



Advanced Knee Care, PC  
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## Preop Uni/TKA Optimization Checklist

Optimize these factors for a faster recovery and lessen the chance of an adverse event.

- |  |        |
|--|--------|
| <input type="checkbox"/> Opioids - Off for 1 month     | yes/no |
| <input type="checkbox"/> Smoking - Off for 1 month     | yes/no |
| <input type="checkbox"/> Diabetes - HbA1C < 8.0        | yes/no |
| <input type="checkbox"/> Nutrition - Albumin > 3.5     | yes/no |
| <input type="checkbox"/> Vitamin D - 800 IU/day        | yes/no |
| <input type="checkbox"/> Essential Amino Acids 2gm/day | yes/no |
| <input type="checkbox"/> Daily Exercise 30min/30day    | yes/no |
| <input type="checkbox"/> Chlorhexadine 4% Shower       | yes/no |
| purchase at retail pharmacy                            |        |
| <input type="checkbox"/> Hydration Day of Surgery      | yes/no |
| <input type="checkbox"/> Diet Meds - off 2 weeks       | yes/no |
| <input type="checkbox"/> Dental Decay/Extractions      | yes/no |
| <input type="checkbox"/> Brace/DVT/NMES/GameReady      | yes/no |
| <input type="checkbox"/> CT for Mako Surgery           | yes/no |

Patient Name: \_\_\_\_\_

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