

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) *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
- 3) *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. a. Physical exam form (page 9-10)
2. b. Physical therapy evaluation letter (page 11)
2. c. Physical therapy evaluation request (page 12)

4. Hip x-ray request and radiologist's instructions (page 13-15)
5. Phase II hip exercise (page 16-20): *do not submit*; for your use only

- E-mail: 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

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

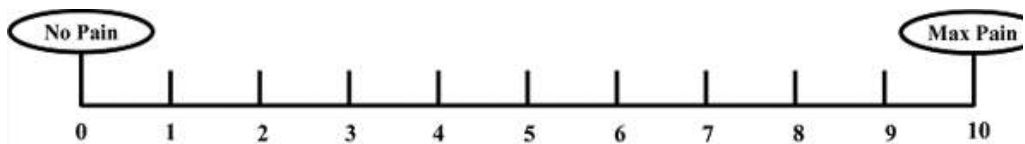
2. My hip pain is located in my (check all that apply):

- 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-arthritis/damaged hip
- Feels just like my normal, healthy, pre-arthritis/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. *SKIP*/Excluded from 6-week follow-up.

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.

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

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?

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

<p>Office Use Only</p> <p>Date Received: ____/____/____</p> <p>Office Record Number: _____</p>

****PATIENT TO FILL THIS SECTION**:**

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

1. 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

2. Range of Motion:

Right

Left

- 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

3. Gait:

- Normal
- Antalgic
- Trendelenburg
- Short Leg
- Other _____

4. 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

****PATIENT - Please complete the highlighted fields before your appointment.****

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.

Thomas P.
Gross, MD

Digitally signed by Thomas P.
Gross, MD
Date: 2020.10.28 12:51:13
-04'00'

MIDLANDS
orthopaedics
& NEUROSURGERY

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

****PATIENT - Please complete the highlighted fields before your appointment.****

Rx

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**

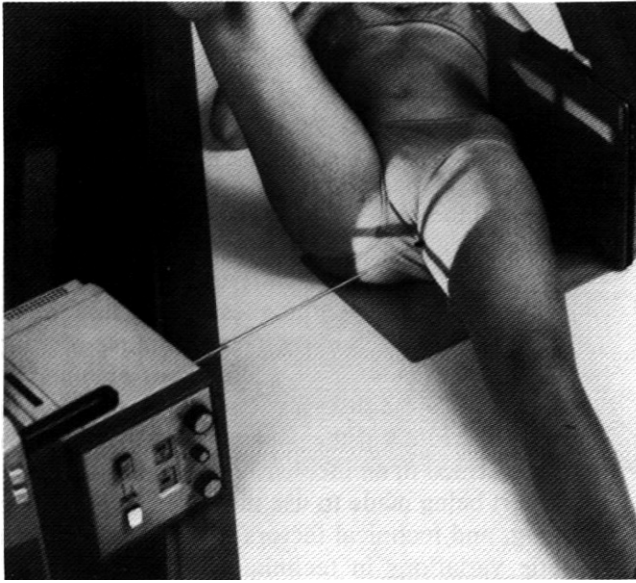
Views (please include all of the following):

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

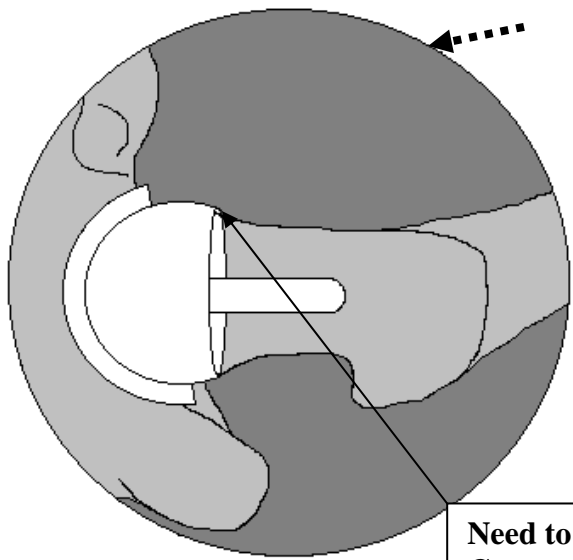
Please provide the patient with a CD digital copy of these x-rays for my review, and mail to:

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, 6th 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 under current topics regarding bone health and hip resurfacing for guidance on managing your bone health over the long term.

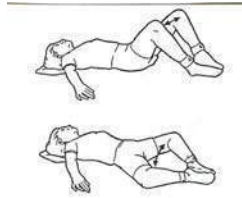
2. ***Position precautions:*** You may now bend your hip past 90°. Avoid extreme stretching or bending until 6 months post op. You can get to your feet safely by flexing your hip while keeping your knees out to the side. A foot stool may be helpful. It is perfectly safe to put on your shoes and socks.

3. ***Exercises:***

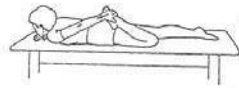
- a. *Stretching***

- 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.

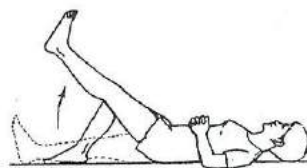


- IV. Psoas stretching: Stand grasping your operative ankle as shown. Bend knee further by pulling ankle toward buttocks. Do not lean forward or allow the back to arch. Hold 30 seconds. Do 10 repetitions 3 times per day.



- 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