Hip Follow-Up

2-Year Interval - Remote Evaluation

Your 2-year follow-up includes an important new step: a metal ion blood test. This test measures cobalt and chromium levels in your blood to monitor the long-term performance of your hip implant. Please complete all three components below. Remote follow-up is available for out-of-state patients at no charge.

STEP 1

CompleteYour Questionnaire

Fill out the Hip Follow-Up Questionnaire (pages 2–4). Complete one form per hip if both were operated on.

Included in this packet
• Or submit online at grossortho.com

STEP 2

Get YourX-Ray

Obtain AP Pelvis Standing and AP Pelvis Supine x-rays at any local hospital or radiology facility. Use the X-Ray Order form on page 5.

Send via Nuance PowerShare OR mail a DICOM CD

STEP 3

Metal Ion Blood Test

Have a whole-blood cobalt and chromium test done at your local Quest lab. Stop all vitamins/supplements 1 week before. Use the order form on page 6.

Quest Diagnostics preferred
• Fax results: (803) 933-6775 OR
• Mail or email to the below address

How to Return Your Questionnaire

ONLINE (Fastest)

Complete the questionnaire at the secure link included in your email. Results go directly to Dr. Gross.

EMAIL

Print, scan or photograph the form and email to:
grosspatientfollowup@midorthoneuro.com

MAIL

Print and mail to:
Midlands Orthopaedics & Neurosurgery
ATTN: Gross Follow-Up
1910 Blanding St, Columbia SC 29201

Finding a Quest lab near you:
Visit questdiagnostics.com to locate a lab near you.

QUESTIONS? Contactourfollow-up team:
If you are having significant issues or prefer to be seen in person, call (803) 256-4107. Routine office charges apply.
Phone: (803) 933-6127 Email: grosspatientfollowup@midorthoneuro.com Office: (803) 256-4107

Hip Follow-Up Questionnaire

Complete one form per hip. If both hips were operated on, please fill out a separate form for each side.

PERSONAL INFORMATION

Full Name: _____ **Date of Birth (MM/DD/YYYY):** _____

Phone Number: _____ **Today's Date:** _____

Mailing Address: _____ **Email Address:** _____

_____

_____

ABOUT THIS FOLLOW-UP

1. **Where was this form completed?** ☐ Mail-in ☐ In clinic ☐ Online ☐ Phone
2. **This questionnaire is for my:** ☐ LEFT hip ☐ RIGHT hip ☐ BOTH hips
3. ***I have problem/pain in my:*** ☐ LEFT hip ☐ RIGHT hip ☐ BOTH hips
4. ***Dr. Gross operated on my:*** ☐ LEFT hip ☐ RIGHT hip ☐ BOTH hips
5. **Dr. Gross performed the following procedure(s):** ☐ Total Hip Replacement ☐ Hip Resurfacing ☐ Revision Hip Surgery
6. ***Another surgeon has operated on my:*** ☐ LEFT hip ☐ RIGHT hip ☐ BOTH hips

COMPLICATIONS

1. List any complications you experienced after surgery (check all that apply):

☐ None
☐ Wound Infection
☐ Deep Venous Thrombosis (blood clot)
☐ Dislocation
☐ Fracture
☐ Loose Implant
☐ Pulmonary Embolism
☐ Partial Sciatic Palsy
☐ **Other:** _____

2. Did any complication require further surgery? ☐ Yes - please explain: _____
☐ No

CLINICAL FUNCTION SCORE

1. My overall pain level: ☐ None / insignificant ☐ Regularly slight ☐ Mild ☐ Moderate ☐ Severe ☐ Disabled

2. Pain location (check all that apply): ☐ No pain ☐ Groin ☐ Buttock ☐ Front of thigh ☐ Side of thigh ☐ Near scar

3a. Circle your REGULAR pain level:

0 1 2 3 4 5 6 7 8 9 10
0 = no pain 10 = worst pain

3b. Circle your HIGHEST pain level:

0 1 2 3 4 5 6 7 8 9 10
0 = no pain 10 = worst pain

4. **Limp severity:** ☐ None ☐ Slight ☐ Mild ☐ Moderate ☐ Severe ☐ Disabled

Hip Follow-Up Questionnaire (continued)

CLINICAL FUNCTION SCORE (CONTINUED)

5. Use of walking support:

- ☐ None required
- ☐ Cane/stick almost always
- ☐ Two crutches or a walker
- ☐ Cane/stick for long walks or high activity only
- ☐ One crutch almost always
- ☐ Unable to move across the room

6. Walking distance without a break:

- ☐ Over 1 mile / unlimited
- ☐ ~2–3 blocks / 10–15 minutes
- ☐ Bed and chair only
- ☐ ~6 blocks / 30 minutes
- ☐ Indoor walking only

7. How do you take the stairs?:

- ☐ Normally, foot-over-foot, no railing needed
- ☐ One step at a time, leading with non-painful hip
- ☐ Normally, using the railing
- ☐ Cannot take the stairs

8. I am able to put on socks/shoes:

- ☐ With ease
- ☐ Unable without help
- ☐ With difficulty

9. I can sit comfortably in the following circumstances:

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

10. Getting in/out of a vehicle without help? ☐ Yes ☐ No

11. Any unrelated orthopedic issues that could affect your score?
(e.g., back pain, arthritis in other hip, knee issues)

- ☐ Yes - please describe: _____
- ☐ No

12. How does your hip compare to before surgery?

- ☐ Better than my pre-arthritic/healthy hip
- ☐ Much better than before surgery (minor aches)
- ☐ About the same
- ☐ Feels just like my healthy, pre-arthritic hip
- ☐ Somewhat better than before surgery
- ☐ Worse than before surgery

ACTIVITY SCORE

1.Choose your current activity level (circle one number):

1 — Wholly inactive; dependent on others
2 — Mostly inactive; minimum daily activities only
3 — Sometimes participates in mild activities (walking, limited shopping)
4 — Regularly participates in mild activities
5 — Sometimes participates in moderate activities (swimming, unlimited shopping)
6 — Regularly participates in moderate activities
7 — Regularly participates in active events (cycling)
8 — Regularly participates in very active events (bowling, golf)
9 — Sometimes participates in impact sports (jogging, tennis, skiing)
10 — Regularly participates in impact sports

List regular exercise/activities: _____

Occasional vigorous activities: _____

Compared to before surgery, my activity is now: ☐ Higher ☐ Similar ☐ Lower

Hip Follow-Up Questionnaire (continued)

FORGOTTEN JOINT SCORE

How often are you aware of your artificial joint during the following? Rate each: 0=Never 1=Almost never 2=Seldom 3=Sometimes 4=Mostly

1.In bed / at night	0	1	2	3	4	7.When walking on uneven ground	0	1	2	3	4
2.Sitting on a chair for >1 hour	0	1	2	3	4	8.Standing from a low-seated position	0	1	2	3	4
3.Walking for >15 minutes	0	1	2	3	4	9.When standing for long periods	0	1	2	3	4
4.When taking a bath/shower	0	1	2	3	4	10.Doing housework or gardening	0	1	2	3	4
5.When traveling in a car	0	1	2	3	4	11.When taking a walk/hike	0	1	2	3	4
6.When climbing stairs	0	1	2	3	4	12.When doing your favorite sport	0	1	2	3	4

CONCLUSIONS

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

- ☐ Yes
- ☐ No

2.Are you happy with the outcomes of your surgery?

- ☐ Yes
- ☐ No

3.Do you have any additional comments?

Hip X-Ray Order

Bring or present this form to any local hospital or freestanding radiology facility.

ORDERING PHYSICIAN
Thomas P. Gross, MD
Midlands Orthopaedics & Neurosurgery

Rx

Digitally signed: Thomas P. Gross, MD
Date: 2026.JUN.30

PATIENT INFORMATION (Please complete before visiting the radiology facility)

Patient Name: _____ **Date of Birth:** _____

Address: _____ **Date:** _____

STEP 1 - Select Your Hip Side

☐ **LEFT HIP**
Presence of left artificial hip joint
ICD-10: Z96.642

☐ **RIGHT HIP**
Presence of right artificial hip joint
ICD-10: Z96.641

☐ **BILATERAL (Both Hips)**
Presence of artificial hip joints, bilateral
ICD-10: Z96.643

STEP 2 - X-Ray Views Required (Obtain BOTH)

View 1: AP Pelvis STANDING
Label image as "STANDING" -Weight-bearing, upright position

View 2: AP Pelvis SUPINE
Label image as "SUPINE" - Lying down, non-weight-bearing

STEP 3 - Send X-Ray Images to Dr. Gross

PREFERRED: Nuance PowerShare (electronic)
Ask the radiology facility to send images via Nuance PowerShare.
Search: Midlands Orthopaedics & Neurosurgery, 1910 Blanding St, Columbia SC 29201

ALTERNATIVE: Mail a CD
Request a CD with digital DICOM image files and mail to:
Midlands Orthopaedics & Neurosurgery, ATTN: Gross MD Hip Follow-Up
1910 Blanding Street, Columbia, SC 29201

Metal Ion Blood Test Order

Present this form to any local Quest Diagnostics or approved lab facility.

ORDERING PHYSICIAN
Thomas P. Gross, MD
Midlands Orthopaedics & Neurosurgery

Rx

Digitally signed: Thomas P. Gross, MD
Date: 2026.JUN.30

PATIENT INFORMATION (Please complete before your lab visit)

Patient Name: _____ **Date of Birth:** _____

Address: _____ **Date:** _____

IMPORTANT:Stop taking ALL vitamins and mineral supplements 1 week before this test.
This is required for accurate cobalt and chromium readings. Multivitamins will skew the results.

Test(s) Ordered

Whole Blood COBALT and CHROMIUM levels

Diagnosis Code (Choose all that apply)

Hip Pain

- ◯ Left hip pain (M25.552)
- ◯ Right hip pain (M25.551)
- ◯ Unspecified hip pain (M25.559)

Arthroplasty

- ◯ Presence of left artificial hip (Z96.642)
- ◯ Presence of right artificial hip (Z96.641)
- ◯ Presence of bilateral artificial hips (Z96.643)

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

Please FAX results to (803) 933-6775 and give the patient an additional copy.