HEIDEN ORTHOPAEDICS

Philip Davidson, MD

# Arthrosurface Hemi-Cap Arthroplasty
# Patient Evaluation Form

☐ Pre- Op ☐ 6 mo. Post-Op ☐ 12 Mo Post-Op ☐ 24 Mo Post-op

Name:

Side: ☐ Left ☐ Right Date of Exam:

| YES | NO | |
|---|---|---|
| ☐ | ☐ | 1. Is your shoulder comfortable at rest by your side? |
| ☐ | ☐ | 2. Does your shoulder allow you to sleep comfortably? |
| ☐ | ☐ | 3. Can you reach the small of your back to tuck in your shirt? |
| ☐ | ☐ | 4. Can you place your hand behind your head with the elbow straight out at the side? |
| ☐ | ☐ | 5. Can you place a coin on a shelf at shoulder level without bending your elbow? |
| ☐ | ☐ | 6. Can you lift one pound (a full pint container) to the level the top of your head without bending your elbow? |
| ☐ | ☐ | 7. Can you lift eight pounds (a full gallon container) to the level of your head without bending your elbow? |
| ☐ | ☐ | 8. Can you carry 20 pounds at your side with the affected extremity? |
| ☐ | ☐ | 9. Do you think you can toss a softball underhand 10 yards with the affected extremity? |
| ☐ | ☐ | 10. Do you think you can throw a softball overhead 30 yards with the affected extremity? |
| ☐ | ☐ | 11. Can you wash the back of your opposite shoulder with the affected extremity? |
| ☐ | ☐ | 12. Would you shoulder allow you to work full time at your regular job? |

**Stability of Shoulder** Does your shoulder feel unstable (as if it is going to dislocate)?

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Very Stable Very Unstable

**Level of Pain Today**

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

No Pain Worst Possible Pain

**Pain with strenuous Activities (Reaching, Lifting, Pushing/Pulling. Throwing**

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

No Pain Worst Possible Pain

**Pain with Arm at Rest by Your Side**

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

No Pain Worst Possible Pain

| **FUNCTION** | **Can Do Without Difficulty** | **Can Do With Some Difficulty** | **Can Do With Much Difficulty** | **Can't Do At All** | **Not Applicable** |
|---|---|---|---|---|---|
| Reach the small of your back to tuck in your shirt with your hand | ☐ | ☐ | ☐ | ☐ | ☐ |
| Wash the middle of your back/ hook bra. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Put on a coat. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Perform all of you necessary toileting activities. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Wash the back of your opposite shoulder. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Comb your hair | ☐ | ☐ | ☐ | ☐ | ☐ |
| Dress yourself using both hands | ☐ | ☐ | ☐ | ☐ | ☐ |
| Sleep on your affected side | ☐ | ☐ | ☐ | ☐ | ☐ |
| Open a door with your affected side | ☐ | ☐ | ☐ | ☐ | ☐ |
| Reach a high shelf | ☐ | ☐ | ☐ | ☐ | ☐ |
| Place a coup can (1 LB) on a shelf at the level of you shoulder without bending your elbow | ☐ | ☐ | ☐ | ☐ | ☐ |
| Place a gallon (8 lbs) on a shelf at the level of your shoulder without bending your elbow | ☐ | ☐ | ☐ | ☐ | ☐ |
| Carry a bag of groceries with your affected shoulder | ☐ | ☐ | ☐ | ☐ | ☐ |
| Place your hand behind your head with your elbow straight out to the side | ☐ | ☐ | ☐ | ☐ | ☐ |
| Carry a briefcase or small suitcase with your affected extremity | ☐ | ☐ | ☐ | ☐ | ☐ |
| Perform you usual sport/hobby | ☐ | ☐ | ☐ | ☐ | ☐ |
| Do usual work | ☐ | ☐ | ☐ | ☐ | ☐ |
| Toss a softball underhand with your affected extremity | ☐ | ☐ | ☐ | ☐ | ☐ |
| Work full time at your regular job | ☐ | ☐ | ☐ | ☐ | ☐ |


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☐ Pre- Op ☐ 6 mo. Post-Op ☐ 12 Mo Post-Op ☐ 24 Mo Post-op

Name:

Side: ☐ Left ☐ Right Date of Exam:

A. In general, would you say your health is: (Mark one response)

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

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B. Compared to one year ago, how would your rate your health in general now? (Mark one response)

☐ Much better now than one year ago
☐ Somewhat better now than one year ago
☐ About the same as one year ago
☐ Somewhat worse now than one year ago
☐ Much worse now than one year ago

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C. The following questions are about activities you might do during a typical day. Does your health limit you in these activities? If so, how much? (Mark one response)

| | Yes, limited a lot | Yes, Limited a little | No, Not limited at all |
|---|---|---|---|
| a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports | ☐ | ☐ | ☐ |
| b. Moderate activities, such as moving a table, pushing a vacuum cleaner, blowing, or playing golf | ☐ | ☐ | ☐ |
| c. Lifting or carrying groceries | ☐ | ☐ | ☐ |
| d. Climbing several flights of stairs | ☐ | ☐ | ☐ |
| e. Climbing one flight of stairs | ☐ | ☐ | ☐ |
| f. Bending, kneeling, or stooping | ☐ | ☐ | ☐ |
| g. Walking more than one mile | ☐ | ☐ | ☐ |
| h. Walking several blocks | ☐ | ☐ | ☐ |
| i. Walking one block | ☐ | ☐ | ☐ |
| j. Bathing or dressing yourself | ☐ | ☐ | ☐ |

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D. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? (Mark one response)

| | YES | NO |
|---|---|---|
| a. Cut down the amount of time you spent on work or other activities | ☐ | ☐ |
| b. Accomplished less than you would like | ☐ | ☐ |
| c. Were limited in the kind of work or other activities | ☐ | ☐ |
| d. Had difficulty performing the work or activities (for example it took extra effort) | ☐ | ☐ |

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Name:

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E. During the **past 4 weeks,** have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? (Mark one response)

| | YES | NO |
|---|---|---|
| a. Cut down the **amount of time** you spent on work or other activities | ☐ | ☐ |
| b. **Accomplished less** than you would like | ☐ | ☐ |
| c. Didn't do work or other activities as **carefully** as usual | ☐ | ☐ |

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F. During the **past 4 weeks,** to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? (Mark one response)

☐ Not at all ☐ Slightly ☐ Moderately ☐ Quite a bit ☐ Extremely

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G. How much **bodily** pain have you had in the **past 4 weeks?** (Mark one response)

☐ None ☐ Very Mild ☐ Mild ☐ Moderate ☐ Severe ☐ Very Severe

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H. During the **past 4 weeks** how much did pain interfere with your normal work, (including both work outside the home and housework)? (Mark one response)

☐ Not at all ☐ Slightly ☐ Moderately ☐ Quite a bit ☐ Extremely

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I. These questions are about how you feel and how things have been with you during the **past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling. (Mark one response on each line)

| How much of the time during the **past 4 weeks:** | All of the time | Most of the Time | A Good Bit of the Time | Some of the Time | A little of the Time | None of the Time |
|---|---|---|---|---|---|---|
| a. Did you feel full of pep? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| b. Have you been a very nervous person | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| c. Have you felt so down in the dumps that nothing could cheer you up | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| d. Have you felt calm and peaceful? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| e. Did you have a lot of energy? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| f. Have you felt downhearted and blue? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| g. Did you feel worn out? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| h. Have you been a happy person? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| i. Did you feel tired? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

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J. During the **past 4 weeks,** how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)? (Make one response)

☐ All of the time ☐ Most of the time ☐ Some of the time ☐ A little bit of the time ☐ None of the time

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| K. How **TRUE OR FALSE** is each of the following statements? | Definitely True | Mostly True | Don't Know | Mostly False | Definitely False |
|---|---|---|---|---|---|
| a. I seem to get sick a little easier than other people | ☐ | ☐ | ☐ | ☐ | ☐ |
| b. I am as healthy as anybody I know | ☐ | ☐ | ☐ | ☐ | ☐ |
| c. I expect my health to get worse | ☐ | ☐ | ☐ | ☐ | ☐ |
| d. My health is excellent | ☐ | ☐ | ☐ | ☐ | ☐ |