

## 6-WEEK HIP FOLLOW-UP

It is important to review the status of your hip implant(s) during an office visit at six weeks, one year, two years, and every other year postoperatively thereafter for your safety even though you are feeling great. Long distance follow-up evaluations for out-of- state patients are fine. We would like to ask you to complete the following evaluation protocol.

- 1) *Hip questionnaire:* We keep track of each joint separately in our database. Therefore, I would like to request that you fill out a self rating form for **EACH** hip, even if both are identical. Please send to us.
- 2) Please sign the *Mission statement and disclosure form* and send it to us
- 3) *Physical Therapy:*
  - Add your name to the physical therapy evaluation request
  - Give the order and physical exam form to your physical therapist
  - Send the results to us
- 4) *Hip X-Ray:*
  - Add your name to the x-ray request
  - Have the x-ray of your hip(s) done at your local hospital or radiologist and request a CD copy of this x-ray be sent to us

As soon as we receive all of the above, I will review them and send you a written response. If you prefer to travel here for an office visit for evaluation, please call our appointment line to arrange this (803) 256-4107 (routine office charges will apply). If you are having significant problems with your hip, I will need to see you in the office for complete examination to best diagnose it.

Thank you for your attention to this matter. If you have any questions, please contact us for assistance.

Thomas P. Gross MD

Lee Webb, DNP, APRN, FNP-C

**Attached Forms:**

1. Follow up hip questionnaire (page 3-8)
2. Mission statement and disclosure (page 9-10)
- 3a. Physical exam form (page 9-10)
- 3b. Physical therapy evaluation letter (page 13)
- 3c. Physical therapy evaluation request (page 14)
4. Hip x-ray request and radiologist's instructions (page 15-17)
5. Phase II hip exercise (page 18-22): *do not submit*; for your use only

- E-mail: [grosspatientfollowup@midlandsortho.com](mailto:grosspatientfollowup@midlandsortho.com)
- Call: (803) 933-6127
- FAX: (803) 933-6339

If you don't have any questions, please follow the protocol and fill out each form below, then FEDEX the packet to:

Dr. Thomas P. Gross  
Attn: Hip follow-up  
Midlands Orthopaedics & Neurosurgery  
1910 Blanding St.  
Columbia, SC 29201

# Hip Follow-Up Form

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Name: \_\_\_\_\_ Date \_\_\_\_\_

## Follow-up Information

**1. Where was this form completed?**

- Office
- Phone
- Mail-In
- Internet

**2. This questionnaire is for the evaluation of my (side) hip.**

- Left
- Right

**3. I have had problems with my (side) hip(s).**

- Left
- Right
- Both

**4. Dr. Gross has operated on my (side) hip(s).**

- Left
- Right
- Both

**5. Another surgeon has operated on my (side) hip(s).**

- Left
- Right
- Both

**6. Dr. Gross performed the followed operation(s) on me:**

- Total hip replacement
- Hip resurfacing
- Revision hip surgery
- Other: \_\_\_\_\_

## Complications

**1. List any complications you had post-surgery:**

- None
- Wound Infection
- Deep Venous Thrombosis
- Pulmonary Embolus (Blood clot travelling to lungs)
- Partial Sciatic Palsy (Nerve injury)
- Dislocation
- Fracture
- Loosened implant
- Other: \_\_\_\_\_

**2. Did you have any complications that required further surgery?**

- Yes; Please explain: \_\_\_\_\_
- No

## Clinical Function Score

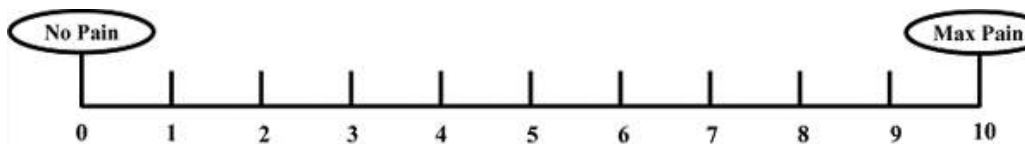
**1. What category most closely represents your pain level?**

- None, or so insignificant that I ignore it
- Regularly slight
- Mild
- Moderate
- Severe
- Disabled

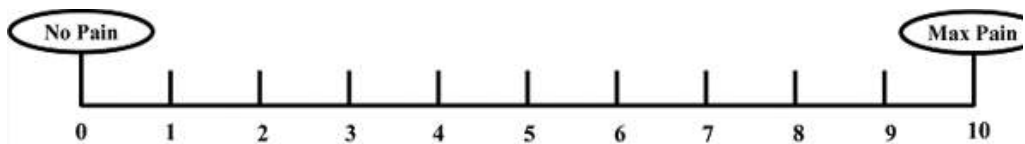
2. My hip pain is located in my (check all that apply):

- No pain
- Groin
- Front of thigh
- Buttock
- Side of thigh
- Side of hip, near scar
- Other pain: \_\_\_\_\_

3. Please circle your regular pain level on the following scale.



4. Please circle your highest hip pain level on the following scale.



5. Please indicate the severity of your limp, if any.

- None
- Slight
- Mild
- Moderate
- Severe
- Disabled

6. Please indicate your use of support, if any.

- None required
- Use of a cane or a stick for long walks or high activity only
- Use of a cane or a stick almost always
- Use of one crutch almost always
- Use of two crutches or a walker
- Unable to move across the room

**7. I am able to walk \_\_\_\_\_ without a break:**

- Over one mile/Unlimited
- 6 blocks or roughly 30 minutes
- 2-3 blocks or roughly 10-15 minutes
- Indoor walking only
- Bed and chair only

**8. Which of the following describes how you take stairs?**

- Normally foot-over-foot without NEEDING the railing
- Normally using the railing
- Leading with non-painful hip one step at a time
- Cannot take the stairs

**9. I am able to put socks/shoes on....**

- With ease
- With difficulty
- Unable to put socks or shoes on without help

**10. Under what circumstances can you sit comfortably?**

- Any chair/1+ hour
- High chair/30 minutes
- Unable to sit comfortably

**11. Are you able to get in and out of a vehicle without help?**

- Yes
- No

**12. Please list any unrelated orthopaedic issues that you believe might effect your hip function score (i.e. bad back, arthritis in other hip, non-hip pain, etc.)**

- Yes; please list: \_\_\_\_\_
- No

**13. How is your hip joint now compared to before surgery?**

- Better than my normal, healthy, pre-arthritic/damaged hip
- Feels just like my normal, healthy, pre-arthritic/damaged hip
- Much better than before surgery, with minor aches and pains
- Somewhat better than before surgery
- About the same
- Worse than before surgery

**Activity Score**

**1. Which best describes your current level of activity? (Please circle one.)**

Class	Description
1	Wholly inactive, dependent on others, and can not leave residence
2	Mostly inactive or restricted to minimum activities of daily living
3	Sometimes participates in mild activities, such as walking, limited housework, and limited shopping
4	Regularly participates in mild activities
5	Sometimes participates in moderate activities, such as swimming, or could do unlimited housework or shopping
6	Regularly participates in moderate activities
7	Regularly participates in active events, such as bicycling
8	Regularly participates in active events, such as bowling or golf
9	Sometimes participates in impact sports, such as jogging, tennis, skiing, acrobatics, ballet, heavy labor, or backpacking
10	Regularly participates in impact sports

**2. Please list any activities that you participate in regularly.**

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**3. Please list any vigorous activities that you occasionally participate in.**

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**4. My activity is now \_\_\_\_\_ compared to before surgery.**

- Higher
- Similar
- Lower

## Conclusions

5. Overall, are you happy with your decision to have this surgery?

- Yes
- No

6. Do you have any comments?

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## Mission Statement and Disclosure Form

Thomas P. Gross, M.D.

Revised Jan. 17, 2008

Practice limited to hip and knee reconstruction,  
Midlands Orthopaedics, p.a. 1910 Blanding Street, Columbia, SC 29201

I am a specialist in the field of hip and knee replacement. I am in private practice, but I am also heavily involved in clinical research, teaching and orthopaedic implant development. I perform all of my surgery personally, with the assistance of Lee Webb, DNP, APRN, FNP-C. No residents or fellows will do your operation. Visiting surgeons are frequently present to observe my operations to learn the latest techniques; they do not participate in the operations themselves. I do receive royalties and research support from various orthopaedic implant companies. I do not get paid directly for the implants used in your surgery. Joint replacement implants in the Columbia marketplace are excluded from my royalty contract. I will be happy to answer specific questions you have regarding implants I intend to use in your operation.

It is generally recognized as the standard of care for joint replacement surgeons to provide long-term follow up evaluations for patients they have operated on. Although we do bill for these services, we primarily earn our living from performing surgery. As a surgeon involved in clinical research, it is *particularly* important to me to continue a long-term relationship with all patients on whom I operate. I use all information gathered in my practice as material for teaching and scientific presentations and papers. Patient identity is carefully protected in all presentations. (The only exception is for patients who *specifically* agree to provide testimonials about their cases. These patients write up a description of their experience for public presentation.)

Every medical treatment has potential to result in complications. Surgical treatments all have their own sets of possible complications. I will disclose the most common ones to you; most are posted on my website. If you should have a complication, I will deal with it promptly and directly. Even out of state patients should keep me well informed of any that develop. It is my preference (and in your best interest) for me to deal with all surgical complications personally. Nonsurgical (medical) complications can be dealt with by your local primary care physician or other non-orthopaedic specialist, but please keep me informed and let me advise you. Surgical complications may require extra unexpected trips to Columbia, SC, but this is essential for you to achieve the best possible outcome.

One reason you may have chosen me as a surgeon is because my experience allows me to perform surgery with a very low complication rate. However, equally important is my knowledge in how to deal with postoperative

complications appropriately. Even after they occur, a good outcome can often be achieved with appropriate skilled intervention.

I expect to see all patients for follow up evaluations at four to six weeks postoperatively and one year postoperatively in my office. If you are an out of state patient, local follow up can be arranged (but is *not* preferred). If your case is routine and stable, long-term follow up (two years, five years, 10 years, and 15 years) can be done via online questionnaire and digital x-ray. I will provide you with a written reply and will not charge you for reviewing your online questionnaire and x-rays. If a phone consultation is required (after three months post-op) a fee may be assessed. If you do have specific problems, on site personal evaluation by me is recommended.

*I have read the above statement and agree to honor my commitment to provide timely follow up information. I understand that providing this information will benefit not only me, but also Dr. Gross and many future patients of his practice and elsewhere. I hereby agree to play my part in furthering the practice and science of joint replacement surgery. This contract is not legally enforceable, but represents my good faith agreement under which I wish to establish a doctor-patient relationship with Dr. Gross.*

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Print Patient Name

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Patient's Signature

Date

Thank you. My commitment to you is the highest level of care, both technically and personally. I strive to continue to elevate the level of my expertise by dealing with complications directly and promptly and by continuing a rigorous and systematic scientific review of my surgical outcomes.

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Thomas P. Gross, MD

1/31/2008

Date

<http://grossortho.com/>

**HIP FOLLOWUP PHYSICAL EXAM**

Thomas P. Gross M.D  
 Midlands Orthopaedics  
 1910 Blanding St  
 Columbia SC 29201

<p><b>Office Use Only</b></p> <p>Date Received: ____/____/____</p> <p>Office Record Number: _____</p>
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Name of patient being evaluated: \_\_\_\_\_

Date of Surgery: Right: \_\_\_\_\_ Left: \_\_\_\_\_

Type of Surgery: Right: \_\_\_\_\_ Left: \_\_\_\_\_

Interval from Surgery:

- |            |           |
|------------|-----------|
| Right: N/A | Left: N/A |
| 6 weeks    | 6 weeks   |
| 1 year     | 1 year    |
| 2 year     | 2 year    |
| Or _____   | Or _____  |

**TO BE COMPLETED BY A PHYSICAL THERAPIST**

- Patient Charnley Category:**  
 A1: Unilateral with opposite hip normal  
 A2: Bilateral with satisfactory function of opposite hip  
 B: Unilateral other hip impaired \_\_  
 C: Multiple arthritis or medical infirmity

<b>2. Range of Motion:</b>	<b>Right</b>	<b>Left</b>
a. Flexion Contracture*	_____	_____
b. Flexion to**	_____	_____
c. abduction at 45 degees of flexion to	_____	_____
d. adduction at 45 degrees of flexion to	_____	_____
e. external rotation at 45 degrees of flexion to	_____	_____
f. internal rotation at 45 degrees of flexion to	_____	_____
g. IR with knee flexed to 90 degrees ***	_____	_____

\* Enter 0 if the leg is able to lie flat on the exam table.  
 \*\* Do not push past 100 degrees before 1 year  
 \*\*\*Do not perform this one until one year after surgery please

- Gait:**
  - Normal
  - Antalgic
  - Trendelenburg
  - Short Leg
  - Other \_\_\_\_\_

- Trendelenburg Sign:**

- Positive
  - Negative
- 5. Active SLR painful?**
- No
  - Yes If Yes Where? \_\_\_\_\_
- 6. Strength SLR (grade 0-5):** \_\_\_\_\_
- 7. Strength Abduction (grade 0-5):** \_\_\_\_\_
- 8. Leg Length:**  
Equal    Left short \_\_\_\_\_    Right short \_\_\_\_\_
- 9. Tender:**
- No
  - Yes    If yes, where? \_\_\_\_\_
- 10. Condition of incision:** \_\_\_\_\_

**Physical Therapist Signature:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please give a copy to the patient and mail one to me at the above address. Thank you.**

Updated 1/31/08

**MIDLANDS**  
**orthopaedics**  
**& NEUROSURGERY**

(803) 256-4107  
Fax: (803) 933-6339  
1910 Blanding St.  
Columbia, SC 29201  
1013 Lake Murray Blvd.  
Irmo, SC 29063

Dear Physical Therapist:

The person presenting this form has had a hip surface replacement performed by Dr. Thomas P. Gross \_\_\_\_\_ weeks/years ago. We are asking that you objectively evaluate his/her hip and send me a report. If the patient is less than one year postop, the hip cannot be pushed into extreme flexion, adduction and internal rotation. (See form). Please record the range of motion that can be achieved by gentle examination in this case.

If the patient is approximately six weeks postop, please review and assist them with my Phase II Hip Exercise Program. The patient has been instructed to bring this with him/her in this situation.

**Thomas P. Gross M.D**

**Please FAX to: 803-933-6339 and give the patient a copy.**

MIDLANDS  
**orthopaedics**  
& NEUROSURGERY

(803) 256-4107  
1910 Blanding St.  
Columbia, SC 29201  
1013 Lake Murray Blvd.  
Irmo, SC 29063

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FOR \_\_\_\_\_

**R** ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

Please evaluate both hips in the above patient for range of motion and strength and provide a report on my standardized form included.

**Thomas P. Gross M.D**

**Please FAX to: 803-933-6339 and give the patient a copy.**

**MIDLANDS**  
**orthopaedics**  
**& NEUROSURGERY**

(803) 256-4107  
1910 Blanding St.  
Columbia, SC 29201  
1013 Lake Murray Blvd.  
Irmo, SC 29063

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R<sub>x</sub> FOR \_\_\_\_\_  
ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

Please select/circle ONE section (either 1, 2, or 3) to ensure the appropriate xrays are obtained from the patient's radiology facility.

1. LEFT
  - a. Diagnoses:
    - i. Osteoarthritis (OA) of the hip – **M16.12**
    - ii. Hip pain – **M25.552**
2. RIGHT
  - a. Diagnoses:
    - i. Osteoarthritis (OA) of the hip – **M16.11**
    - ii. Hip pain – **M25.551**
3. BILATERAL
  - a. Diagnoses:
    - i. Osteoarthritis (OA) of the hip – **M16.10**
    - ii. Hip pain – **M25.559**

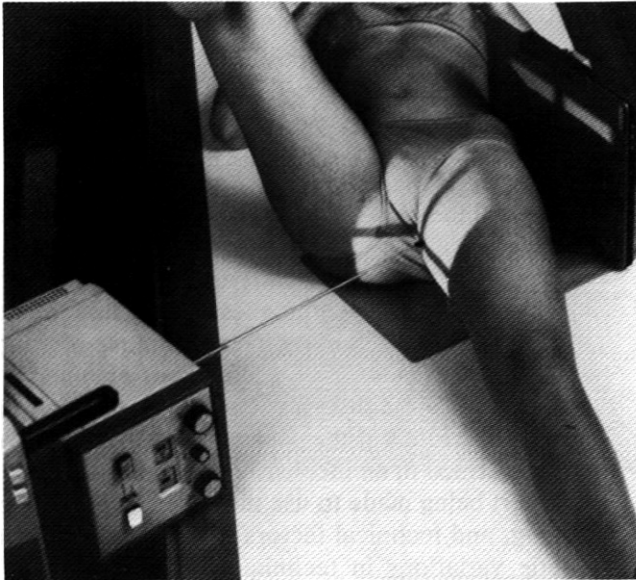
Views (please include all of the following):

1. AP Pelvis Standing (Please label as "STANDING")
2. AP Pelvis Supine (Please label as "SUPINE")
3. Johnson Lateral/Cross-table Lateral

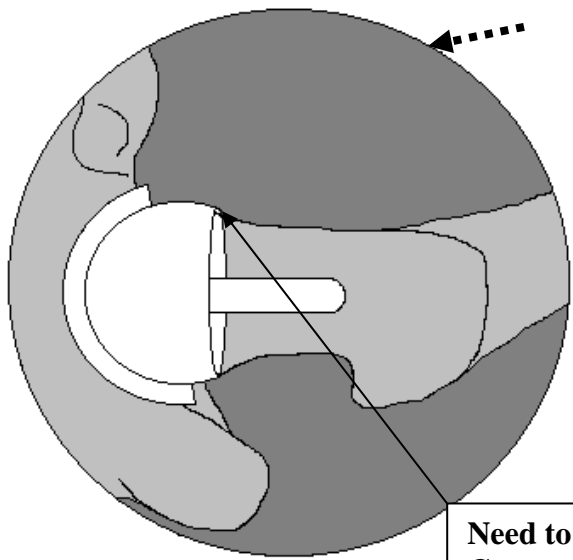
Please provide the patient with a CD digital copy of these x-rays for my review, and mail to:

Midlands Orthopaedics & Neurosurgery

ATTN: Gross follow-up  
1910 Blanding Street  
Columbia, SC 29201



**Instructions for Johnson Lateral for patients post hip resurfacing**



**The perfect true lateral:**

- Visualize the anterior and posterior neck, just inferior to the femoral component.
- **The more neck Anteversion, the more the hip needs to be flexed...**

**Need to see cortex at Component-Neck junction**

**C**

**Fig. 10-2.** True-lateral (Johnson or cross-table) lateral view. (A) Position of patient. The long axis of the left femoral neck is localized by imaging a line drawn between the anterosuperior iliac spine and the superior border of the symphysis pubis, determining the midpoint of the line, and then palpating the greater trochanter and imaging a point 1 inch



distal to it. A line drawn between these two points parallels the long axis of the femoral neck. **(B)** The cassette is placed in the vertical position with its cephalad border in contact with the body at the level of the iliac crest; it is parallel with the long axis of the femoral neck. The central ray is perpendicular to the long axis of the femoral neck and cassette and is centered 2.5 inches below the point of intersection of the localization lines. **(C)** Roentgenogram of hybrid surface arthroplasty. The ischium is toward the bottom of the image. (Fig. B, from Ballinger PW: Merrill's Atlas of Radiographic Positions and Radiologic Procedures, 6<sup>th</sup> Ed., Vol. 1. CV Mosby, St. Louis, 1986, with permission.)

Thomas P. Gross, M.D.  
Total Joint Replacement  
Midlands Orthopaedics  
1910 Blanding Street  
Columbia, SC 29201  
www.grossortho.com

**Phase II hip exercise/instruction sheet (after 6 weeks)  
Fast Recovery and Slow Down**

(Updated 6/29/2008 LAW)

**PHASE II:** At six weeks, twelve weeks or later, it will be decided that you can progress to this phase. Do not attempt these exercises prior to formal instructions.

1. **a.) *Rapid Recovery Program:*** You should now be walking 1 mile or more without a cane or crutch. If you still feel somewhat weak or unbalanced, use of a cane for a few more weeks is occasionally necessary. You should start practicing climbing stairs; foot over foot with a handrail. Continue a progressive walking program; 1 to 2 miles per day is best.

**b.) *Modified (slow down) recovery program:*** 10% weightbearing on operative leg with crutches for first six weeks post op. Use a cane for four weeks thereafter, no foot-over-foot stair climbing until off the cane at 2.5 months postoperatively. Do not start # 4 or # 6 until 2.5 months postoperatively. Refer to our website [www.grossortho.com](http://www.grossortho.com) under current topics regarding bone health and hip resurfacing for guidance on managing your bone health over the long term.

2. ***Position precautions:*** You may now bend your hip past 90°. Avoid extreme stretching or bending until 6 months post op. You can get to your feet safely by flexing your hip while keeping your knees out to the side. A foot stool may be helpful. It is perfectly safe to put on your shoes and socks.

3. ***Exercises:***

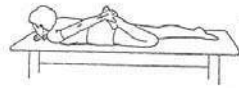
- a. *Stretching***

- I. Sit in a chair with the knees apart and the feet together. Gently bend, reaching for the foot of the involved leg, feel the pulling and stretching. You should not feel sharp pain. Eventually, you will be able to reach your feet.
- II. Lie back on the bed; bend the knees up, keeping your feet together on the bed. Let the knees fall widely apart. Place your hands on the inside

of your thighs and gently push your knees apart. Feel the pulling and stretching in the groin. Again, sharp pain should not be felt.



- III. Quad stretching: lie prone on a surface as shown. Hold on to your ankle and bend the knee so that you feel a stretch. Hold for 30 seconds. Do 10 repetitions 3 times per day.

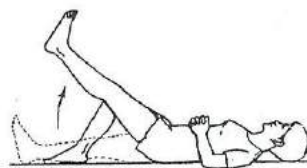


- IV. Psoas stretching: Stand grasping your operative ankle as shown. Bend knee further by pulling ankle toward buttocks. Do not lean forward or allow the back to arch. Hold 30 seconds. Do 10 repetitions 3 times per day.



- b. **Leg Lifts** - These should be done in two positions: supine (lying on your back), side (lying on the opposite side).

- I. Begin first in the supine position. Lift the leg approximately 12 inches off of the bed and hold it for a slow count of 10. During this count, contract all the muscles in the leg, performing an "isometric" contraction, and then slowly let the leg down to the bed. Work up to the point where you can do 15-30 of these. When you can do 30 repetitions easily, add one pound of weight at the ankle and drop back to 15 repetitions, again working slowly back up to 30. You may either purchase commercial ankle weights or use a purse and hang it over your ankle. Put one can of food in it (approximately one pound). When you again reach 30 repetitions easily with one pound of weight, add a second pound, drop back to 15 and slowly work back up to 30. When you can perform 30 repetitions with two pounds, the muscles will be of normal strength.



- II. After completing the exercises in the supine position, turn into the side lying position with the opposite hip down. Lift the leg approximately two feet away from the lower leg, keeping the knee straight, and hold for a count of five while performing an isometric contraction. Repeat again. Follow the same instructions as above for the number of repetitions and the addition of ankle weights.



4. **Exercycle:** If you have available an Exercycle, this will be a good exercise. The seat should be in a high position so that your hip is not flexed beyond 90 degrees. You should begin with gentle resistance to pedaling and work up to a normal resistance. You should use the Exercycle for between 10 and 20 minutes. This exercise is not essential, but is helpful if you have one available. Elliptical trainer or Nordic tracks are also excellent substitutes. Regular bicycles are fine at 6 months post op. We do not want you on a regular bike before this because your femur is weak and prone to fracture if you fall. **(Patients on slow down program please don't start until you are off the cane.)**
5. **Swimming:** This is an excellent exercise. You should use a gentle flutter kick and avoid the frog kick. The side stroke with a scissors kick is also allowable. Water aerobics are also an excellent form of exercise.
6. **Workouts:** If you have a gym membership to the gym, we encourage a gradually increasing program of light weight exercises gradually increasing to not more than 50 lbs by 6 months post op. **(Patients on slow down program please don't start until you are off the cane.)**
7. **Driving:** If you have an automatic car, as soon as you feel strong and are not taking narcotics, you may drive. If the operative leg is the right, use the left to brake until you can walk without a limp.
8. **Sexual Intercourse:** As comfort will allow. Just remember not to flex the hip to extremes.
9. **Dental Visits and surgical procedures:** This is a recommendation you should follow all of your life. This is controversial in the medical and dental community, but it is **my** recommendation to you. Life time risk for infection spreading to your joint is less than ½%. You will need to take antibiotics prior to any dental procedure. The following is a guide but your dentist may substitute.
  - If you are not allergic to penicillin, take: Amoxicillin 500 mgs x 4 tablets 1 hour prior to any dental procedure.
  - If you are allergic to Amoxicillin or Penicillin, take: Clindamycin 600 mgs 1 hour prior to procedure.
  - If possible, all dental work should be delayed until 6 weeks following surgery.

- Antibiotic coverage for other surgical procedure or infections is individualized according to the possible bacterial contamination, and therefore, you should notify the respective physician or surgeon so they can prescribe the appropriate medication.
- Any infection should be treated promptly by your primary care physician

**10. *Moderation:*** In general, over the first year post op, all exercises and sports attempted should be approached gradually. There should be no sudden increase in activity level. You will be allowed full activity without restrictions after 6 months. Moderation will allow your implant to last longer.

**11. *Full Healing*** It takes up to one year for your hip to fully heal. Expect some soreness, swelling, and minor aches and pains during this time. At 6 months you have passed the risk period for femoral neck fracture.

**12. *Limitations until 6 months post op:***

1. No bending the hip into extreme flexion (eg squatting) or crossing the legs at the knees
2. No lifting more than 50 lbs. routinely
3. No impact loading such as jumping and jogging

If an activity (that you are contemplating performing prior to 6 months postop) does not violate these rules, you may do it.

**13. *Wound/scar appearance:***

Your scar will gradually fade over 1 year. It will get smoother and the purple color will disappear. There are many wound potions and scar lotions being sold. You may use them now, but be advised that there is no scientific evidence that they will improve the eventual appearance of your wound. Your wound will naturally mature and become fainter over 1 year whether or not you apply any potions.

**14. *Routine Follow up:***

I would like to see you personally here in the office for a checkup at 1 year post op. This is when you have reached the maximum medical improvement. There after we will ask you to provide us computer based followups at 2, 5, 10, and 15 years. Please do not hesitate to call us or come in at other times if you have a problem or concern.

For out of state patients who can not travel here for the 1 year visit, we can arrange local follow up with a complete 4 part evaluation as follows:

- ✓ Computer based questions
- ✓ Brief narrative of your progress
- ✓ X-ray: AP of the pelvis and a frog lateral of your hip digitized on a CD
- ✓ Physical therapy exam

This information is available on our website

**15. Bone Health:**

Even if you have good bone quality it is a smart general health policy to consume 1500mg of calcium and 1000 IU of vitamin D plus a multivitamin daily. If you have poor bone quality with a DEXA scan less than -1.5 please read more detailed information under bone health under *current topics* on our website.

Do not hesitate to contact us for any reason, Dr. Gross and Lee Webb, DNP