

EXAMINATION BEFORE HIP ARTHROPLASTY

name: _____ Surname : _____ birthday: / /
 right / left sex: M / F height: cm weight: Kg BMI = Date : / /

opposite Hip: Normal / near Normal / not normal

SYMPTOMS: date of first problems: / /

1. pain

- never
- Slight, occasional, no compromise in activity
- Mild pain, no effect on average activities, rarely moderate pain with unusual activity, may take aspirin
- Moderate pain, tolerable but makes concessions to pain. Some limitations of ordinary activity or work. May require occasional pain medication stronger than aspirin
- Marked pain, serious limitation of activities
- Totally disabled, crippled, pain in bed, bedridden

2. distance walking

- Unlimited
- Six blocks
- Two or three blocks
- Severe or unable to walk
- Bed and chair only

4. stairs:

- ↗ et ↘ normal
- ↗ normal ↘ with railing
- ↗ with , ↘ step by step
- Unable to do stairs

6. sitting:

- Comfortably, ordinary chair for 1 hour
- On a high chair for 30 minutes
- Unable to sit comfortably on any chair

B. public transportation

- Able to use transportation (bus)
- Unable to use public transportation

3. limp

- None
- Slight
- Moderate

5. support

- None
- Cane for long walks
- Cane most of the time
- One crutch
- Two canes
- Two crutches or not able to walk

7. shoes-socks

- With ease
- With difficulty
- Unable to fit or tie

CLINICAL EXAM:

Flexion <input type="text"/> Extension <input type="text"/>	Internal rotation <input type="text"/> External rotation <input type="text"/>	Abduction <input type="text"/> Adduction <input type="text"/>

Limb length discrepancy=
 left > right right > left ___CM
other joint involvement:

	safe	operation- date/type	No operated	N R
contralateral knee				
contralateral hip				
contralateral ankle				
homolateral knee				
homolateral ankle				

PREVIOUS TREATMENTS ON THE AFFECTED HIP**1. médical traitements**
 analgesics anti-inflammatory non Steroid corticoids narcotics
 articular injections visco-supplém entation Nb:___ date of the last one: / /
 previous Neuro-algodystrophy
2. surgical traitements

RIGHT	ACETABULUM	FEMUR	SPINE
type			
date			
LEFT	ACETABULUM	FEMUR	SPINE
type			
date			

comments:**RADIOLOGY:****standard x-rays:****MRI** Date: / /**OSTEO-DENSITOMÉTRY** Date: / /**BIOLOGY**
BLOOD: date: / / SS= CRP= Fbng= red blood count= Hb:
URINE : date: / / Nb bacteria: Type : Anti biogramm:
CO-MORBIDITY
 heart disease diabetes NID - Insulin Dep deep veinous thrombosis artéritic obésity
 ostéoporosis rhumatoïd disease Previous infection : URO - DERMATO - DENTAL
 other:
DIAGNOSTIC
 primary arthrosis post-trauma arthrosis avascular nécrrosis inflammatory arthritis
 comments:
SURGERY PROPOSED: _____ **date:** / /