

## Pre-Surgery “Prehabilitation” Checklist

Countdown to Surgery	Exercise (30 mins)	Protein Intake (30 grams)	Impact Drink	Review Day of Surgery Timeline
30 days before	<input type="checkbox"/>	B: <input type="checkbox"/> L: <input type="checkbox"/> D: <input type="checkbox"/>		<input type="checkbox"/> You can find this at <a href="http://www.ohsu.edu/digestive-health/surgery-walk-through">www.ohsu.edu/digestive-health/surgery-walk-through</a>
29 days before	<input type="checkbox"/>	B: <input type="checkbox"/> L: <input type="checkbox"/> D: <input type="checkbox"/>		
28 days before	<input type="checkbox"/>	B: <input type="checkbox"/> L: <input type="checkbox"/> D: <input type="checkbox"/>		
27 days before	<input type="checkbox"/>	B: <input type="checkbox"/> L: <input type="checkbox"/> D: <input type="checkbox"/>		
26 days before	<input type="checkbox"/>	B: <input type="checkbox"/> L: <input type="checkbox"/> D: <input type="checkbox"/>		
25 days before	<input type="checkbox"/>	B: <input type="checkbox"/> L: <input type="checkbox"/> D: <input type="checkbox"/>		
24 days before	<input type="checkbox"/>	B: <input type="checkbox"/> L: <input type="checkbox"/> D: <input type="checkbox"/>		
23 days before	<input type="checkbox"/>	B: <input type="checkbox"/> L: <input type="checkbox"/> D: <input type="checkbox"/>		
22 days before	<input type="checkbox"/>	B: <input type="checkbox"/> L: <input type="checkbox"/> D: <input type="checkbox"/>		
21 days before	<input type="checkbox"/>	B: <input type="checkbox"/> L: <input type="checkbox"/> D: <input type="checkbox"/>		
20 days before	<input type="checkbox"/>	B: <input type="checkbox"/> L: <input type="checkbox"/> D: <input type="checkbox"/>		
19 days before	<input type="checkbox"/>	B: <input type="checkbox"/> L: <input type="checkbox"/> D: <input type="checkbox"/>		
18 days before	<input type="checkbox"/>	B: <input type="checkbox"/> L: <input type="checkbox"/> D: <input type="checkbox"/>		
17 days before	<input type="checkbox"/>	B: <input type="checkbox"/> L: <input type="checkbox"/> D: <input type="checkbox"/>		
16 days before	<input type="checkbox"/>	B: <input type="checkbox"/> L: <input type="checkbox"/> D: <input type="checkbox"/>		
15 days before	<input type="checkbox"/>	B: <input type="checkbox"/> L: <input type="checkbox"/> D: <input type="checkbox"/>		
14 days before	<input type="checkbox"/>	B: <input type="checkbox"/> L: <input type="checkbox"/> D: <input type="checkbox"/>		
13 days before	<input type="checkbox"/>	B: <input type="checkbox"/> L: <input type="checkbox"/> D: <input type="checkbox"/>		
12 days before	<input type="checkbox"/>	B: <input type="checkbox"/> L: <input type="checkbox"/> D: <input type="checkbox"/>		
11 days before	<input type="checkbox"/>	B: <input type="checkbox"/> L: <input type="checkbox"/> D: <input type="checkbox"/>		
10 days before	<input type="checkbox"/>	B: <input type="checkbox"/> L: <input type="checkbox"/> D: <input type="checkbox"/>		
9 days before	<input type="checkbox"/>	B: <input type="checkbox"/> L: <input type="checkbox"/> D: <input type="checkbox"/>		
8 days before	<input type="checkbox"/>	B: <input type="checkbox"/> L: <input type="checkbox"/> D: <input type="checkbox"/>		
7 days before	<input type="checkbox"/>	B: <input type="checkbox"/> L: <input type="checkbox"/> D: <input type="checkbox"/>		
6 days before	<input type="checkbox"/>	B: <input type="checkbox"/> L: <input type="checkbox"/> D: <input type="checkbox"/>		
5 days before	<input type="checkbox"/>	B: <input type="checkbox"/> L: <input type="checkbox"/> D: <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4 days before	<input type="checkbox"/>	B: <input type="checkbox"/> L: <input type="checkbox"/> D: <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3 days before	<input type="checkbox"/>	B: <input type="checkbox"/> L: <input type="checkbox"/> D: <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2 days before	<input type="checkbox"/>	B: <input type="checkbox"/> L: <input type="checkbox"/> D: <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
1 day before	<input type="checkbox"/>	B: <input type="checkbox"/> L: <input type="checkbox"/> D: <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Date of Surgery:				