint – this limits the movement of the joint |
| **Doffing** | the act of taking something off (a prosthesis, a stump sock, a stump shrinker). |
| **Donning** | the act of putting something on (a prosthesis, a stump sock, a stump shrinker) |
| **Edema** | swelling of body part caused by too much fluid in the tissue. |
| **Endoskeletal Prosthesis** | an artificial limb that is a pipe system with a soft foam cover |
| **Exoskeletal Prosthesis** | an artificial limb with a hard outer shell |
| **Ischial tuberosity (I.T. bones)** | the bony areas on the buttocks (the "sitting or bum bones") that may get sore when sitting on a hard surface for long periods of time. |
| **Liner** | a soft interface between the stump and socket |
| **Lower Limb** | the hip, thigh, leg, ankle and foot (also referred to as lower extremity). |
| **Neuroma** | after surgery a nerve may continue to grow producing an area which is tender on pressure. |
| **Phantom Pain** | the feeling of pain in the missing limb. This pain may feel like stabbing, burning, squeezing or unnatural positioning. |
| **Phantom Sensation** | the feeling that the amputated limb is still present. |
| **Prosthesis** | an artificial body part to replace a missing limb. |

| | |
|---|---|
| **Residual Limb** | the remaining part of the limb after amputation, also called the “stump”. |
| **Sheath** | a thin nylon prosthetic sock (0 ply) that allows the stump to slip more easily into the socket |
| **Sleeve** | a tube of material that suspends the prosthesis, by sticking to the socket and thigh |
| **Socket** | the hard shell part of the prosthesis that fits over the stump |
| **Stump** | the remaining part of the limb after amputation, also called the residual limb. |
| **Stump Shrinker** | an elastic sock worn on the stump to help reduce swelling and to shape the stump for a better prosthetic fit. |
| **Stump Sock** | a special sock worn with the prosthesis to provide a cushion between the skin and socket or to fill in space between the liner and the socket. |
| **Suspension** | any method used to hold the prosthesis onto the body |
| **Terminal Device** | a device attached to the end of an upper extremity prosthesis (hook or hand) |
| **Upper Limb** | the shoulder, arm, forearm, wrist, and hand (also referred to as the upper extremity). |

# Important Contact List

| | |
|---|---|
| **Primary Care Physician**<br>Name:<br>Address:<br><br>Phone #:<br>Fax #: | **Surgeon**<br>Name:<br>Address:<br><br>Phone #:<br>Fax #: |
| **Physiatrist**<br>Name:<br>Address:<br><br>Phone #:<br>Fax #: | **Physical Therapist**<br>Name:<br>Address:<br><br>Phone #:<br>Fax #: |
| **Occupational Therapist**<br>Name:<br>Address:<br><br>Phone #:<br>Fax #: | **Prosthetist**<br>Name:<br>Address:<br><br>Phone #:<br>Fax #: |
| **Case Manager**<br>Name:<br>Address:<br><br>Phone #:<br>Fax #: | **Home Health Aide**<br>Name:<br>Address:<br><br>Phone #:<br>Fax #: |
| **Other:**<br>Name:<br>Address:<br><br>Phone #:<br>Fax #: | **Other:**<br>Name:<br>Address:<br><br>Phone #:<br>Fax #: |
| **Other:**<br>Name:<br>Address:<br><br>Phone #:<br>Fax #: | **Other:**<br>Name:<br>Address:<br><br>Phone #:<br>Fax #: |

# Diary Guide

| | |
|---|---|
| Today's Date | |
| Today I am feeling: | |
| | |
| | |
| | |
| My Pain Level *(on a scale of 1-10: 1=Little or No Pain; 10=Unbearable Pain)* | |
| ❍ 1 ❍ 2 ❍ 3 ❍ 4 ❍ 5 ❍ 6 ❍ 7 ❍ 8 ❍ 9 ❍ 10 | |
| The pain I've experienced is located: | |
| | |
| | |
| | |
| And typically lasts for: | |
| | |
| | |
| The medications I have found to be most helpful for pain are: | |
| | |
| | |
| | |
| The medications I find are ***not*** helpful are: | |
| | |
| | |
| What I would like to share with my healthcare team about today is: | |
| | |
| | |
| | |
| | |
| | |
| | |

Make copies of this form for daily use, or ask a member of your rehab team for copies.