



Today Date: / /

Patient's Full Name:

Date of Birth:

Surgery Date:

Side of Procedure:

- RHS**-Right Hand Side
- LHS**- Left hand Side
- Bilateral**-Both Sides

Evaluation Type:

- Pre- Operative (Before Surgery)
- 8 Weeks Post- Operative (After Surgery)
- 6 Months Post- Operative (After Surgery)
- ____Years Post- Operative (After Surgery)

LIMP

- None
- Slight or periodical
- Severe and constant

SUPPORT

- None
- Stick or crutch
- Weight-bearing impossible

LOCKING

- No locking, no catching sensations
- Catching sensation, but no locking
- Locking occasionally
- Locking frequently
- Locked joint on examination

INSTABILITY

- Never gives way
- Rarely during athletics, severe exertion
- Frequently during athletics, severe exertion
- Occasionally in daily activities
- Often in daily activities
- Every step



PAIN

- None
- Inconsistent, slight during severe exertion
- Marked during severe exertion
- Marked on or after walking more than 2km
- Marked on or after walking less than 2km
- Constant

SWELLING

- None
- On severe exertion
- On ordinary exertion
- Constant

STAIR CLIMBING

- No problems
- Slightly impaired
- One step at a time
- Impossible

SQUATTING

- No problem
- Slightly impaired
- Not beyond 90 degrees
- Impossible

Comments: