

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 month                      day                      year

Surgery Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 month                      day                      year

104.49, 104.191

Patient ID \_\_\_\_\_

Physician ID \_\_\_\_\_

Clinic/Site ID \_\_\_\_\_

Form filled out by (check one):

Physician                       NP/PA

Resident                       Other \_\_\_\_\_

0.0.0, 104.52, 104.53, 101.6

# POSTOPERATIVE EVALUATION FORM

## HIP REPLACEMENT 13.4c

TO BE COMPLETED BY PHYSICIAN AT **EACH POSTOPERATIVE VISIT**  
 AFTER DISCHARGE FROM HOSPITAL

1. Has the patient been hospitalized since the last evaluation? 101.18

- No .....
- Yes, for reasons related to THR .....
- Yes, for reasons unrelated to THR .....

1a. Has the patient had surgery since the last evaluation? 104.199

- No .....
- Yes, for reasons unrelated to THR .....
- Yes, for reasons related to THR .....
- Yes, for revision .....

2. Have there been any complications since the last evaluation? (*check all that apply*) 104.200

- a. None .....
- b. Wound Infection .....
- c. Cardiovascular (AMI, congestive heart failure) .....
- d. Pneumonia .....
- e. Pulmonary embolism .....
- f. Genitourinary (obstructive uropathy, UTI) .....
- g. Dislocation or fracture of operative hip .....
- h. Thrombophlebitis .....
- i. Death .....
- j. Other (fever, drug reactions) specify \_\_\_\_\_ .....

3. Radiological Evaluation: (*check all that apply*) 104.201

NOTE: Definite instability is based on migration of the prosthesis or progressive changes in the cement mantle. Suspect instability would be based on any changes that occur in the bone-cement or bone-prosthesis interface suggesting lack of fixation.

- |   | Left                     | Right                    |
|---|--------------------------|--------------------------|
| a. No x-ray taken .....                               | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Femoral component stable .....                     | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Acetabular component stable .....                  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Definite acetabular instability or movement .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Suspect acetabular instability .....               | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Definite femoral instability or movement .....     | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Suspect femoral instability .....                  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Component breakage (except screws) .....           | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Screw breakage .....                               | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Bone resorption (Calcar) .....                     | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Component malalignment .....                       | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Heterotopic ossification (Brooker III or IV) ..... | <input type="checkbox"/> | <input type="checkbox"/> |

4. Medications:

During the **past four weeks** has the patient taken any of the following medications on a regular basis?

- |   | Yes                      | No                       |          |
|---|--------------------------|--------------------------|----------|
| a. Anti-inflammatory drugs (e.g., aspirin compounds, butazolidin, naproxen, ibuprofen, etc.) .....                                      | <input type="checkbox"/> | <input type="checkbox"/> | 100.1474 |
| b. Oral steroids (prednisone, dexamethasone, etc.) .....  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| c. Antibiotics .....  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| d. Anticoagulants .....   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| e. DMARD [gold (parenteral or oral), Plaquenil (hydroxychlorine) methotrexate, cyclophosphamide, azathioprine, penicillamine, etc.] ... | <input type="checkbox"/> | <input type="checkbox"/> |          |
| f. Narcotic analgesics .....  | <input type="checkbox"/> | <input type="checkbox"/> |          |

5. Range of motion of hips:

104.185

(Any of the following are acceptable: in 0° hip flexion, maximum extension, or 90° flexion, depending on operative approach)

- |                                     | Left hip                 | Right hip                |
|-------------------------------------|--------------------------|--------------------------|
| a. Fixed flexion .....              | ____°                    | ____°                    |
| b. Further flexion to .....         | ____°                    | ____°                    |
| c. Abduction/adduction .....        | ____° / ____°            | ____° / ____°            |
| d. External/internal rotation ..... | ____° / ____°            | ____° / ____°            |
| e. Did not measure .....            | <input type="checkbox"/> | <input type="checkbox"/> |

6. Leg lengths: (check box if equal, or fill in the discrepancy in cm if unequal)

100.1482

- Equal length .....
- Short right ..... \_\_ . \_\_ (cm)
- Short left ..... \_\_ . \_\_ (cm)
- Measured:
- Radiologically .....
- On blocks .....
- Clinically .....
- Direct measure .....
- Not measured .....

7. Current ambulatory status:

100.1500

What is the patient's weight bearing status?

- a. None .....
- b. Full weight bearing .....
- c. Partial weight bearing .....

8. What ambulatory aids are being used the majority of the time? (check one)

100.1501

- a. None .....
- b. One cane .....
- c. One crutch .....
- d. Two canes .....
- e. Two crutches .....
- f. Walker .....
- g. Another person .....

9. Other disabling joint diseases that could affect the outcome of THR: (check all that apply)

100.1483

- a. None .....
- b. Back .....
- c. Contralateral hip .....
- d. Ipsilateral knee .....
- e. Contralateral knee .....
- f. Ipsilateral upper extremity .....
- g. Contralateral upper extremity .....

10. Were antithrombotic methods used since discharge? (check all that apply)

100.1502

- a. None .....
- b. Coumadin .....
- c. Heparin .....
- d. Other drug (specify) \_\_\_\_\_
- e. Other mechanical (specify) \_\_\_\_\_

11. Trendelenburg sign

104.186

- |                | Left                     | Right                    |
|----------------|--------------------------|--------------------------|
| Positive ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Negative ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Not done ..... | <input type="checkbox"/> | <input type="checkbox"/> |

12. Trendelenburg lurch (abductor lurch or Duchenne sign) .....  Present  Absent  Not done

104.187