

Mark M. Dolan, M.D. - - Young Adult Hip Form

Name _____ Date _____

First Visit: Yes No

Hip: Right Left

Treatment: Surgery Date _____

Follow-Up Date From Surgery:

6 week 3 month 6 month 1 year 2 year

If you had a sport-related injury, please read & answer the questions:

1. If you were going to kick a ball, which leg would you kick with? Right Left
2. What is your main sport of interest? _____
3. What position do you play when you are participating in sports? _____
4. What is your level of competition? Recreational HS College Professional
5. What was the sport you were participating in when you felt an injury to your groin/hip? _____
6. Action when injury occurred?
 Twisting Running Kicking Turning Stopping Other _____

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

Pain:

- None/Able to ignore it
- Slight, occasional, no compromise in activity
- Mild, no effect on ordinary activity, pain after usual activity
- Moderate, tolerable, makes concessions, occasional narcotic
- Marked, serious limitations
- Totally disabled

Function: Gait

Limp: None Slight Moderate Severe Unable to walk

Support: None Cane long walks Cane always Crutch 2 canes 2 crutches Unable to walk

Distance

Walked: Unlimited 6 blocks 2-3 blocks Indoors only Bed and chair

Functional Activities:

Stairs: Up/down normally Up/down normally with banister Any method Not able

Socks/Shoes: With ease With difficulty Unable

Sitting: Any chair, 1 hour High chair, ½ hour Unable to sit ½ hour any chair

Public

Transport: Able to enter public transportation Unable to use public transportation

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Hip Outcome Score:

Please answer every question with **ONE** response that most closely describes your condition in the past week.

Part 1: Activities of Daily Living Subset

Activity:	No Difficulty At all	Slight Difficulty	Moderate Difficulty	Extreme Difficulty	Unable to Do	N/A
Standing 15 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking up steep hill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking down steep hill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stepping Up and Down Curbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going down 1 flight of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deep Squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting in and Out of Bath Tub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking Initially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking for 10 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking 15 minutes or greater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twisting/Pivoting Involved Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rolling over in Bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light to moderate work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy Work (push,pull,carry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreational Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2: Sports Specific Subset

Activity:	No Difficulty At all	Slight Difficulty	Moderate Difficulty	Extreme Difficulty	Unable to Do	N/A
Running 1 mile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jumping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swinging objects like golf club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Starting and Stopping Quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cutting/Lateral Movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Impact Activity – fast walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform Activity with Normal Technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Participate in Desired Sport As Long as You Want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How would you rate **your current level of function in your sports related activities** from 0 to 100%, with 100% being your level of function prior to your hip problem and 0% being the inability to perform any of your sports activities?
 _____%

How would you rate your current level of function?

- Normal Nearly Normal Abnormal Severely Abnormal

Since your hip surgery, how would you rate your overall physical ability?

- Much Improved Improved Slightly Improved No Change Slightly Worse Worse Much Worse