

POSM / OFALS HIP SUBJECTIVE NEW

MEDICAL RECORD

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NAME: _____

DATE: / /

DOCTOR: KP EB OTHER
INJURED HIP: Right Left Both

1. Most recent injury date OR date of onset of symptoms: / /

2. How did your injury happen (check as many as apply)?

- No specific injury
- Auto Accident
- Slip and/or Fall
- Lifting Activity
- Jumping Activity
- Work Related
- Participating in a RECREATIONAL Sport
- Participating in a SERIOUS RECREATIONAL/COMPETITIVE Sport
- Participating in a SCHOLASTIC COMPETITIVE Sport
- Participating in a PROFESSIONAL/WORLD CLASS Sport
- Other, PLEASE specify: _____

3. Is there a workers' compensation claim involved with your injury? Yes No

4. Has another doctor recommended a total hip replacement on the hip you are seeking treatment for? Yes No

5. What activity level would you like to get back to? Sedentary Recreational Athlete Serious Recreational/Competitive Athlete
 Scholastic Competitive Athlete Professional Athlete

5. Have had any previous hip surgeries? No Yes If yes please list below:

Date: / / Which Hip: Right Left Procedure: _____
 / / Which Hip: Right Left Procedure: _____

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 sensation that your foot/leg is rolling out? Frequently Occasionally Never

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

Select appropriate responses that describe the location of your pain: Groin Front
 Outside Back

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

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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

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>	<u>N/A</u>
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

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>	<u>N/A</u>
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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HARRIS HIP SCORE

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 sit?

- 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

Thank you for your time

