

## **ALL PATIENTS**

Is the patient older than 65?	☐ Yes ☐ No
Does the patient have physical limitations or is he or she frail?	☐ Yes ☐ No
If YES:	
<ul><li>Use either grip strength or the timed get up and go test for baseline assess</li><li>Consider referral to a geriatrician</li></ul>	sment
Does the patient have unstable cardiac disease?	☐ Yes ☐ No
If YES:	
☐ Consider referral for pre-surgery consultation with a cardiologist	
Does the patient have unstable pulmonary disease?	☐ Yes ☐ No
If YES:	
$\hfill \Box$ Consider referral for pre-surgery consultation with a pulmonologist	
Does the patient have poor mobility and/or diminished endurance?	☐ Yes ☐ No
If YES:	
☐ Refer patient to physical therapy	
☐ Start daily walking program (goal is two to three times per day)	

## IMPORTANT NOTICE

These sample checklists are provided for informational purposes only and should NOT be used in the care of a patient outside of a comprehensive preoperative program such as Strong for Surgery. Patients should not rely on information on this checklist as an alternative to medical advice from a doctor or other professional health care provider. The logos on the checklists are registered trademarks of Strong for Surgery and SCOAP. To find out how you can start using the Strong for Surgery checklist in your clinic, please contact us at strongforsurgery@facs.org.

