

6 WEEK POST OPERATIVE HIP OR KNEE ARTHROPLASTY

Name:

Today's Date:



Date of Birth:

Treating Surgeon:

LEFT

RIGHT

BOTH

PRIMARY THA

PRIMARY TKA

THIS SECTION TO BE COMPLETED BY PATIENT:

1. What is your average level of pain from your operated hip or knee in the last 24 hours?: (Circle one number)

0	1	2	3	4	5	6	7	8	9	10
You feel normal. Treatment is not needed.			Pain is annoying but does not keep you from daily activity.			Pain keeps you from normal activity. You need something for your pain.			Pain keeps you from doing any activity.	
Mild Pain - Controlled					Moderate Pain (not controlled)			Severe Pain (not controlled)		

2. What was your length of stay in hospital after your arthroplasty surgery?

<3 nights 3 nights 4 nights 5 nights 6 nights >6 nights

3. Where did you go after your discharge from acute stay at Mater?

Home JMA inpatient Rehab Other Rehab Facility

4. Have you taken any pain relief medication in the past week?

Yes No

5. Have you taken any NARCOTIC pain relief medication in the past week?

Yes No

(narcotic medications include endone, oxycontin, palexia, tramadol, panadeine forte, targin.)

6. If yes to above, what is the brand name and dosage in mg of your NARCOTIC pain relief medication?

How many times per day (on average) do you take it? _____

THIS SECTION TO BE COMPLETED BY SURGEON

Any Narcotics?	<input type="checkbox"/> No		<input type="checkbox"/> Yes (confirm dosage and frequency above)		
Weeks post op ceased narcotics	<input type="checkbox"/> 1-2 weeks	<input type="checkbox"/> 3-4 weeks	<input type="checkbox"/> 5-6 weeks	<input type="checkbox"/> >6 weeks	
Walking Aids	<input type="checkbox"/> Nil		<input type="checkbox"/> Yes		
X-ray reviewed	<input type="checkbox"/> No		<input type="checkbox"/> Yes		
Hip Trendelenburg	<input type="checkbox"/> No		<input type="checkbox"/> Yes		
	Index		Opposite		
Knee Flexion ROM					
Knee Extension ROM					
Knee Effusion	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	
Post-operative complications	<input type="checkbox"/> Nil	<input type="checkbox"/> Superficial wound <input type="checkbox"/> Deep Wound <input type="checkbox"/> DVT <input type="checkbox"/> Other (specify)			
Readmission within 6 weeks	<input type="checkbox"/> No		<input type="checkbox"/> Yes		
Comments					