

Name:  Age:   Today's date:

First visit:  Yes  No (If you checked no, please complete treatment/follow up)

Hip:  L  R  Both

Treatment:  Injection Date:   NYP  HSS

Arthroscopy Date:   NYP  HSS

Pre Op Harris/HOS (for patients scheduled for hip arthroscopy)

Follow up from date of injection or arthroscopy:

6 weeks  3 months  6 months  1 year

2 years  > 2 years  please specify:

### Sports Related Hip Questionnaire:

(Please answer the 7 questions below if you have not done so from your previous visit, or if this is your first Visit)

If you had a sport-related injury, please read & answer the questions that pertain to you & your injury.

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?

Running  Basketball  Tennis  Gymnastics

Soccer  Football  Squash  Cycling

Baseball  Swimming  Hockey  Dance

Ballet  Yoga/Pilates  Others:

3. What position do you primarily play when you are participating in your sport?

4. What is your level of competition?

Recreational  HS  Collegiate  Professional

5. What was the sport you were participating in when you felt an injury to your groin?

6. Action when injury occurred:

Twisting  Running  Kicking  Turning  Stopping  Other:

7. Date of injury:

## MODIFIED HARRIS HIP SCORE

Please choose 1 response that most closely describes your hip condition within the last week.

### PAIN

- None/Ignores
- Slight, occasional, no compromise in activity
- Mild, no effect on ordinary activity, pain after usual activity, uses aspirin
- Moderate, tolerable, makes concessions, occasional narcotic
- Marked, serious limitations
- Totally Disabled

### FUNCTION: GAIT

- | <u>Limp</u>                          | <u>Support</u>                            | <u>Distance Walked</u>              |
|--------------------------------------|---|-------------------------------------|
| <input type="radio"/> None           | <input type="radio"/> None                | <input type="radio"/> Unlimited     |
| <input type="radio"/> Slight         | <input type="radio"/> Cane for long walks | <input type="radio"/> 6 blocks      |
| <input type="radio"/> Moderate       | <input type="radio"/> Cane all the time   | <input type="radio"/> 2 to 3 blocks |
| <input type="radio"/> Severe         | <input type="radio"/> Crutch              | <input type="radio"/> Indoors only  |
| <input type="radio"/> Unable to walk | <input type="radio"/> 2 canes             | <input type="radio"/> Bed and chair |
|                                      | <input type="radio"/> 2 crutches          |                                     |
|                                      | <input type="radio"/> Unable to walk      |                                     |

### FUNCTIONAL ACTIVITIES

- | <u>Stairs</u>   | <u>Socks/Shoes</u>                    |
|---|---------------------------------------|
| <input type="radio"/> Can go up/down normally               | <input type="radio"/> With ease       |
| <input type="radio"/> Can go up/down normally with banister | <input type="radio"/> With difficulty |
| <input type="radio"/> Any method                            | <input type="radio"/> Unable          |
| <input type="radio"/> Not able                              |                                       |
- 
- | <u>Sitting</u>   | <u>Public Transportation</u>                              |
|--|---|
| <input type="radio"/> Any chair, 1 hour                  | <input type="radio"/> Able to enter public transportation |
| <input type="radio"/> High chair, 1/2 hour               | <input type="radio"/> Unable to use public transportation |
| <input type="radio"/> Unable to sit, 1/2 hour, any chair |   |

**BECAUSE OF YOUR HIP, HOW MUCH PAIN DO YOU HAVE WITH THE FOLLOWING ACTIVITIES:**

HIP OUTCOMES SCORE		Please answer <u>every question with 1 response</u> that most closely describes to your condition <b>within the past week.</b>					
Part I: Activities of Daily Living	Subset	No difficulty at all	Slight difficulty	Moderate Difficulty	Extreme Difficulty	Unable to Do	N/A if the activity in question is <b>limited by something other than your hip</b>
		Standing for 15 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Getting into & out of an average car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Putting on socks & shoes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Walking up steep hills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Walking down steep hills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Going up 1 flight of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Going down 1 flight of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Stepping up & down curbs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Deep squatting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Getting into & out of a bath tub	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sitting for 15 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Walking initially	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Walking approximately 10 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Walking 15 minutes or greater	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Twisting/pivoting on involved leg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Rolling over in bed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Light to moderate work (standing, walking)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Heavy work (push/pull/climb/carry)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Recreational activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
How would you <b>rate your current level of function during your usual activities of daily living from 0% to 100%</b> , with 100% being your level of function prior to your hip problem, and 0% being the inability to perform any of your usual daily activities?						<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .0%	
<b>Part II: Sports Specific Subset</b>	<b>Current Sport/s:</b>						
Running one mile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jumping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swinging objects like a golf club	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Landing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Starting & stopping quickly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cutting/lateral movements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low impact activities like fast walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to perform activity with your normal technique	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to participate in your desired sport as long as you would like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How would you <b>rate your current level of function during your sports related activities from 0% to 100%</b> , with 100% being your level of function prior to your hip problem, and 0% being the inability to perform any of your sports activities?						<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .0%	
<b>How would you rate your current level of function?</b>	Normal <input type="radio"/>	Nearly Normal <input type="radio"/>	Abnormal <input type="radio"/>	Severely Abnormal <input type="radio"/>			

Since your **hip arthroscopy by Dr. Birmingham**, how would you rate your overall physical ability?

(Please leave this blank if you have not undergone hip arthroscopy)

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

Additional comments by the patient: