



# Hip Follow-Up

2-Year 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. Hip X-Ray (pg 7):
  - a. Add your name and DOB to the x-ray request
  - b. Have the x-ray of your hip(s) done at your local hospital or local hospital or freestanding radiology facility and request a CD copy of this x-ray be sent to us
3. Metal Ion Test (**pg 8**): *\*avoid multivitamin for 1-week prior to test\**
  - a. Add your name to the order form
  - b. Have the test done at your local lab
  - c. Send results 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

2-Year Interval

## Attached Forms

1. Hip questionnaire (page 3)
2. X-ray order form (page 7)
3. Metal Ion Test Order (page 8)

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

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

**After you've completed your (1) questionnaire, (2) x-rays, and (3) metal ion results, 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

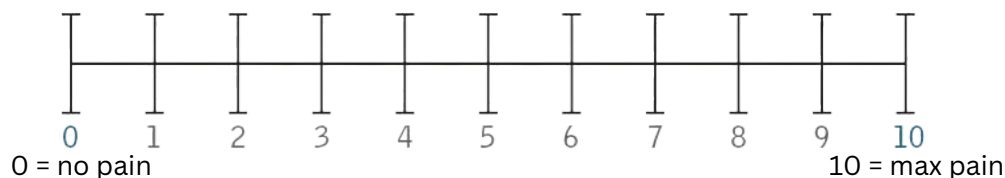
#### 1. What category most closely represents your pain level?

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

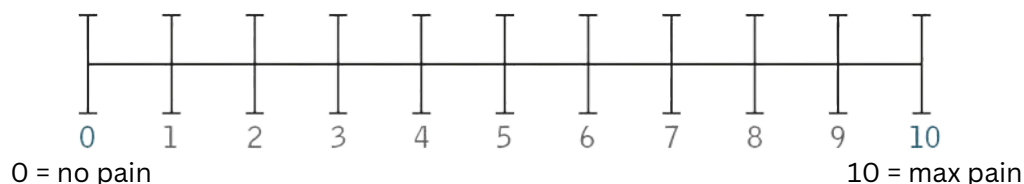
#### 2. My hip pain is located in my (check all that apply):

- ☐ 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

#### 1. Choose your current level of activity:

1	Wholly inactive; dependent on others, and cannot leave residence
2	Mostly inactive, or restricted to minimum 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 (ex. swimming, unlimited housework or shopping)
6	Regularly participates in moderate activities
7	Regularly participates in active events, such as bicycling
8	Regularly participates in very active events, such as bowling or golf
9	Sometimes participates in impact sports (ex. 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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# HIP FOLLOW-UP

— X-RAY ORDER

MIDLANDS  
**orthopaedics**  
& NEUROSURGERY

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

R<sub>x</sub>

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 take 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

Thomas  
P Gross,  
MD

Digitally signed  
by Thomas P  
Gross, MD  
Date: 2026.01.12  
10:29:38 -05'00'



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

Rx

\*Patient - please fill your NAME and DATE OF BIRTH before visiting the office\*

FOR (NAME): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Request for a blood test for metal ion levels of whole blood COBALT and CHROMIUM

STOP TAKING VITAMINS AND MINERAL SUPPLEMENTS 1 WEEK PRIOR TO TEST.

We request that test be performed at the patient's local QUEST laboratories, if possible.

DIAGNOSIS:	<input type="checkbox"/> OA, left hip (M16.12)	<input type="checkbox"/> Left hip pain (M25.552)
(choose one	<input type="checkbox"/> OA, right hip (M16.11)	<input type="checkbox"/> Right hip pain (M25.551)
that applies)	<input type="checkbox"/> OA, unspecified hip (M16.10)	<input type="checkbox"/> Unspecified hip pain (M25.559)

If you require an electronic prescription, please call: 803-933-6127

Thomas  
P Gross,  
MD

Digitally signed  
by Thomas P  
Gross, MD  
Date: 2026.01.12  
10:29:38 -05'00'

Please FAX to 803-933-6775 and \*give the patient an additional copy\*

If you can't find a lab for metal ion tests from the following address, you can locate a lab from the link by yourself as well:  
[http://www.questdiagnostics.com/hcp/psc/jsp/hcp\\_psc\\_index.jsp#bottom](http://www.questdiagnostics.com/hcp/psc/jsp/hcp_psc_index.jsp#bottom)

NAME	ADDRESS	CITY	STATE	ZIP	PHONE
Quest Diagnostics- Myrtle Beach	909 Medical Cir	Myrtle Beach	SC	29572	866-697-8378
Quest Diagnostics - Aiken	156 University Pkwy Ste 100	Aiken	SC	29801	866-697-8378
Quest Diagnostics- Bluffton	25 Sherington Dr. Ste B	Bluffton	SC	29910	866-697-8378
Quest Diagnostics - Charleston-West Ashley	1470 Tobias Gadson Blvd Suite 101	Charleston	SC	29407	866-697-8378
Quest Diagnostics- James Island	418 Foly Road Sutie C	Charleston	SC	29412	866-697-8378
Quest Diagnostics - Columbia	3010 Farrow Rd Ste 110	Columbia	SC	29203	866-697-8378
Baptist Easley Hospital - Specimen Collection Agreement	200 Fleetwood Dr	Easley	SC	29640	864-442-7694
Quest Diagnostics - Greenville	1003 Grove Rd Suite A	Greenville	SC	29605	866-697-8378
Quest Diagnostics - Greenwood	105 Vine Crest Court Suite 1300	Greenwood	SC	29646	866-697-8378
Quest Diagnostics- Hilton Head-Heritage	460 William Hilton Pkwy	Hilton Head Island	SC	29926	866-697-8378
Marion County Medical Center - Third Party Specimen Collection	2829 E Highway 76	Mullins	SC	29574	843-431-2550
Newberry County Memorial Hospital - Purchased Service	2669 Kinard St	Newberry	SC	29108	803-276-7570
Quick Draws - Third Party Collection Site	10135d Clemson Blvd	Seneca	SC	29678	864-888-0027
Quest Diagnostics - Summerville	104 Morgan Pl Ste C	Summerville	SC	29485	866-697-8378

Quest Diagnostics - Asheville	41 Oakland Rd Ste 150	Asheville	NC	28801	866-697-8378
Quest Diagnostics - Charlotte-University	10320 Mallard Creek Rd Ste 290	Charlotte	NC	28262	866-697-8378
Quest Diagnostics- Fayetteville	3186 Village Dr Ste 202	Fayetteville	NC	28304	866-697-8378
Caldwell Memorial Hospital - Specimen Collection Agreement	321 Mulberry St SW	Lenoir	NC	28645	828-757-5256
Clinical Laboratory Service - Third Party Collection Site	102 Lincoln Medical Park	Lincolnton	NC	28092	704-732-1752
Lake Norman Regional Medical Center - Third Party Specimen Collection	171 Fairview Rd	Mooresville	NC	28117	704-527-4968
Medac 1- Third party Collection	4402 Shipyard Blvd	Wilmington	NC	28403	910-791-0075
Medac II - Third Party Collection Site	1142 Military Cutoff rd	Wilmington	NC	28405	910-256-6088
Medac III - Third Party Collection Site	8115 Market St	Wilmington	NC	28411	910-686-1972
Quest Diagnostics- Athens	1000 Hawthorne Ave Ste Q	Athens	GA	30606	866-697-8378
Quest Diagnostics - Augusta	1109 Medical Center Drive Suite 2A	Augusta	GA	30909	866-697-8378
Evans Memorial Hosptial	200 N River St	Claxton	GA	30417	912-739-5110
Eatonton Medical and Surgical Center	132 Sparta Highway	Eatonton	GA	31024	706-485-8495
Candler Hosptia- Rapid Response Testing and Specimen	5353 Reynolds St	Savannah	GA	31405	912-819-7250
East Georgia Regional Medical Center- PSA	1499 Fair Rd	Statesboro	GA	30458	912-486-1610
McDuffie Regional Medical Center - Third Party Specimen Collection	521 Hill Street, Southwest	Thomson	GA	30824	706-597-5287
Vidalia Lab Services, Inc- Specimen Collection Agreement	1802 Teston Ln	Vidalia	GA	30474	912-537-0622