

HIP FUNCTION ANALYSIS

University of Colorado – School of Medicine
 Department of Orthopedics

Examiner: _____ Date: _____

Patient Name: _____

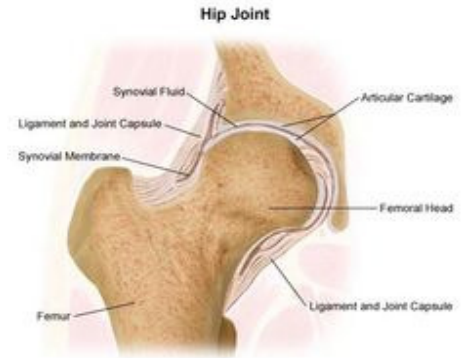
MR#: _____ DOB: _____

Indication: OA RA AVN Sepsis LCP DDH

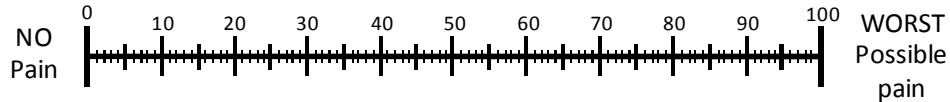
Other: _____

Hip: L R B Date of Surgery: _____

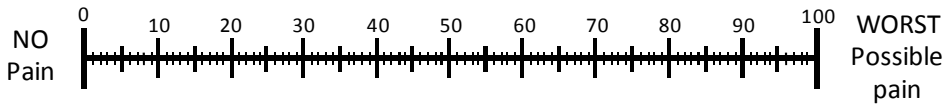
Pre-assessment 6 Wk F/U 3 Mo F/U 6 Mo F/U 1 Yr F/U



Please make a single mark to indicate your average pain level in the **RIGHT** hip, over the last few days:



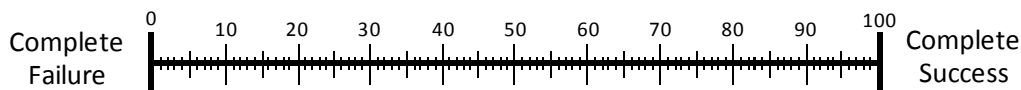
Please make a single mark to indicate your average pain level in the **LEFT** hip, over the last few days:



SYMPTOMS. Think of your hip symptoms over the last few days.						
	Never	Rarely	Sometimes	Often	Most of the time	Always
Do you hear grinding or clicking noises?						
How often is your hip painful?						
Difficulty striding out when walking						
How often do you experience pain at night?						
Have you been limping when walking?						
Have you had sudden severe pain from your affected hip?						
How often are you aware of your hip problem?						
Have you modified your lifestyle to avoid potentially damaging your hip?						
How much are you troubled with lack of confidence in your hip?						

STIFFNESS. Think about your hip stiffness (NOT PAIN) over the last few days.					
	None	Mild	Moderate	Severe	Extreme
Upon first waking in the morning					
After sitting, lying or resting later in the day					

Please make a single mark on the line to indicate how successful you feel surgery has been (or, if you have not had surgery yet, indicate your expectations for success):



	Pain is always severe	Around the house	5-15 mins	16-30 mins	>30 mins
How long can you walk before your hip pain becomes severe?					

PAIN. Please describe your pain level with the following activities, over the last few days.					
	None	Mild	Moderate	Severe	Extreme
Straightening hip fully					
Bending hip fully					
Walking on a flat surface					
Going up or down stairs					
At night while in bed					
Sitting or lying					
Standing upright					
Usual work (including housework)					
Rising to a standing position after prolonged sitting					

ACTIVITIES. Think about the LEVEL OF DIFFICULTY you have experienced with each of the following activities, due to your hip problem.					
	None	Mild	Moderate	Severe	Extreme
Squatting					
Running					
Twisting/pivoting on loaded leg					
Walking on an uneven surface					
Descending (going down) stairs					
Ascending (going up) Stairs					
Rising from sitting					
Standing					
Bending to floor					
Walking on flat surface					
Getting in/out of car					
Going Shopping					
Putting on socks/stockings					
Rising from bed					
Taking off socks/stockings					
Lying in bed					
Getting in/out of bath					
Sitting					
Getting on/off toilet					
Heavy domestic duties (moving heavy boxes, scrubbing floors, etc.)					
Light domestic duties (cooking, dusting, etc.)					
Washing and drying yourself					
In general, how much difficulty do you have with your hip?					

****Provider Use Below****		
Timed Up and Go		Time (0.00 seconds)
30 sec. sit to stand		Number of reps
4-meter walk test		Time (0.00 seconds)
Leg Length Discrepancy? YES/NO		Amount (cm)

	AROM	PROM		AROM	PROM
Flexion			Internal Rotation		
Extension			External Rotation		
Abduction			Adduction		