New Patient Evaluation  
Hip Evaluation Form  
Stephen Franzino, MD

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Which hip hurts?**
  - Right
  - Left
  - Both

- **If both hips hurt, which is worse?**
  - Right
  - Left
  - Equal

- **Do you have pain in any other joints?**
  - Yes
  - No

- **Do you have numbness or tingling in your lower extremities?**
  - Yes
  - No

- **Do you have pain radiate?**
  - Yes
  - No

- **Do you have any difficulties with your bowels or bladder?**
  - Yes
  - No

- **Have you ever been diagnosed with?**
  - Fracture
  - Tumor
  - Arthritis
  - Trochanteric Bursitis

- **How long ago did the pain start?**
  - 1-2 weeks
  - 3-4 weeks
  - 5-6 weeks
  - 2 months
  - 3 months
  - 4-5 months
  - 6 months
  - 6-8 months
  - 9-12 months
  - Greater than 1 year

- **Other (please specify):**

- **How did the pain start?**
  - Gradually over time / acutely

- **Date of Injury**

- **Did you suffer?**
  - Fall
  - Twisting Injury
  - No accident or injury

- **Other injury, please specify:**

- **Describe your activity level (check one)**
  - Strenuous activity: jumping, pivoting, hard cutting, sports (football, soccer, basketball)
  - Moderate activity: heavy manual labor or sports (tennis, skiing)
  - Light activity: jogging, running, gym exercises and walking
  - Sedentary activity: housework

- **Does your hip prevent you from playing sports or doing daily activities?**
  - Yes
  - No

- **Have you ever hurt this hip before?**
  - Yes
  - No

- **If yes, when?**
  - What type of injury?

- **Did your hip get better?**
  - Yes
  - No

- **Have you received treatment for your hip?**
  - Physical Therapy / Steroid Injections/Viscosupplementation
  - Yes
  - No

- **Have you had surgery on this hip?**
  - Yes
  - No

- **If yes, when?**
  - Procedure

- **Do medications help?**
  - Yes
  - No

- **Do you have morning stiffness or tightness?**
  - Yes
  - No

- **Is the pain:**
  - Sharp
  - Dull
  - Achy
  - Burning
  - Constant

- **Activity related (before/during/after):**
  - Mild
  - Moderate
  - Severe

- **What symptoms do you have now?**
  - No pain at rest
  - Mild pain
  - Moderate pain
  - Severe pain

- **No pain w/stairs**
  - Pain going up stairs
  - Pain going down stairs

- **No pain w/bending**
  - Pain w/bending

- **No pain w/activities**
  - Mild pain
  - Moderate pain
  - Severe pain

- **How does your hip function?**
  - Normal
  - Near normal
  - Abnormal

- **Do you have:**
  - Catching
  - Locking
  - Grinding
  - Buckling

- **Do you use aids to walk?**
  - No
  - Crutches
  - Cane
  - Walker

- **Can you walk before the pain starts?**
  - Unlimited
  - < 1 block
  - 1-5 blocks
  - Unable
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you able to don and duff your socks?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you able to get up from a sitting position without pain?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Physical Examination

<table>
<thead>
<tr>
<th>Exam</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scars</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Well-healed</td>
<td>Not healed</td>
</tr>
<tr>
<td></td>
<td>Midline</td>
<td>Medial</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lateral</td>
</tr>
</tbody>
</table>

#### Tenderness

<table>
<thead>
<tr>
<th>Location</th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iliac Crest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iliac Tubercle</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greater Trochanter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pubic Tubercle</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSIS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ischial Tuberosity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sacroiliac Joint</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

#### Soft Tissue Palpation

<table>
<thead>
<tr>
<th>Location</th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Femoral Triangle</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greater Trochanter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sciatic Nerve</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iliac Crest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip and pelvic muscles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSIS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sciatic Nerve</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greater Trochanter</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Extension (30°)</th>
<th>Active ROM</th>
<th>Passive ROM</th>
<th>Normal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abduction (45°-50°)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adduction (20°-30°)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal Rotation (35°)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>External Rotation (45°)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Active ROM

<table>
<thead>
<tr>
<th>Test</th>
<th>Normal</th>
<th>Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trendelenburg Test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ober Test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thomas Test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Straight Leg Raise</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cross Straight Leg Raise</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hoover Test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flip Test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kernig Test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heel/Toe Walk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain associated with:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flexion</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Neurologic Testing

<table>
<thead>
<tr>
<th>Level</th>
<th>Muscle</th>
<th>Weakness</th>
<th>Normal</th>
</tr>
</thead>
<tbody>
<tr>
<td>L1, 2, 3</td>
<td>Iliopsoas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>L2, 3, 4</td>
<td>Femoral</td>
<td>Quadriceps</td>
<td></td>
</tr>
<tr>
<td>L2, 3, 4</td>
<td>Obturator</td>
<td>Hip Add</td>
<td></td>
</tr>
<tr>
<td>L4</td>
<td>Peroneal</td>
<td>TA</td>
<td></td>
</tr>
<tr>
<td>L5</td>
<td>Peroneal</td>
<td>EHL</td>
<td></td>
</tr>
<tr>
<td>L5</td>
<td>Sup Gluteal</td>
<td>Gluteus Med</td>
<td></td>
</tr>
<tr>
<td>L5</td>
<td>Deep Peroneal</td>
<td>EDL</td>
<td></td>
</tr>
</tbody>
</table>

#### Reflexes

<table>
<thead>
<tr>
<th>Location</th>
<th>Reflex</th>
<th>Normal</th>
<th>Deficit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patella</td>
<td>Achilles Tendon</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Radiographs**

<table>
<thead>
<tr>
<th>Pending</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td></td>
</tr>
<tr>
<td>Medial</td>
<td>Normal</td>
</tr>
<tr>
<td>Osteophytes</td>
<td>Cysts</td>
</tr>
<tr>
<td>MRI Results</td>
<td></td>
</tr>
</tbody>
</table>

**Diagnosis / Impression**

- Hip Pain Unknown Etiology
- Labral Tear
- Fracture
- Loose body
- Hip Strain
- Hamstring Strain
- Quadriceps Strain
- Groin Strain
- Hernia
- Sports
- Other
- Mechanical Back Pain
- Discogenic
- Stenosis
- Compression Fracture
- Radiculopathy
- Myopathy
- Coccygodynia
- Sciatica
- Trochanteric Bursitis
- Other
- RA
- Loosening THA
- Infection THA

**Plan**

- MRI
- Conventional
- Arthrogram
- Gadolinium
- CT Scan
- Radiographs
- AP Pelvis
- Frog Leg Lateral
- NWB Crutches
- Walker
- PWB Crutches
- FWB
- Cane
- Physical Therapy
- Corticosteroid Injection
- Greater Trochanter
- Referral

**Medication**

- NSAIDs
- Chondroitin Sulfate
- Celebrex
- Ultram ER

**Follow Up**

- Weeks
- Months
- PRN
- Referral

**Notes**

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*Stephen J. Franzino, MD*