When form is complete please click submit to send it to our office

submit

HIP PAIN EVALUATION FORM

Last Name: _____ First Name: _____ Date: _____

Please answer the following questions as they pertain to your hip:

PAIN:

- ☐ None: able to ignore it
- ☐ Slight: occasional, no compromise to activity
- ☐ Mild: no effect on ordinary activity; pain after usual activity; use aspirin/ibuprofen/Tylenol
- ☐ Moderate: tolerable, make concessions to activity, occasional narcotic
- ☐ Marked: serious limitations
- ☐ Totally disabled

FUNCTION: Gait

Limp

- ☐ None
- ☐ Slight
- ☐ Moderate
- ☐ Severe
- ☐ Unable to walk

Support

- ☐ None
- ☐ Cane for long walks
- ☐ Cane all the time
- ☐ 2 canes
- ☐ Crutch
- ☐ 2 crutches
- ☐ Unable to walk

Distance Walked

- ☐ Unlimited
- ☐ 6 blocks
- ☐ 2-3 blocks
- ☐ Indoors only
- ☐ Bed and chair

FUNCTIONAL ACTIVITIES

Stairs

- ☐ Can go up / down normally
- ☐ Can go up / down normally w/ banister
- ☐ Can go up/down with any method
- ☐ Not able to use stairs

Socks / Shoes

- ☐ With ease
- ☐ With difficulty
- ☐ Unable

Sitting

- ☐ Any chair, 1 hour
- ☐ Any chair, ½ hour
- ☐ Unable to sit ½ in any chair

Public Transportation

- ☐ Able to enter public transportation
- ☐ Unable to use public transportation

1. How far can you walk prior to pain? _____
2. Do you avoid physical activity such as long distances, shopping, going up stairs? ☐ Yes ☐ No
3. Do you have a regular exercise program? ☐ Yes ☐ No
4. What is your amount of pain at rest? Least = 1 2 3 4 5 6 7 8 9 10 = Max
5. Pain during or immediately after activity? Least = 1 2 3 4 5 6 7 8 9 10 = Max
6. Where is your pain located? ☐ Back ☐ Buttocks ☐ Down the leg ☐ Groin ☐ Thigh
7. Does your pain radiate to other places? ☐ Down ☐ Thigh ☐ Leg ☐ Backward ☐ Other

8. Have you had previous hip injuries? _____
9. Previous treatments? ☐ Physical therapy ☐ Steroid injections ☐ Synvisc or hyalgan injections ☐ Anti-inflammatory medications ☐ Chondroitin / glucosamine

10. Previous hip surgeries? _____

11. How does your hip pain limit your daily functions?

_____

_____