

Hip Follow-Up

6-Week Interval — Remote Evaluation

Congratulations on your recent surgery! Your 6-week follow-up helps Dr. Gross confirm your early recovery is on track. Please complete all three components below. Remote follow-up is available for all out-of-state patients at no charge.

STEP 1

Complete Your Questionnaire

Fill out the Hip Follow-Up Questionnaire (pages 2–4). Note: Skip the Activity Score section at the 6-week interval.

Included in this packet

• *Also available online*

STEP 2

Complete Your PT Evaluation

Bring the Physical Therapy Request form (page 5) to any licensed PT. Ask your PT to fax results to (803) 933-6775 and give you a copy.

PT form included

• *FAX: (803) 933-6775 OR*

• *Mail or email to the below address*

STEP 3

Get Your X-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 the last page.

*Send via Nuance PowerShare OR
mail a DICOM CD*

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

QUESTIONS? Contact our follow-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 ☐ Fracture
☐ Wound Infection ☐ Loose Implant
☐ Deep Venous Thrombosis (blood clot) ☐ Pulmonary Embolism
☐ Dislocation ☐ 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 for long walks or high activity only |
| ☐ Cane/stick almost always | ☐ One crutch almost always |
| ☐ Two crutches or a walker | ☐ Unable to move across the room |

6. Walking distance without a break:

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

7. How do you take the stairs?:

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

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

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

9. I can sit comfortably in the following circumstances:

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

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-arthritis/healthy hip | ☐ Feels just like my healthy, pre-arthritis hip |
| ☐ Much better than before surgery (minor aches) | ☐ Somewhat better than before surgery |
| ☐ About the same | ☐ 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
2. Sitting on a chair for >1 hour	0	1	2	3	4
3. Walking for >15 minutes	0	1	2	3	4
4. When taking a bath/shower	0	1	2	3	4
5. When traveling in a car	0	1	2	3	4
6. When climbing stairs	0	1	2	3	4

7. When walking on uneven ground	0	1	2	3	4
8. Standing from a low-seated position	0	1	2	3	4
9. When standing for long periods	0	1	2	3	4
10. Doing housework or gardening	0	1	2	3	4
11. When taking a walk/hike	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?

Physical Therapy Request

ORDERING PHYSICIAN
Thomas P. Gross, MD

Rx

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

PATIENT INFORMATION (Please fill in before your PT appointment)

Patient Name: _____

Date of Birth: _____

Address: _____

Eval Date: _____

Instructions to Physical Therapist:

- Please evaluate both hips for range of motion using the standardized form below.
- FAX results to (803) 933-6775 and give the patient a copy.
- If patient is < 1 year postop: do NOT push into extreme flexion, adduction, or internal rotation.
- If patient is ~6 weeks postop: please review the Phase II Hip Exercise Program with the patient.

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. 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. Please record the range of motion that can be achieved by gentle examination. If the patient is approximately six weeks postop, please review and assist them with my Phase II Hip Exercise Program."

Physical Exam Form

PATIENT — COMPLETE THIS SECTION

Patient Name: _____

Date of Surgery: ☐ Right hip: _____ ☐ Left hip: _____

Type of Surgery: ☐ Right hip: _____ ☐ Left hip: _____

Postoperative Interval: (choose: 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:

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 leg lies flat on exam table

** Do not push past 100° before 1 year

*** Do not perform until 1 year post surgery

3. Gait: ☐ Normal ☐ Antalgic ☐ Trendelenburg ☐ Short Leg

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 INFORMATION

Physical Therapist Signature: _____ Date: _____

PT Print Name: _____

Address: _____

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