

POSM / OFALS HIP SUBJECTIVE FOLLOW_UP

MEDICAL RECORD

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NAME: _____

DATE: / /

DOCTOR KP EB OTHER
INJURED HIP: Right Left Both

Please read and answer the questions that pertain to you and your injury

Do you have clicking or snapping?

- Frequently
- Occasionally
- Never

Please select one that describes your condition best:

- 1. I do not have clicking or snapping
- 2. I have clicking or snapping, but it does not limit my activity
- 3. I have clicking or snapping and it limits my activity slightly
- 4. I have clicking or snapping and it limits my activity greatly
- 5. I have clicking or snapping and it prevents me from participating in any activity

Do you have the feeling of instability or giving way?

- Frequently
- Occasionally
- Never

Please select one that describes your condition best:

- 1. I do not have instability or giving way
- 2. I have instability or giving way, but it does not limit my activity
- 3. I have instability or giving way and it limits my activity slightly
- 4. I have instability or giving way and it limits my activity greatly
- 5. I have instability or giving way and it prevents me from participating in any activity

Please select one that describes your condition best:

- 1. I do not have stiffness
- 2. I have stiffness, but it does not limit my activity
- 3. I have stiffness and it limits my activity slightly
- 4. I have stiffness and it limits my activity greatly
- 5. I have stiffness & it prevents me from participating in any activity

Please select one that describes your condition best:

- 1. I do not have weakness
- 2. I have weakness, but it does not limit my activity
- 3. I have weakness and it limits my activity slightly
- 4. I have weakness and it limits my activity greatly
- 5. I have weakness & it prevents me from participating in any activity

Please answer every question with one response that most closely describes your condition within the past week.

If the activity in question is limited by something other than your hip, mark not applicable(N/A)

	<u>No Difficulty at all</u>	<u>Slight Difficulty</u>	<u>Moderate Difficulty</u>	<u>Extreme Difficulty</u>	<u>Unable to do</u>	N/A
Standing for 15 minutes	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
Getting into and out of an average car	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
Putting on socks and shoes	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
Walking up steep hills	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
Walking down steep hills	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
Going up 1 flight of stairs	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
Going down 1 flight of stairs	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
Stepping up and down curbs	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
Deep squatting	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
Getting into and out of a bath tub	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
Sitting for 15 minutes	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
Walking initially	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
Walking approximately 10 minutes	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
Walking 15 minutes or greater	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

How would you rate your current level of function?

- Normal
- Nearly Normal
- Abnormal
- Severely Abnormal

25590



Because of your hip, how much difficulty do you have with:

	<u>No Difficulty at all</u>	<u>Slight Difficulty</u>	<u>Moderate Difficulty</u>	<u>Extreme Difficulty</u>	<u>Unable to do</u>	N/A
Twisting/pivoting on involved leg	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
Rolling over in bed	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
Light to moderate work (standing, walking)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
Heavy work (push/pulling, climbing, carrying)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
Recreational activities	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

How would you rate your current level of function during your usual activities of daily living from 0 to 100, with 100 being your level of function prior to your hip problem and 0 being the inability to perform any of your usual daily activities.

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Because of your hip, how much difficulty do you have with:

	<u>No Difficulty at all</u>	<u>Slight Difficulty</u>	<u>Moderate Difficulty</u>	<u>Extreme Difficulty</u>	<u>Unable to do</u>	N/A
Running one mile	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
Jumping	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
Swinging objects like a golf club	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
Landing	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
Starting and stopping quickly	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
Cutting/lateral movements	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
Low impact activities like fast walking	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
Ability to perform activity with your normal technique	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
Ability to participate in your desired sport as long as you would like	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

How would you rate your current level of function during your sports related activities from 0 to 100, with 100 being your level of function prior to your hip problem and 0 being the inability to perform any of your usual daily activities.

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Since the onset of treatment, how would you describe your condition?

- 1. Much improved
- 2. Somewhat improved
- 3. Slightly improved
- 4. Unchanged
- 5. Slightly worse
- 6. Somewhat worse
- 7. Much worse

Over the past few weeks, how would you describe your condition?

- 1. Much improved
- 2. Somewhat improved
- 3. Slightly improved
- 4. Unchanged
- 5. Slightly worse
- 6. Somewhat worse
- 7. Much worse

Do you have the sensation that your foot/leg is rolling out? Frequently Occasionally Never

Do you have trouble balancing or stabilizing yourself on your involved leg? Yes No

Do you have pain when you are extending your hip when you walk? Yes No



Please select the one response that best reflects your pain:

- 1. None or you ignore it
- 2. Slight, occasional, no compromise in activity
- 3. Mild, no effect on average activities
- 4. Moderate pain, tolerable but concessions to pain are made. Some limitation of ordinary activity or work. May require occasional pain medicine stronger than aspirin.
- 5. Marked pain, serious limitation of activity
- 6. Totally disabled, crippled, pain in bed, bedridden

After 6 to 9 blocks (about 1 mile), please describe how you would walk: (please select only one response)

- 1. No limp
- 2. Slight limp
- 3. Moderate limp
- 4. Severe limp

Which one response best reflects how far you can walk?

- 1. Unlimited
- 2. 6 blocks
- 3. 2-3 blocks
- 4. Indoors only
- 5. Bed and chair

What kind of support do you use when you walk? (please select only one response)

- 1. None
- 2. Cane for long walks
- 3. Cane most of the time
- 4. One crutch
- 5. Two canes
- 6. Two crutches
- 7. Not able to walk

Which one response best reflects your ability to go up and down stairs?

- 1. Normally without using a railing
- 2. Normally using a railing
- 3. In any manner
- 4. Unable to use stairs

How can you put on your socks and shoes? (please select only one response)

- 1. With ease
- 2. With difficulty
- 3. Unable

Which one response best reflects your ability to

- 1. Comfortably in an ordinary chair for one hour
- 2. On a high chair for one-half hour
- 3. Unable to sit comfortably in any chair

Are you or would you be able to use public transportation?

- 1. Yes
- 2. No

Have you had a reinjury requiring medical attention?

- 1. Yes
- 2. No

If yes, reinjury date:

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Have you experienced any complications, requiring medical attention, regarding your latest hip surgery?

- 1. Yes
- 2. No

If yes, describe: _____

Have you returned to work? Yes No Not Applicable (retired, student, etc.)

If YES, how long were you out of work due to this surgery?

- No days missed
- Less than 1 week
- 1 - 5 weeks
- 6 - 8 weeks
- 2 - 6 months
- 7 - 12 months
- Greater than 1 year



