

1 Patient Information

1 PATIENT DETAILS

Name:	<u>Robert T. Callahan</u>	DOB / Age:	<u>07/14/1967 / 58 years</u>
Date of Visit:	<u>04/22/2026</u>	MRN:	<u>ORT-2026-058341</u>
Provider:	<u>Dr. Sandra L. Nguyen, MD, FAAOS</u>	Location / Clinic:	<u>Midwest Orthopedic & Sports Medicine — Outpatient, Suite 220, Indianapolis, IN</u>

2 Reason for Visit

2 VISIT PURPOSE

3-week post-operative follow-up following right total knee arthroplasty (TKA) performed 04/01/2026 for end-stage right knee osteoarthritis (Grade IV Kellgren-Lawrence). Visit purpose: wound assessment, staple removal, range of motion evaluation, radiographic review, and physical therapy progress check.

3 Diagnoses Addressed

3 CONDITIONS DISCUSSED OR TREATED

- Status post right total knee arthroplasty (Z96.651) — ongoing, post-operative recovery phase, progressing appropriately.
- Post-operative pain, right knee (M25.561) — ongoing, improving; well-controlled on current regimen.
- Moderate surgical site edema, right knee — ongoing, expected, resolving.
- Essential hypertension (I10) — chronic, stable; antihypertensive continued unchanged.

4 Treatment Provided

4a PROCEDURES & INTERVENTIONS

Wound inspection: 18 staples removed — wound well-healed, no dehiscence, no erythema beyond 3 mm of incision margins, no drainage. Steri-strips applied. AP and lateral right knee radiographs obtained in office — components well-seated, no loosening or malalignment, cement mantle intact. ROM assessment: active flexion 82°, extension lag 4°, passive extension full — within expected 3-week post-TKA parameters.

4b MEDICATIONS ADMINISTERED

No medications administered during this office visit. Patient declined in-office ice/compression application.

5 Medications

5a NEW PRESCRIPTIONS

No new medications prescribed. Current regimen continued as documented below.

5b MEDICATION CHANGES

Oxycodone 5 mg PO q6h PRN: tapered to PRN use only (was scheduled q6h) — patient reporting pain well-managed with acetaminophen 1000 mg TID for the past 5 days; opioid de-escalation appropriate at 3-week milestone.

5c DISCONTINUED MEDICATIONS

Aspirin 325 mg BID (VTE prophylaxis): discontinued today at 3-week mark per institutional TKA protocol — VTE prophylaxis course complete. No clinical signs of DVT at this visit. Continuing aspirin 81 mg daily for cardiovascular prophylaxis.

6 Patient Instructions

6a HOME CARE GUIDANCE

Continue daily wound cleaning with mild soap and water; keep incision dry for 48 hours post-staple removal. Steri-strips in place — leave until they fall off naturally (approximately 7-10 days). Continue compression stocking on right lower extremity during ambulation for 2 more weeks. Ice knee 20 minutes 3x daily for swelling control. Continue using cane — may wean as tolerated when ambulating without limp.

6b ACTIVITY RESTRICTIONS

No driving right lower extremity for minimum 4 additional weeks (8 weeks total post-op). No kneeling, squatting, or high-impact activity until 12-week clearance. Return to sedentary desk work approved at 6 weeks. No swimming until incision fully healed (minimum 2 additional weeks). Weight bearing as tolerated with cane.

6c DIET & LIFESTYLE

Maintain high-protein diet to support wound healing and muscle recovery. Stay well-hydrated — minimum 64 oz water daily. Continue vitamin D3 2000 IU and calcium supplementation for bone health. Limit alcohol given ongoing PRN opioid prescription.

7 Warning Signs

7 SYMPTOMS REQUIRING URGENT CARE

GO TO ER IMMEDIATELY: Sudden severe calf pain or swelling (possible DVT); chest pain or shortness of breath (possible PE); fever >101.5°F with wound redness, warmth, or drainage (wound infection); sudden severe knee pain with audible pop (implant concern).
CALL OFFICE: Wound opening >5 mm, new drainage, increasing pain not responding to medication, or inability to bear weight previously possible.

8 Follow-Up

8a NEXT APPOINTMENT

Return in:	6 weeks — 6-week post-op visit scheduled 06/03/2026
Purpose of follow-up:	Full ROM assessment, repeat radiographs, PT progress review, opioid wean assessment, driving and work clearance evaluation
Appointment scheduled:	Yes — 06/03/2026 at 10:30 AM with Dr. Nguyen

8b PENDING REFERRALS & TESTS

Physical therapy: continuing 3x/week at Indiana Physical Rehabilitation — progress note received; ROM improving, quad strength 3+/5 bilaterally. Next PT session: 04/24/2026.
No additional referrals or labs at this time. CBC and CMP to be ordered prior to 6-week visit if clinically indicated.