

Clinic Visit: Physician Questionnaire

FOR STUDY SATFF

Patient Study ID _____

Type of Visit

Initial Visit

Pre Op Visit

Post Op Visit

Regular Follow-Up: _____ (months/years)

Date of Clinical Visit (MM/DD/YYYY) _____

Physical Exam

1. Weight (kg): _____

2. Height (cm): _____

3. Affected/Enrolled hip: Left Right

4. Limp

- No limp (normal gait)
- Mild limp (barely noticeable)
- Severe limp (very noticeable)
- Not applicable: patient has restricted weight bearing

5. Method(s) used to measure passive abduction with **leg extended (in extension)**?

Please check all that apply and enter values in degrees.

- Visual estimation: Left _____ Right: _____
- Goniometer: Left _____ Right: _____
- Inclinator: Left _____ Right: _____

Recommendations at the end of the visit

6. What activity level was recommended at the end of this visit?

- Full activity (no restrictions; all sports allowed)
- Normal activity with no gym/sports
 - Weight-bearing as tolerated with no sports
 - Weight-bearing as tolerated with low impact sports (swimming/cycling) only
- Restricted weight-bearing
 - Bed rest
 - Wheelchair only or wheelchair with transfer/bathroom privileges
 - Non-weight bearing with crutches or walker
 - Toe touch weight bearing with crutches or walker
 - Partial weight bearing with crutches or walker (25-50% of body weight)

Casting and Bracing

7. Is this participant having a **petrie cast** removed?

- No, petrie cast removed during prior visit
- No, patient never treated with petrie cast
- Yes
 - Date of petrie cast removal: _____
 - Total number of weeks worn: _____ weeks

8. Is participant **currently using an abduction brace** (not cast) for the affected hip?

- Yes, will start wearing brace as of today's visit for _____ hours/day
- Yes, has been using brace since _____ (date of initiation) and will continue using brace for _____ hours/day
- No, abduction brace discontinued on _____ (date of termination)
- No, never treated with abduction brace