

PRE-OPERATIVE VISIT FOR Posterior THA SURGERY with Dr. LaReau

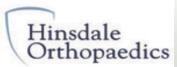
PATIE	ENT NAME:			Г	D.O.B.:	Date:
Develop Instruc	ped by Nicholas etions to the pat		sity of Queensla	nd (Australia)	ase mark your answers by	putting an "X"
in one o	of the boxes.					
Exampl 1.	If you put your None ☑	"X" in the box of Mild □ licating that you	Moderate	shown below, Severe	Extreme	
2.	None	"X" in the box of Mild Illustrating that you	Moderate	Severe	Extreme	
3.	Please note:		to the left you pl	ace your "X", th	the more pain you feel. the less pain you feel. e boxes .	
the last	48 hours. Think	about your hip	when answering	the questions. I	iffness, or disability you had indicate the severity of you had are caused by the arthritis	ır pain and
<u>SECTI</u>	ON A – PAIN:	(Think about the	pain you felt du	ring the <u>last 48 l</u>	hours caused by the arthrit	is in your hip)
How m	uch pain have yo	ou had				
1.	When walking one	on a flat surface? Mild	Moderate □	Severe	Extreme	



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- 40			11.	insuale Orthopae	uics Assoc	lates
-						
2.	When going up None □	or down stairs? Mild	Moderate	Severe	Extreme	
3.	At night while None	in bed? (that is – Mild □	pain that distur Moderate	bs your sleep) Severe	Extreme	
4.	While sitting or None □	r lying down? Mild □	Moderate	Severe	Extreme	
5.	While standing None □	? Mild □	Moderate	Severe	Extreme	
	ION B – STIFF s in your hip. St					the <u>last 48 hours</u> caused by that.)
6.	How severe ha None □	s your stiffness t Mild □	oeen after you fi Moderate □	irst woke up in t Severe □	the mornin Extreme	
7.	How severe ha None □	s your stiffness t Mild □	oeen after sitting Moderate □	or lying down o Severe □	er while re Extreme	sting later in the day ?
doing t		ly physical activ	ities during the l	last 48 hours cau		about the difficulty you had arthritis in your hip. By this
	nuch difficult ha When going do None □	•	Moderate □	Severe	Extreme	
9.	When going up None □	the stairs? Mild	Moderate	Severe	Extreme	
10	. When getting u None □	p from a sitting	position? Moderate	Severe	Extreme	
		1010	Cysol The Co	UDT SUITE 250		DR. LAREAU'S TEAM:



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11.	While standing				
	None	Mild □	Moderate	Severe	Extreme
12.	When bending None □	to the floor? Mild □	Moderate □	Severe	Extreme
13.	When walking None □	on a flat surface Mild □	? Moderate □	Severe	Extreme
	None	Mild □	tting on or off a l Moderate	ous? Severe	Extreme
13.	While going sh None □	opping? Mild □	Moderate □	Severe	Extreme
16.	When putting o None □	n your socks or Mild □	panty hose or sto Moderate	ockings? Severe	Extreme
17.	When getting o None □	ut of bed? Mild □	Moderate	Severe	Extreme
18.	When taking of None □	f your socks or p Mild	panty hose or sto Moderate	ckings? Severe	Extreme
19.	While lying in None □	bed? Mild □	Moderate	Severe	Extreme
20.	When getting in None □	n or out of the ba Mild □	athtub? Moderate	Severe	Extreme
21.	While sitting? None	Mild	Moderate	Severe	Extreme



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22.	When getting	on or off the toi	let?		
	None	Mild	Moderate	Severe	Extreme
23.	While doing h	neavy household	chores?		
	None	Mild	Moderate	Severe	Extreme
24.	While doing 1	ight household c	chores?		
	None	Mild	Moderate	Severe	Extreme

How would you rate your current level of function during your usual activities of daily living 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 usual daily activities?

Scoring Instructions: 0 for None and 4 for Extreme, add up score for each section.



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PRE-OPERATIVE PHYSICAL THERAPY VISIT For POSTERIOR Total Hip Replacement Surgery with Dr. LaReau

PATIENT NAME:	D.O.B.:	Date:	
DATE OF SURGERY:			
SUBJECTIVE:			
WOMAC Scores: Pain/20			
Stiffness/8			
Difficulty with ADL's/68			
Global rating of function – ADL:	-		
Pain:/10			

OBJECTIVE:

PASSIVE RANGE OF MOTION Measured with a goniometer					
	RIGHT	LEFT			
Seated External Rotation/Internal Rotation	/	/			
Supine Flexion					
Supine Abduction/Adduction	/	/			
Prone Extension					
Prone External Rotation/Internal Rotation	/	/			



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	TH			
0 = No Contraction, 1 = Unable to move (slight muscle con 3 = Full ROM (against gravity), 3+ = Minimal resistance,				
5 Tun Ross (ugumst gruvny), 5 Tunimar resistance,	RIGHT		LEFT	
	Grade	Pain (Y/N)	Grade	Pain (Y/N)
Seated Flexion				
Seated External Rotation				
Seated Internal Rotation				
Side-lying Abduction				
Side-lying Adduction				
Prone Extension				
Quadriceps				
Hamstrings				
(see attached) SHORT TERM GOALS:				
Fit pt. to appropriate walking device (RW / walker / Pt. is able to walk 100 feet with RW / walker / crutcl Pt. is able to walk up and down 4 steps with device i Reviewed MD post-op instructions, patient given ha Home modifications have been reviewed with patien handout) ASSESSMENT: Patient has completed pre-operative hip vis	nes safely wit ndependently ndout for hon at and recomn	hout loss of balance. The review the nendations have	ance. been given	
Pt. is able to walk 100 feet with RW / walker / crutcl Pt. is able to walk up and down 4 steps with device i Reviewed MD post-op instructions, patient given ha Home modifications have been reviewed with patien	nes safely with ndependently ndout for home at and recommendations sit where subjugation, patient because reviewed ar	hout loss of balance. ne review nendations have dective / objective me familiar with and provided for	e been given we measures h MD post-o	were taken, operative
Pt. is able to walk 100 feet with RW / walker / crutcl Pt. is able to walk up and down 4 steps with device i Reviewed MD post-op instructions, patient given ha Home modifications have been reviewed with patien handout) ASSESSMENT: Patient has completed pre-operative hip vis appropriate gait device was fit and vended to patient instructions/care and home modification handout wa PLAN: Patient is being discharged from PT secondary to such	nes safely with independently indout for home and recommendent where subject the patient becas reviewed are coessfully contact the safety and the safety are safety as a safety as a safety are safety as a safety as a safety as a safety as a safety are safety as a safety are safety as a sa	hout loss of balance. ne review nendations have dective / objective me familiar with and provided for	ance. been given ve measures h MD post-o home review visit, now a	were taken, operative v.



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HOME MODIFICATIONS FOR THA SURGERY

Suggestions to prepare your home prior to surgery

FLOORS

q Pick up throw rugs and make sure there is no clutter on the floor.

LIGHTING

- q Make sure you have appropriate lighting especially at night.
- q Sylvania Dot-it LED light purchased at Home Depot (Battery operated stick on wall tap light)
- q Night-light in bathroom

BATHROOM

- q Bathroom: Remove rugs, have appropriate lighting and night-light, place bath and shower safety tread in base of tub (Home Depot).
- q Purchase medical equipment prior to surgery if recommended by MD or PT. (shower stool). See below for stores that have equipment.
- q Consider installing a hand held shower head for increased ease of showering.
- q Use a chair with a back for getting ready in am. (drying hair, shaving,....)

SHOES

q Use a slide in shoe with a proper heel cup (e.g. no sandals).

KITCHEN

q Cupboards: Organize easy to reach shelf in kitchen. Stock up on frozen/easy preparation foods

CLOTHES

q Loose-fitting athletic warm-up pants with zippers or buttons on the side will be the easiest to put on and take off

Post-Op Equipment Need (you will get assistance with obtaining any of these while you are in the hospital if needed)

- g Shower Safety Tread (Home Depot)
- q Hand held shower head (Home Depot)
- g Shower Stool (Home Depot)
- *Home Depot is just a suggestion, you can check with a local medical device supply company if you choose or discuss your needs with a social worker at the hospital





-Recommended sitting position when having to sit for longer durations. (Right leg in picture below is surgical leg)





CALF PUMPS:

Pull toes back toward your nose and then point them away. Repeat this for 30 repetitions and do this 3x/day.



QUAD SETS:

- Roll a towel and place under the knee
- Tighten the top of your thigh and push down into the

towel

roll

- Hold for 10 seconds and repeat 30 times.
- Do this 3x per day

ACTIVE RANGE OF MOTION OF FOOT/ANKLE/KNEE: These can be done in sitting, standing, or laying position. Curl toes and extend toes, move ankle in circles, and bend/straighten your knee through their full respective ranges of motion. Do 30 repetitions of each exercise 3x/day.



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