

**New Mexico Center**  
**For**  
**Joint Replacement Surgery**

Answer the following questions regarding  
your overall activity level.

Patient Name (First Initial - Middle Initial - Last Name)  
 -  -   
(MM-DD-YYYY)

Form Completion Date  -  -

S.S.N  -  -

Gender  Male  Female

Surgeon

**CHECK ONE**

Right Hip

Left Hip

Right Knee

Left Knee

Right Hip Surgery Date  
 -  -

Left Hip Surgery Date  
 -  -

Right Knee Surgery Date  
 -  -

Left Knee Surgery Date  
 -  -

1. In general, would you say your health is:  Excellent  Very Good  Good  Fair  Poor

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Check one box on each line)

- |  | Yes, limited a lot       | Yes, limited a little    | No, not limited at all   |
|--|--------------------------|--------------------------|--------------------------|
| 2. Moderate Activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Climbing several flights of stairs:   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

During the past 4 weeks have you had any of the following problems with your work or other regular daily activities as a result of your physical health? (Check one box on each line)

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 4. Accomplished less than you would like:                | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Were limited in the kind of work or other activities: | <input type="checkbox"/> | <input type="checkbox"/> |

During the past 4 weeks have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? (Check one box on each line)

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 6. Accomplished less than you would like:                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Didn't do work or other activities as carefully as usual: | <input type="checkbox"/> | <input type="checkbox"/> |

8. During the past 4 weeks how much did pain interfere with your normal work (including both work outside the home and housework)? (Check one box)

- Not at all  A little bit  Moderately  Quite a bit  Extremely

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks...(Check one box on each line)

- |   | All of the Time          | Most of the Time         | A Good Bit of the Time   | Some of the Time         | A Little of the Time     | None of the Time         |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 9. Have you felt calm and peaceful?     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Did you have a lot of energy?       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you felt downhearted and blue? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your visiting with friends, relatives, etc.? (Check one box)

- All of the time  Most of the time  Some of the time  A little of the time  None of the time



New Mexico Center  
For  
Joint Replacement Surgery

**Pre-Op Knee Physical Exam**  
**Right Knee**

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PLEASE COMPLETE ONE FORM PER OPERATIVE SIDE

S.S.N.

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12. Pulses Intact:       Yes     No

13. Specify Pulses Not Intact:      \_\_\_\_\_

14. Neuro Status Intact:       Yes     No

15. Specify Neuro Status Not Intact:      \_\_\_\_\_

16. Patella:       Neutral    Subluxed     Dislocated    Absent

17. Patello-Femoral Crepitus/Clicking:       None     Mild/Moderate     Severe/Extreme

18. A/P Instability/Laxity(at 90 degrees):      

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 mm

19. A/P Instability/Laxity(at full extension):      

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 mm

20. Med. Instability/Laxity with Valgus Stress:      

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 mm

21. Lateral Instability/Laxity with Varus Stress:      

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 mm

22. Pre-op Overall Knee Alignment:  Neutral     Valgus     Varus

23. Alignment:      

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 °

24. Range of Motion:  
(All Measurements Sitting,  
Goniometer, Lateral Knee)

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Full Extension=0  
Hyperextension is recorded as  
negative degrees.  
Fixed flexion contracture is  
recorded as positive degrees.

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Maximum Active Flexion

25. Extension Lag:      

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 ° Present if passive knee extension  
is greater than active knee

26. Limp W/O Support:  No Limp    Slight    Moderate    Severe    Unable to walk    N/A (always use support)  
If Limp , Specify Side:  Right    Left    N/A (does not limp)