

Post Op Clinic

Record ID

Please tell us when this form will be filled out within the continuum of care, e.g., admission, pre-op, annual visit, etc.

Which Surgery Did the Patient Receive?

- SDR
 ITB

Date Spinal Deformity Assessed

Spinal Deformity Developed

- New Spinal Deformity
 Progressive Spinal Deformity
 Spinal Fusion Required
 No Spinal Deformity Developed

Pseudomeningocele Within 3-Months of Surgery

- Yes
 No

Neurosurgery Post-Op - SDR

Signs and Symptoms Improved 6-Months Post-Operatively

- Clonus
 Positive Babinski Response
 Hyperreflexia
 Weakness
 Incoordination
 Reduced Control of Individual Muscle Groups
 Spread of Reflexes to Other Muscle Groups
 Other

Signs and Symptoms Worsened 6-Months Post-Operatively

- Clonus
 Positive Babinski Response
 Hyperreflexia
 Weakness
 Incoordination
 Reduced Control of Individual Muscle Groups
 Spread of Reflexes to Other Muscle Groups
 Other

Treatment Undergone Since Surgical Intervention

- Anti-Spastic Oral Medication
 Intramuscular Medication
 Intrathecal Baclofen
 Fusion Surgery
 Ortho Other Surgery
 Other
 None

Neurosurgery Post-Op - ITB

Maintenance Dose at 3 Months (in milligrams) _____

CSF Leak within 3 months of surgery?

- Yes
 No

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Physical TherapyLength of Physical Therapy Post-Operatively,
Inpatient & Outpatient

- 0-2 Weeks
 2-4 Weeks
 >4 Weeks

Frequency of Physical Therapy Post-Operatively,
Inpatient & Outpatient

- Once a day
 Twice a day
 4 times per week

Physical Therapy Completed Post-Operatively

- Yes
 No

Reason PT Not Completed Post-Operatively

- Hip Dislocation
 Fracture
 Other Medical Illness
 Family/Social