Midwest Orthopaedics at RUSH

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THA Follow-Up Form

Name: ______________________________ Date of Birth:____________ Today's Date: ___________

☐ **Left Hip** Date of Surgery: Month_______Year______

☐ **Right Hip** Date of Surgery: Month_______Year______

Do you have hip pain?

	Right	Left
No pain or ignore pain	☐	☐
Slight, occasional, no effect on ordinary activity	☐	☐
Mild, pain after unusual activity, use pain reliever	☐	☐
Moderate, tolerable, occasionally use prescribed pain reliever	☐	☐
Serious limitations	☐	☐
Disabled by pain	☐	☐

How are you able to go up and down stairs?

	Right	Left
Normally go up and down stairs	☐	☐
Normally with banister	☐	☐
Any method	☐	☐
Not able to go up and down stairs	☐	☐

Are you able to ☐ step onto a bus or van?
☐ not step onto a bus or van?

If you are limited in your activity, what limits you?
please check all that apply

☐ Your joint replacement
☐ Arthritis in another joint
☐ Your back/spine
☐ Weakness/Tiredness
☐ Breathing/Heart
☐ Other: ________________________________

How are you able to put on socks and tie shoes?

	Right	Left
With ease	☐	☐
With difficulty	☐	☐
Unable	☐	☐

How long could you sit in a chair comfortably?

	Right	Left
Any chair, 1 hour	☐	☐
High chair, ½ hour	☐	☐
Unable to sit ½ hour in any chair	☐	☐

What is the distance you are able to walk?

	Right	Left
Unlimited	☐	☐
6 blocks	☐	☐
2 to 3 blocks	☐	☐
Indoors only	☐	☐
Bed and chair	☐	☐
Unable	☐	☐

Please describe your usual daily activiy *choose one*

☐ Heavy Lifting (>20lbs) or Vigorous Sports
☐ Moderate Physical Activity—some heavy lifting and sports
☐ Light Physical Activity—heavy house-cleaning, yard work, light sports (e.g., walking 1½ miles)
☐ Active and working on a regular basis (e.g. desk job, light housekeeping)
☐ Mild Activity—some walking, light shopping
☐ Wheelchair
☐ Bedridden

Are you satisfied with your joint replacement? ☐ Yes ☐ No

Comments:

____

____

FOR OFFICE USE ONLY

Is there a hip limp?

	Right	Left
None	☐	☐
Slight	☐	☐
Moderate	☐	☐
Severe	☐	☐
Unable to walk	☐	☐

Trendelenburg

	Right	Left
Postive	☐	☐
Level	☐	☐
Negative	☐	☐

	Right	Left
Compensation	☐ Y | ☐ N	☐ Y | ☐ N

Straight Leg Raise

	Right	Left
Painful	☐ Y | ☐ N	☐ Y | ☐ N

Hip Abductor Strength

Please circle one

Right 1 2 3 4 5

Left 1 2 3 4 5

Classification

Please check one below

☐ Unilateral Arthroplasty with opposite normal hip or Bilateral Arthroplasty with satisfactory function of opposite hip

☐ Unilateral—other hip impaired

☐ Multiple Arthritis or medical infirmity

Leg Length Discrepancy *(in inches)*

☐ Legs Equal

☐ Right Short True: _________in

☐ Left Short Apparent: _________in

☐ Lift Used ☐ Y | ☐ N Size: ________

Deformity

	Right	Left
Is there a deformity?	☐ Y | ☐ N	☐ Y | ☐ N
If yes, please indicate if any of the four conditions are present		
Fixed adduction >10°	☐ Y | ☐ N	☐ Y | ☐ N
Fixed internal rotation extension >10°	☐ Y | ☐ N	☐ Y | ☐ N
Leg length discrepency >5”	☐ Y | ☐ N	☐ Y | ☐ N
Primary flexion contracture >30°	☐ Y | ☐ N	☐ Y | ☐ N

Radiographic Evaluation: Acetabulum

	Right	Left
Progressive Radiolucency	☐ Y | ☐ N	☐ Y | ☐ N
Component Migration	☐ Y | ☐ N	☐ Y | ☐ N
Lysis	☐ Y | ☐ N	☐ Y | ☐ N
Polywear >2mm	☐ Y | ☐ N	☐ Y | ☐ N

Radiographic Evaluation: Femur

	Right	Left
Progressive Radiolucency	☐ Y | ☐ N	☐ Y | ☐ N
Component Migration	☐ Y | ☐ N	☐ Y | ☐ N
Lysis	☐ Y | ☐ N	☐ Y | ☐ N

Range of Motion

	Right (in degrees)	**Left** (in degrees)
Flexion Contracture	°	°
Max Flexion	°	°
Abduction to	°	°
Adduction to	°	°
External rotation extension to	°	°
Internal rotation extension to	°	°