

**PATIENT'S CONSENT ON ADMISSION TO BAYLOR MEDICAL CENTER AT UPTOWN**

**Consent to Medical and Surgical Procedures:** I give my consent to all the medical procedures which may be performed upon me by the Hospital, on either an inpatient or outpatient basis, which are ordered or prescribed for me by my attending physicians. This may include but are not limited to: laboratory procedures, x-ray examination, diagnostic procedures, medical, nursing or surgical treatment or procedures, anesthesia, or hospital services rendered to me under the general and special instructions of my physician. Diagnostic results may include requirements for disclosure of information regarding cases of HIV, tuberculosis, viral meningitis, and other disease that are reported to organizations such as the health departments or the Centers for Disease Control and Prevention.

**Consent to Draw Blood / Emergency Procedures:** I hereby consent to the withdrawal of a blood sample in the event an employee or contractor of the Hospital has a needle stick or mucous membrane exposure to my blood or body fluids. I further consent to medical treatment from a licensed physician in the event of a highly urgent or emergency event in which the patient, a family member, or other responsible party cannot reasonably be reached to authorize treatment.

**Financial Agreement:** The undersigned agree(s), whether he/she signs as agent or patient, that in consideration of the services to be rendered to the patient, he/she hereby individually obligates himself/herself to pay the account of the Hospital for services rendered to the patient in accordance with the regular rates and terms of the Hospital. Should the account be referred to an attorney or collection agency for collection, the undersigned shall pay attorney's fees and collection expenses actually incurred. I further acknowledge that all physicians furnishing services including but not limited to ER physicians, radiologist, pathologist, anesthesiologist, consultants and assistants to the physician are independent contractors and not employees of the hospital. I understand that I may receive separate billing from each of these providers for service rendered, and these providers may not participate with my insurance carrier meaning the claim will process as out of network.

**Assignment of Insurance Benefits:** I hereby authorize payment directly to Baylor Medical Center at Uptown and all attending physicians of the insurance benefits specified and otherwise payable to me but not to exceed the Hospital's regular charges for these services. I understand that I am financially responsible to the Hospital for charges not covered or disallowed by this assignment.

**Estimated Financial Responsibility:** I understand that Baylor Medical Center at Uptown has confirmed my benefit coverage. Benefits are estimated, and not guaranteed, until the claim has been paid. If actual coverage differs from the quote given by the insurance company, or the surgery differs from the procedures scheduled, I am responsible for actual charges. My estimated financial responsibility is:

Deductible 100 Co Pay 70/0 = Total Estimate EDB will reflect

**Release of Information:** I authorize the Hospital and any physician involved in my care to release medical information and supporting documentation of same as compiled in my medical records during this admission or outpatient visit to any organization which is or may be liable or responsible for payment of charges associated with my care and for all other purposes of benefit payment. If my injury is work-related, I authorize the Hospital to release any information from my medical records to my employer and/or its designee.

**Personal Items and Medications:** I understand that Baylor Medical Center at Uptown is not responsible for lost or stolen personal or valuable items. It is understood and agreed that I will not bring or consume personal medications without the Hospital's notice of written permission from my attending physician and that the hospital will not be liable for any harm incurred thereby.

**Physician Ownership Acknowledgement (Please Initial):**

I acknowledge that one or more of the physicians providing treatment at Baylor Medical Center at Uptown may have an ownership interest in Baylor Medical Center at Uptown. I also acknowledge that I have the right to choose the provider of my healthcare services and have chosen Baylor Medical Center at Uptown. I understand that the physicians participating in my care at Baylor Medical Center at Uptown are not employees or agents of Baylor Medical Center at Uptown. They are either independent physicians engaged in the private practice of medicine, or are licensed physicians participating in the care of patients as part of a post-graduate medical education program, or third and fourth year medical students participating in an approved medical education program under the direct supervision of the attending physician. Physicians who may participate in my care in addition to my attending physician include, but are not limited to, radiologists, pathologists, anesthesiologists, cardiologists, pulmonologists, gastroenterologists and nephrologists. The physicians participating in my care may or may not be financial partners in Baylor Medical Center at Uptown.

**Patient Rights:** I have been informed of and received a copy of the "Patient's Rights and Responsibilities".

**Do you have an ADVANCE DIRECTIVE?** ☐ YES ☒ NO If yes, where is it located? \_\_\_\_\_

**Non-Smoking Policy:** In accordance with regulatory agency standards, Baylor Medical Center at Uptown is a non-smoking facility.

**Medicare Patients Only (Please Initial):** \_\_\_\_\_ If this is an admission, which is covered by Medicare, I have received a copy of "An Important Message From Medicare" furnished by Baylor Medical Center at Uptown.

Signature of Patient or Legally Responsible Person \_\_\_\_\_

Date 7/26/13

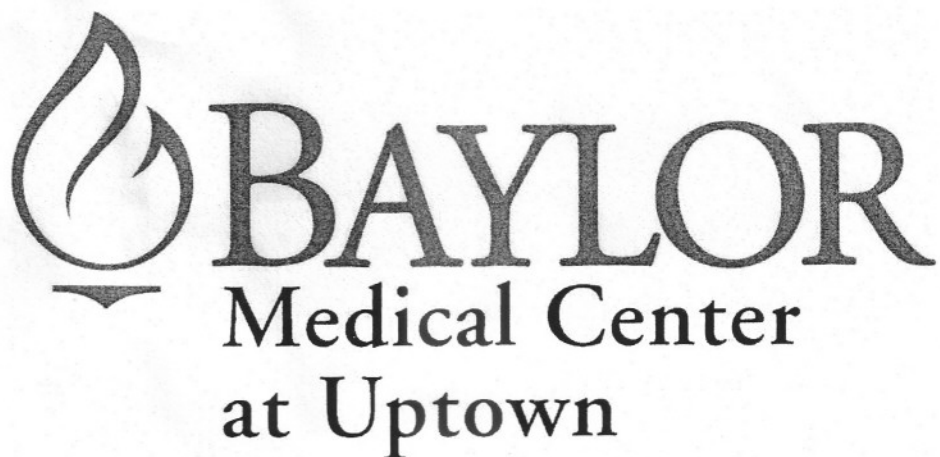
Time 520

Witness to Signature \_\_\_\_\_

(REV. 08/07/2013)

**BAYLOR Medical Center at Uptown**

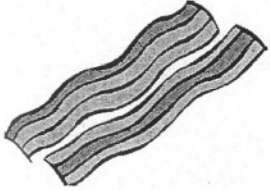
**PLOCK, ROBERT**  
DOB: 07/26/1968 45 Y M  
DOS: 09/26/2013 07:15  
ATT: Park MD, Andrew E  
FIN: MARY000004156  
MRN: 00308392



# **BACK AND SPINE**

**Desiree Knight, PT**  
**Physical Therapy Manager**  
**214-562-5101**  
**2727 E. Lemmon Avenue**  
**Dallas, Texas 75204**

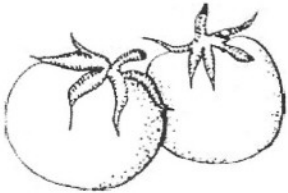
## Post-Operative Spine Precautions "No BLTS"



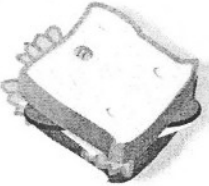
1. NO **B**ending forward



2. NO **L**ifting more than 5-10 pounds



3. NO **T**wisting or turning your back

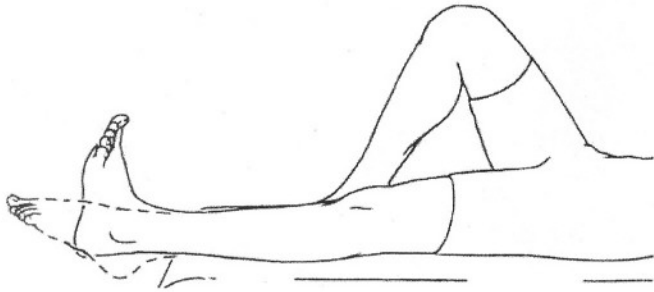


4. NO **S**itting for more than 20-30 minutes at one time

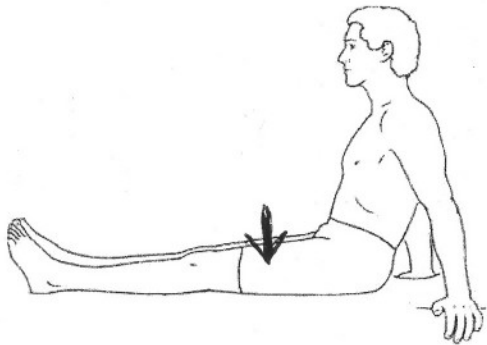
### A few more things to keep in mind...

- Always use the **logroll** to get in and out of bed.
- Wear your **brace** if ordered by your doctor.
- **Walk** and **exercise** daily.

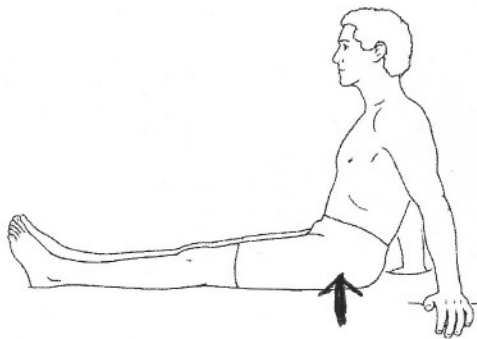
## Exercises



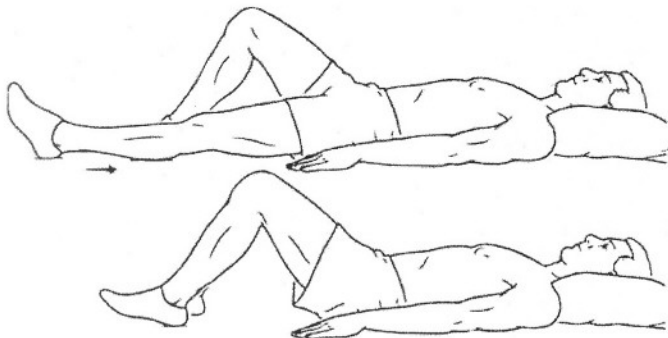
Ankle Pumps : Gently flex and extend foot. Move through full range of motion.



Quad Sets: Tighten muscles on top of thighs by pushing backs of knees down into surface. Hold five seconds, then relax.



Glute Squeezes: Sit in a chair or lie on your back. Tighten your buttocks muscles together. Hold five seconds, then relax. Avoid pain.

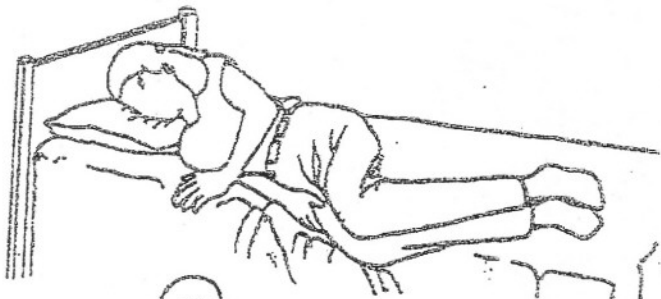


Heel Slides: Slide one heel toward the buttocks until a stretch is felt. Hold five seconds, then relax. Repeat with each leg separately.

# LOG ROLLING



- Bend both knees



- Roll over onto your side



- Drop legs off the side of the bed
- Push up with elbow and hands



- Support yourself on side of bed with both hands to maintain balance

Brace: \_\_\_\_\_ YES \_\_\_\_\_ NO

Type: \_\_\_\_\_

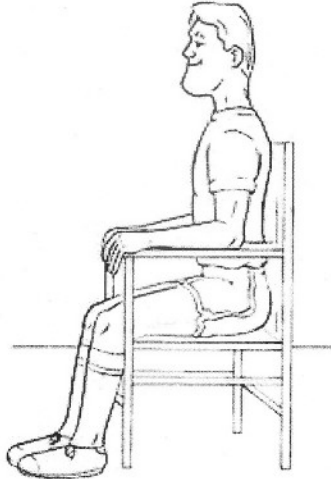
Position: \_\_\_\_\_ Sitting  
\_\_\_\_\_ In bed

## **Body Mechanics**

1. Sit to Stand: Slide forward in the chair and use your legs to come straight up to standing. DO NOT lean forward when getting up.
2. Stand to Sit: Keep the trunk straight, sit on the front part of the chair (using legs to let you down). Slide back in the chair, but DO NOT lean forward. Sit back in the chair with trunk in erect position. *and arms*

## **Sitting Posture Check**

- Sitting: Sit with your back straight against the back of the chair. Place both feet flat on the floor. Hips and knees should be level. Protect your back with a lumbar support or rolled up towel.



## **Standing Posture Check**

1. To check posture alignment, place your hands on the back of your hips.
2. Straighten your back, bringing your shoulders over your hips, but allow a slight inward curve of your lower back.
3. Do this before and during walking, to make sure that you are maintaining your posture in good alignment.

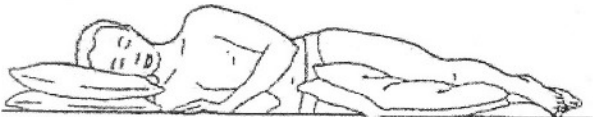
## **Proper footwear for safe walking**

- DO NOT wear flip flops, sling backs, or house slippers.
- Wear non-skid shoes that fit securely around the foot, and have a thin sole (no heels).

## **Walking**

- Walk indoors on level surfaces, but not on a treadmill until after your first post-op visit with your doctor.

## **Sleeping**



In side lying place pillow(s)  
between the knees.



Back sleepers can place a  
pillow under the knees.



# Commonly Asked Questions

1. Is it normal to feel discomfort after spine surgery?

**Yes, listen to your body. Discomfort is normal, but pain is a signal to stop or slow down.**

2. When is it safe to return to my exercise activity?

**Only do exercises approved by your physical therapist until your surgeon instructs otherwise. Ask at your follow up visit.**

3. Can I resume house and yard work when I return home?

**No. Your first 2 weeks home should be restful. Walk as your surgeon orders. Rest often in a comfortable position.**

4. Will smoking affect the healing of my surgery?

**Yes. Avoid any nicotine products. This could slow your healing. Ask your therapist about the effects of smoking. You CAN quit smoking.**

5. How long do I need to follow the spine precautions?

**Your doctor will advise you at your first follow up office visit.**

6. Why is walking included in my recovery program?

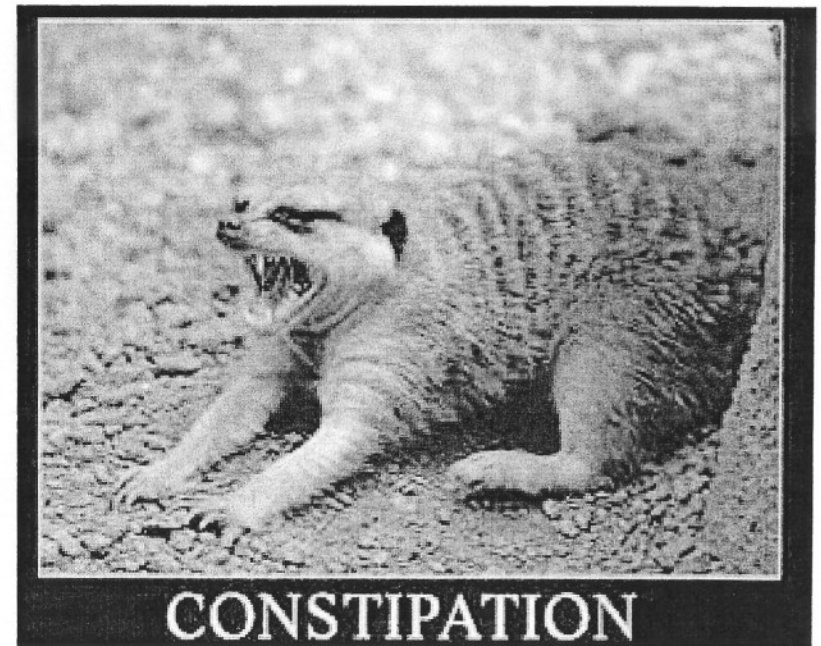
**Walking is an important part of your rehabilitation; it increases your blood flow which improves the nutrition to the surgical area. Walking can help drive calcium into the bone so you heal better.**

7. When is it ok to begin sexual activity?

**Please check with your doctor.**

# To help Prevent Constipation...

- Fluids:
  - 8, 8oz servings of clear fluids daily
    - Water, decaf tea, juices, decaf coffee
- Fiber:
  - ½ cup apple sauce daily
  - 6 prunes or 6 oz prune juice
  - Prune juice cocktail
    - ½ cup prune juice
    - ½ cup sprite



**IT BRINGS OUT THE WORST IN  
ALL OF US**



# **BAYLOR** Medical Center at Uptown

## *Home Safety & Fall Prevention*



**Assistive device.** Use your walker, crutches, etc. as instructed at all times.



**Footwear.** Wear non-slip gripper socks or well fitting rubber-sole shoes for slip prevention. Avoid loose fitting house-shoes or slippers.



**Tripping hazards.** Remove throw rugs, electrical cords, clutter, and other tripping hazards for clear pathways in home. Use night-lights. Keep pets out of the way for safe walking.



**Adequate lighting.** Keep walking areas well lit, especially bathroom and bedrooms at night. Use night-lights as needed.



**Frequently used items.** Keep phone, drinks, medications, etc. nearby. Do not rush to answer phones, doorbell, etc. Have emergency phone numbers posted.



**Stairs/steps.** Use/install handrails and have adequate lighting when using.



**Shower/bathing.** Place rubber mats or non-skid strips to prevent slips. Use a shower chair or bathtub transfer bench as needed. An elevated toilet seat or bedside commode can be used if having difficulty. Install grab bars in shower/bathtub as needed. Remove loose bathroom rugs.



**Coming to stand.** Sit at edge of bed a few minutes before standing to prevent light-headedness or dizziness after lying in bed. Wait for symptoms to resolve before walking.

**\*\*\*Safety tips continue on back →**

## POST-OPERATIVE LUMBAR (BACK ) SURGERY GUIDELINES

Until you have been seen in our office after surgery, please use the following guidelines:

### PLEASE DO NOT:

1. Bend or lift anything.
2. Carry anything more than 10 pounds.
3. Drive a truck/car until you are seen for your 1<sup>st</sup> post op appointment.  
(the PA or Doctor will have to clear you to drive)
4. Smoke/ chew/dip tobacco products (nicotine slows the healing process).

A prescription for pain medicine will be given to you. Use your pain medication as needed and as directed. If you have any problems, please call our office. If you are wearing a brace after your surgery, Dr. Park, Dr. Viere, or Dr. Carll will let you know how often you need to wear it. Pay attention to how the physical therapists put the brace on you so that you may teach a family member how to help you. Better yet, have a family member or friend come to the hospital to learn.

After being discharged from the hospital, you will need to be seen in our office in two weeks. If you do not have an appointment scheduled, please contact the office at 214- 370-3535. If you have any questions or concerns about your incision, etc. Please contact our office with any questions.

**WOUND CARE:** Upon leaving the hospital, you will have a waterproof dressing on your incision(s). Leave this on for five (5) days and shower as usual. After five days, remove the dressing. You will have steri-strips on your incision or staples. Leave them alone! Don't pull them off or pick at them. The steri-strips will fall off as you shower daily. If you have staples, they will be removed at your first post-operative visit. You don't need to apply another dressing unless your clothes irritate the wound or if you have any persistent drainage (common with large incisions). You do not need to apply any ointment such as neosporin. It is better to let the incision dry out naturally. If you have any increased redness, streaking from the wound, wound opening, smelly drainage or increased pain, contact the triage provider at our office (214-370-3535). If you have any fever (101 or above)/chills/nausea/vomiting, contact the triage provider. You may need to have your incision checked. Please do not go to another doctor for this unless you live a far distance and we direct you to do this.

**BATHING/SHOWERING:** Upon hospital discharge, your dressing will be changed to a waterproof dressing allowing you to shower. Please pat your incision dry. Please **DO NOT** take a tub bath. You may need someone to assist you while you are showering, if you are weak. Also, you may need someone to shampoo your hair.

**SLEEPING:** On your back, try a pillow placed under the knees to take pressure off of your lower back. On your side, a pillow placed between the knees will prevent muscle spasms. Sleeping on your stomach can add extra stress to your back, so please avoid the position. Remember to log roll side to side. This will keep you from twisting your body and decrease your pain.