



JAGLOWSKI
ORTHOPEDIC
INSTITUTE

Home Safety Assessment

Post-Operative Care

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Please read through these questions with your caregiver while in your home **PRIOR** to your surgery. Answer each question honestly and with as much detail as possible.

1. Do you live alone? yes no

If yes:

Who will help during the first week you return home? _____

Who will perform meal preparation? _____

Who will complete grocery shopping? _____

How will you get dressed? _____

Who will drive you to therapy, or will you have home therapy? _____

2. Do you have stairs? yes no

If yes:

Do these stairs have a railing to assist you? yes no

Have you practiced navigating the stairs with crutches? yes no

Or using a rail and sidestepping?

(refer to crutches section for tips and correct technique)

3. Is there a bathroom on your main floor? yes no

Do you have a: Walk in-Shower Tub Shower Hand-held shower head

Do you have a shower/tub chair? yes no

Do you have a non-slip surface on the floor of the shower/tub? yes no

Do you have a toilet seat riser or a comfort height (raised) toilet? yes no

Do you have a commode/toilet chair? yes no

Do you have handrails in your bathroom? yes no

4. Where is your bedroom? 1st Floor 2nd Floor
If not on the first floor, where will you sleep? _____

5. Flooring:

Have you removed all throw rugs and loose objects? yes no

(Don't forget the ones in the bathroom!)

Do you have nightlights in all rooms? yes no

6. Do you have a Cordless/cell phone in case of emergency? yes no

7. What type of equipment do you already have or borrowed?

Walker with wheels Walker without wheels Crutches Reacher