



Hip Follow-Up

6-week Interval

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** even if 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.

Summary of this Follow-Up

1. Hip questionnaire (pg 3): 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 (pg 7):
 - a. Add your name to the physical therapy evaluation request
 - b. Give the order and physical exam form to your physical therapist
 - c. Send the results to us
3. Hip X-Ray (pg 9):
 - a. Add your name to the x-ray request
 - b. 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, Dr. Gross 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



Hip Follow-Up

6-week Interval

Attached Forms

1. Hip questionnaire (pg 3)
2. Physical Exam (pages 7-8)
 - a. PT eval letter and order (page 7)
 - b. Physical exam form (page 8)
3. X-ray order forms (pages 9)
- (4) Phase II hip exercises (DO NOT SUBMIT - for reference only. page 10)

Have any questions? Contact us for follow-up assistance at:

E-mail: grosspatientfollowup@midlandsortho.com | Phone: (803) 933-6127

After you've completed your (1) questionnaire, (2) physical exam, and (3) x-rays, please FEDEX these materials to:

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

HIP FOLLOW-UP

QUESTIONNAIRE

PERSONAL INFORMATION

Please provide up-to-date contact information.

Full Name :

Primary Phone : Current Date :
D D M M Y Y

Full Address :

E-Mail :

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 ☐ Dislocation ☐ Fracture
☐ Loose Implant ☐ Pulmonary Embolus ☐ Partial Sciatic Palsy ☐ Other: _____

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

☐ Yes | Please explain: _____

☐ No

HIP FOLLOW-UP

QUESTIONNAIRE

CLINICAL FUNCTION SCORE

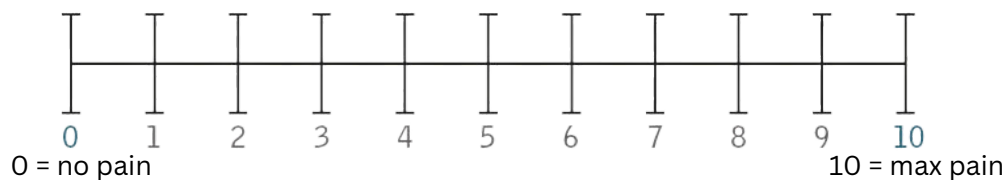
1. What category most closely represents your pain level?

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

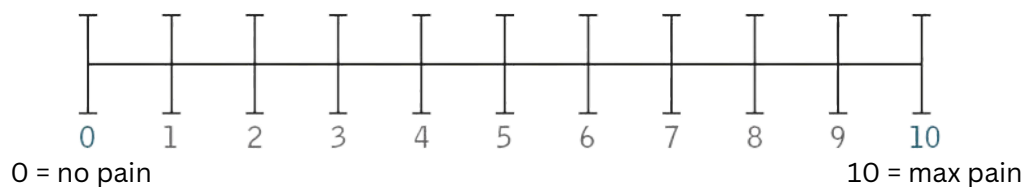
2. My hip pain is located in my (check all that apply):

- ☐ No pain ☐ Groin ☐ Buttock
- ☐ Front of thigh ☐ 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

HIP FOLLOW-UP

QUESTIONNAIRE

CLINICAL FUNCTION SCORE (CONT'D)

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

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

10. Under what circumstances can you sit comfortably?

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

12. List any unrelated orthopedic issues that could effect your hip function score.

(i.e. bad back, arthritis in other hip, non-hip pain, etc.)

☐ Yes; please list:

☐ No

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

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

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

- ☐ Yes
- ☐ 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

Skip this section at 6-week interval

1. Choose your current level of activity:

1	Wholly inactive; dependent on others, and cannot leave residence
2	Mostly inactive, or restricted to minimal activities of daily living
3	Sometimes participates in mild activities (ex. walking, limited housework or shopping)
4	Regularly participates in mild activities
5	Sometimes participates in moderate activities (swimming, unlimited housework or shopping)
6	Regularly participates in moderate activities
7	Regularly participates in strenuous sports, such as bicycling
8	Regularly participates in impact sports, such as bowling or golf
9	Sometimes participates in impact sports (jogging, tennis, skiing, ballet, heavy labor, backpacking)
10	Regularly participates in impact sports

HIP FOLLOW-UP

— QUESTIONNAIRE

ACTIVITY SCORE (CONT'D)

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

FORGOTTEN JOINT SCORE

Are you aware of your artificial joint...?

Choose one grade/number for each question:

1. never | 2. almost never | 3. seldom | 4. sometimes | 5. mostly

☐

1. ...in bed/at night?

☐

7. ...when walking on uneven ground?

☐

2. ...when sitting >1 hour?

☐

8. ...when standing from a low-seated position?

☐

3. ...when walking >15 min?

☐

9. ...when standing for long periods of time?

☐

4. ...when taking a bath/shower?

☐

10. ...when doing housework/gardening?

☐

5. ...when traveling in a car?

☐

11. ...when taking a walk/hike?

☐

6. ...when climbing stairs?

☐

12. ...when doing your favorite sport?

CONCLUSIONS

1. Are you happy with your decision to have this surgery?

☐

Yes

☐

No

2. Do you have any additional comments?

THANK YOU!

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Physical Therapy Request

R_x

Patient - please fill your name, DOB, and evaluation data before your appointment.

FOR (NAME) _____ DOB: _____

ADDRESS _____ DATE _____

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

AND

Please FAX to **803-933-6775** and give the patient a copy.

A note from Dr. Gross:

"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, MD

Thomas P.
Gross MD
Digitally signed
by Thomas P.
Gross MD
Date: 2025.06.17
09:45:35 -04'00'

HIP FOLLOW-UP

— PHYSICAL EXAM

MIDLANDS
orthopaedics
& NEUROSURGERY

PATIENT - COMPLETE THIS SECTION

- Patient name: _____
- Date of Surgery: ☐ Right hip: _____ | ☐ Left hip: _____
- Type of Surgery: ☐ Right hip: _____ | ☐ Left hip: _____
- Postoperative Interval from Surgery:
(for each side, choose one of the following: **N/A, 6 weeks, 1 year, 2 year, >2 year**)
☐ Right hip: _____ | ☐ Left hip: _____

SECTION TO BE COMPLETED BY 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:

MEASUREMENT	Right	Left
a. Flexion Contracture*	___	___
b. Flexion to**	___	___
c. Abduction @ 45° of flexion to	___	___
d. Adduction @ 45° of flexion to	___	___
e. External Rotation @ 45° of flexion to	___	___
f. Internal Rotation @ 45° of flexion to	___	___
g. IR with knee flexed to 90° ***	___	___

* 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 | 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 | Where? _____

10. Condition of incision: _____

Physical Therapist Signature: _____

Date: _____

PT Print Name: _____

Address: _____

HIP FOLLOW-UP

— X-RAY ORDER

MIDLANDS
orthopaedics
& NEUROSURGERY

***Patient - Please fill your NAME and DATE OF BIRTH before visiting the office.**

R_x

FOR (NAME) _____

DOB: _____

ADDRESS _____

DATE _____

POSTOP PATIENTS - Please choose/circle ONE section (either 1, 2, or 3) to ensure the appropriate x-rays are obtained from the patient's radiology facility.

1. LEFT
 - i. Presence of left artificial hip joint - **Z96.642**
2. RIGHT
 - i. Presence of right artificial hip joint - **Z96.641**
3. BILATERAL
 - i. Presence of artificial hip joint, bilateral - **Z96.643**

Views (please obtain each of the following)

1. AP Pelvis Standing (Please label as "STANDING")
2. AP Pelvis Supine (Please label as "SUPINE")

Please send these x-ray images to us via Nuance PowerShare. **Our facility lookup information is:**
Midlands Orthopaedics & Neurosurgery, 1910 Blanding Street, Columbia, SC 29201

If you are not in the PowerShare network, please mail a CD with digital .DICOM copies of these images to us at:

Midlands Orthopaedics & Neurosurgery
ATTN: Gross MD Hip Follow-Up
1910 Blanding Street Columbia, SC 29201

Digitally signed
by Thomas P.
Gross MD
Date: 2025.06.17
09:45:35 -04'00'

Thomas P.
Gross MD

THANK YOU!

PAGE 9

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

Revised 8/1/2024 LAW/TPG

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

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.) Fast 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.) Slow Recovery Program: 10% weight bearing on operative leg with crutches for first four weeks post op. Gradually progress to partial weight bearing over the next 2 weeks. 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. Please go-slow until 6 months postop, when fracture risk has passed.

c.) Extra Slow Recovery Program: 10% weight bearing on operative leg with crutches for first six weeks post op. Progress to 50% weight bearing on 2 crutches for 4 weeks, followed by 100% weight bearing on 2 crutches for 4 weeks, then use a cane for four weeks, no foot-over-foot stair climbing until off the cane. Do not start # 4 or # 6 until you are off the cane. 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. Please go-slow until 6 months postop, when fracture risk has passed.

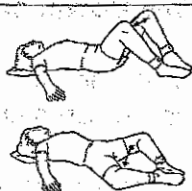
2. **Position precautions:** You may now bend your hip past 90°. Avoid extreme stretching or bending until 6 months post op. You can get to your feet safely by flexing your hip while keeping your knees out to the side. A footstool may be helpful. It is perfectly safe to put on your shoes and socks.

3. **Exercises:**

a. Stretching

I. Adductor: 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. Adductor: 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. Quadriceps: 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. Quadriceps: 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.



V. Psoas stretching: Stand facing a counter to balance your hands. Place the operative foot 2-3 feet behind the other one. Extend your head backwards, arching your back and pushing your pelvis forward. Feel the pull in your groin (psoas).

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.

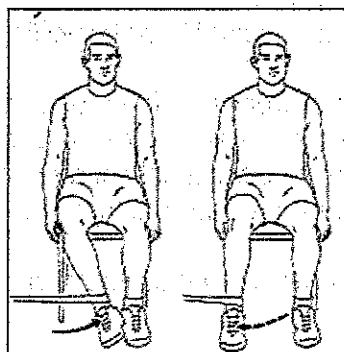


- II. After completing the exercises in the supine position, turn into the side lying position with the opposite hip down. Lift the leg approximately two feet away from the lower leg, keeping the knee straight, and hold for a count of five while performing an isometric contraction. Repeat again. Follow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



c. External Rotation Exercises – These can be started at **6 months**. The hip external rotators are small muscles that are detached and reattached during surgery. They need 6 months to heal solidly before you can exercise them. Sit on a high seat with your legs dangling off the edge. Get some thick elastic band (TheraBand) and loop it across the affected ankle. Attach the TheraBand to a fixed object lateral to the ankle. Externally rotate the hip against resistance of the TheraBand while keeping the thigh in a fixed position (the foot moves towards the other foot). Do this regularly for a few months while comparing it to the other leg.

TheraBand →



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 program please don't start until you are off the cane.)**
5. **Swimming:** This is an excellent exercise. It is OK if the wound is completely healed without scabs. All strokes are allowable. Avoid flip turns and hard wall push offs with the operative leg.
6. **Workouts:** If you have a gym membership to the gym, we encourage a gradually increasing program of light weight exercises gradually increasing to no more than 50 lbs by 6 months post op. **(Patients on slow 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. Most can return to driving within 4-5 days postop.
8. **Sexual Intercourse:** As comfort will allow. Just remember not to flex the hip to extremes. Other positions are safe.
9. **Dental Visits and surgical procedures:** This is a recommendation you should follow 2 years post op. This is controversial in the medical and dental community, but this is my recommendation. Lifetime risk for infection spreading to your joint is less than 1/2%. 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. Exceptions would be extreme sports such as martial arts combat, ski jumping, slide tackling in soccer, etc.; these can be resumed at 1 year postop.

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 (e.g. squatting) or crossing the legs at the knees
2. No lifting more than 50 lbs. routinely
3. No impact loading such as jumping, jogging, and running
4. Avoid high risk activities that may lead to a fall (e.g. biking, ladders)

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:

If the wound is incompletely healed; if there is still a scab, continue using a tiny amount of bactroban daily.

Your scar will gradually fade over 1 year. It will get smoother and the purple color will disappear. The bumpy contour is due to sutures below the skin that will dissolve by 3 months. 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 follow-ups 2 years and every other year thereafter. Please do not hesitate to call us or come in at other times if you have a problem or concern. Avoid consulting other joint replacement specialists who do not perform hip resurfacing; they will frequently provide incorrect advice. If you want a second opinion about your hip, check on the surfacehippy website for an experienced hip resurfacing surgeon.

For out of state patients who cannot travel here for the 1-year visit, you can arrange remote follow-up with a complete 4-part evaluation as follows:

- ✓ Computer based questions
- ✓ Brief narrative of your progress
- ✓ X-ray: AP of the pelvis (standing and supine) and a Johnson lateral of your hip digitized on a CD (DICOM format)
- ✓ Physical therapy exam to record function on our standardized form and review these instructions with you

Thereafter follow-up will be at 2 years postoperative with questionnaire, a single standing pelvis XR, and blood ion levels.

Thereafter follow-up will be every other year with questionnaire and a single standing pelvis XR only.

Please help us maintain up to date follow-up on you; this information is also available on our website.

15. Bone Health:

A. Diet & Supplements

- Calcium supplements daily, plant based is highly recommended. On Amazon: **The Vitamin Shoppe Algae- Based Calcium Bone Formula with Magnesium, D3, and K2. This gives you the recommended daily allowance of calcium, and Vitamin D.**
- Vitamin C supplement: Sodium Ascorbate 1000 mg daily
- Vitamin D supplementation to maintain a level above 50ug/L is recommended for all people. Vit D is a hormone that has wide ranging benefits including maintaining bone health. 40% of the population is deficient. You had your level measured preoperatively. If it was low I recommended 2000I IU Vitamin D daily and then to have your level rechecked in 3 months. If the level is above 50ug/L, rechecking annually in the winter months is recommended.
- If your bone density (T-score) on the operated hip femoral neck was below zero or your BMI was above 29, we recommended weekly alendronate (fosamax) plus Algae based calcium (The Vitamin Shoppe Algae-Based Calcium) for 6 months to reduce your chance of having a fracture complication.
- If your bone density was below T score -1.5, we recommended a year of alendronate and calcium.
- If your bone density was below T score -2.5 we recommended long term treatment with your primary care physician and a repeat DEXA scan in 2 years.

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, FNP-C