New Mexico Center For Joint Replacement Surgery

Answer the following questions regarding your overall activity level.

Patient Name (First Initial - Middle Initial - Last Name) ☐ - ☐ - ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Form Completion Date (MM-DD-YYYY) ☐☐ - ☐☐ - ☐☐☐☐

S.S.N ☐☐☐ - ☐☐ - ☐☐☐☐

Gender ☐ Male ☐ Female Surgeon ☐☐☐

CHECK ONE

Right Hip ☐ Right Hip Surgery Date ☐☐ - ☐☐ - ☐☐☐☐

Left Hip ☐ Left Hip Surgery Date ☐☐ - ☐☐ - ☐☐☐☐

Right Knee ☐ Right Knee Surgery Date ☐☐ - ☐☐ - ☐☐☐☐

Left Knee ☐ 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:	☐	☐	☐
3. Climbing **several** flights of stairs:	☐	☐	☐

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:	☐	☐
5. Were limited in the **kind** of work or other activities:	☐	☐

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:	☐	☐
7. Didn't do work or other activities as **carefully** as usual:	☐	☐

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?	☐	☐	☐	☐	☐	☐
10. Did you have a lot of energy?	☐	☐	☐	☐	☐	☐
11. Have you felt downhearted and blue?	☐	☐	☐	☐	☐	☐

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

Answer the following questions regarding your • Right Hip Replacement only.

Patient Name (First Initial - Middle Initial - Last Name)

Date of Surgery (MM-DD-YYYY)

Gender ☐ Male ☐ Female

S.S.N. ___ - ___ - ____

Surgeon ___

Form Completion Date

1. Which of the following categories would best describe your hip pain?

- ☐ None/you ignore it
- ☐ Slight, occasional ache
- ☐ Mild, no effect on your ordinary activity
- ☐ Moderate, tolerable, you make concessions
- ☐ Marked, you have serious limitations
- ☐ You are totally disabled because of pain

2. Do you need support when walking?

- ☐ None
- ☐ Cane for long walks
- ☐ Cane full time
- ☐ One Crutch
- ☐ Two Canes
- ☐ Two Crutches
- ☐ Walker
- ☐ Unable to walk

3. How far can you walk without stopping because of hip pain?

- ☐ Unlimited
- ☐ 6 blocks
- ☐ 2-3 blocks
- ☐ Indoors only
- ☐ Limited to bed and chair

4. How do you go up and down stairs?

- ☐ Normally without using a railing
- ☐ Normally using a railing
- ☐ In any other manner
- ☐ Unable to do stairs

5. How do you put on shoes and socks?

- ☐ With ease
- ☐ With difficulty
- ☐ Unable

6. How long can you sit in a chair?

- ☐ Comfortably in ordinary chair one hour
- ☐ On a high chair for one-half hour
- ☐ Unable to sit comfortably in any chair

7. Are you able to use public transportation, such as a bus or subway if you wanted to?

- ☐ Yes ☐ No

8. How much do you limp without support?

- ☐ None
- ☐ Slight
- ☐ Moderate
- ☐ Severe
- ☐ Unable to walk

9. Are you satisfied with the results of your hip replacment surgery?

- ☐ Yes ☐ No

New Mexico Center For Joint Replacement Surgery

Post-Op Hip Assessment

PLEASE COMPLETE ONE FORM PER OPERATIVE SIDE

Patient Name (First Initial - Middle Initial - Last Name) ☐ - ☐ - ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Date of Surgery ☐☐ - ☐☐ - ☐☐☐☐ (MM-DD-YYYY)

Operative Side ☐ Left ☐ Right

Gender ☐ Male ☐ Female

Form Completion Date ☐☐ - ☐☐ - ☐☐☐☐

S.S.N. ☐☐☐ - ☐☐ - ☐☐☐☐

Surgeon ☐☐☐

Post Op Exam Period ☐ 6 Weeks ☐ 3 Months ☐ 6 Months ☐ 1 Year ☐ 2 Year ☐ 3 Year ☐ 4 Year ☐ 5 Year ☐ 6 Years ☐ 7 Years ☐ 8 Years ☐ Specify Years

Specified Years ☐☐

1. What is the patient's activity level?

- ☐ Regularly participate in impact sports (jogging, tennis, skiing, acrobatic, ballet, heavy labor, or backpacking)
- ☐ Sometimes participate in impact sports
- ☐ Regularly particpate in very active events (bowling or golf)
- ☐ Regularly participate in active events
- ☐ Regularly participate in moderate activities (swimming, unlimited housework or shopping)
- ☐ Sometimes participate in moderate activities
- ☐ Regularly participate in mild activities (walking, limited housework, and limited shopping)
- ☐ Sometimes participate in mild activities
- ☐ Mostly inactive (restricted to minimal activities of daily living)
- ☐ Wholly inactive (dependent on others; cannot leave residence)

2. Does the patient have hip pain? ☐ Yes **If YES, Specify:** ☐ No **If NO, Form is Complete**

a. Identify Area and Severity of Pain:

Place X in box at corresponding area of pain. Select level of hip pain and place X in appropriate box.

Area of Hip Pain	Severity of Pain: Mild	Moderate	Severe
☐ Groin	☐	☐	☐
☐ Trochanter	☐	☐	☐
☐ Anterior Thigh	☐	☐	☐
☐ Posterior Thigh	☐	☐	☐
☐ Medial Thigh	☐	☐	☐
☐ Lateral Thigh	☐	☐	☐
☐ Buttock	☐	☐	☐

b. When does the hip pain occur?

- ☐ Start-up (1st step then better)
- ☐ After walking 30 min or >6 blocks
- ☐ After any walking
- ☐ At rest
- ☐ At all times

KEY: Severity of Pain

Mild - Ignores Pain
Moderate - Occasional Medication
Severe - Continual Medication

New Mexico Center For Joint Replacement Surgery

Post-Op Hip Physical Exam
• Right Hip

PLEASE COMPLETE ONE FORM PER OPERATIVE SIDE

Patient Name (First Initial - Middle Initial - Last Name) ☐ - ☐ - ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Date of Surgery ☐☐ - ☐☐ - ☐☐☐☐ (MM-DD-YYYY)

Gender ☐ Male ☐ Female

S.S.N. ☐☐☐ - ☐☐ - ☐☐☐☐

Surgeon ☐☐☐

Exam Date ☐☐ - ☐☐ - ☐☐☐☐

1. **Skin Status** (Check All That Apply) ☐ Healed ☐ Not Healed ☐ Erythema ☐ Warmth ☐ Soft Tissue Swelling ☐ Other (Specify other): ☐

2. **Dependent Edema:** ☐ Yes ☐ No

3. **Pulses Intact:** ☐ Yes ☐ No

4. **Specify Pulses Not Intact** ☐

5. **Neurological Status Intact:** ☐ Yes ☐ No

6. **Specify Neurological Status Not Intact:** ☐

7. **Range of Motion (degrees)** - Operative Side (All Measurements Active Assisted, Supine, Goniometer)

Fixed Flexion: ☐☐☐ ° Abduction: ☐☐☐ ° External Rotation in Extension: ☐☐☐ °

Further Flexion to: ☐☐☐ ° Adduction: ☐☐☐ ° Internal Rotation in Extension: ☐☐☐ °

8. **Deformity (operative side)** ☐ Fixed ADD >= 10 degrees ☐ Leg Length Discrepancy >= 3.5cm ☐ Fixed IRE >= 10 degrees ☐ PFC >= 30 degrees ☐ None of the above

9. **Trendelenburg:** ☐ Positive ☐ Level/equivocal ☐ Negative ☐ Unable to Test

10. **True Length Discrepancy:** ☐ Legs Equal ☐ Right Short ☐ Left Short

If Right or Left Short Specify: True: ☐☐ mm

11. **Limp without Support:** ☐ No Limp ☐ Slight ☐ Moderate ☐ Severe ☐ Unable to Walk ☐ N/A (always use support)

12. **On which side does patient limp:** ☐ Right ☐ Left ☐ Both

13. **Complications?** If Yes, Complete Complication Report Form ☐ Yes ☐ No