

**KIM C. BERTIN, M.D.**

Initial Examination

Name: \_\_\_\_\_

Height: \_\_\_\_\_

Referred by: \_\_\_\_\_ (List friend's name if referred by friend)

If referred by M.D., list full address & phone: \_\_\_\_\_

**WHICH JOINT WILL WE BE CHECKING?  RIGHT HIP  LEFT HIP**

Date your hip symptoms first onset: \_\_\_\_\_

1. How did the pain start:  gradually and has progressed  suddenly without trauma  
 with a traumatic episode

If applicable, explain the traumatic episode: \_\_\_\_\_

2. Location of pain:  groin  front of thigh  inner thigh  outer side of thigh  
 back of thigh  side of hip  buttocks  sacroiliac joint  low back  knee to foot  
 into foot

3. Aggravated by:  ascending stairs  descending stairs  arising from chair  
 in/out of car  walking  exercise  lying on hip

4. Pain is worst (**Choose one only**):  at night  at rest  walking  on stairs

5. Alleviated by:  sitting  standing  lying down  medication  nothing

6. Describe the pain in your hip:  none/ignore  slight/occasional  mild/pain after unusual activity  
 moderate/tolerable/make concessions  marked/serious limitations  
 totally disabled

7. What type of walking aid do you use:  none  one cane on a long walk  
 one cane most of the time  one crutch  two canes  two crutches  
 walker  wheelchair/unable to walk

If using a walking aid, why:  hip pain/discomfort  knee pain/discomfort  
 other joint problems  stability/balance

8. Do you have thigh pain:  yes  no

9. Do you limp without support (i.e. cane, crutches, etc.):  not at all  slightly  moderately  
 severely  unable to walk

10. Do you limp with support (i.e. cane, crutches, etc.):  not at all  slightly  moderately  
 severely  unable to walk

11. On which side do you limp (if applicable):  right  left  both  neither

12. How much do you limp when walking:  not at all  slightly  moderately  severely  
 unable to walk

**\*\*CONTINUED ON BACK\*\***

13. How far can you walk without stopping because of pain in your hip:  
 unlimited distances  6 blocks  2-3 blocks  indoors only  from bed to chair
14. How far can you walk without support (i.e. cane, crutches, etc.):  
 unlimited amount of time (more than 60 min.)  31-60 min.  11-30 min.  
 2-10 min.  less than 2 min.  unable to walk without support
15. How do you go up & down stairs:  
 Normally -- one foot on each step  
 Normally with banister  
 Both feet on same step  
 Unable to go up and down stairs
16. How do you put on your shoe & sock:  with ease  with difficulty  unable
17. How long can you sit in a chair:  any chair for one hour  high chair for half hour  
 unable to sit in any chair for half hour
18. Sitting to standing:  can arise from chair without upper-extremity support  
 can arise with upper-extremity support  cannot arise independently
19. Are you able to use public transportation (bus or subway) if you wanted:  yes  no
20. Does pain interfere with sleeping:  no  yes--mild  yes--severe/awakens from sleep
21. Any leg length discrepancy:  legs are equal  right leg is shorter than left  
 left leg is shorter than right
22. If leg length discrepancy, amount:  1/8"  1/4"  3/8"  1/2"  3/4"  1"  over 1"
23. Describe your current general activity level:  
 I am bedridden or confined to a wheelchair  
 I am sedentary (in a chair) with minimal capacity for walking or other activity  
 I am partially sedentary and can do deskwork, light housekeeping, or bench work  
 I perform light labor such as heavy house cleaning, yard work, or light sports  
 I perform moderate manual labor with lifting heavy weight and/or participate in moderate sports  
 I participate in heavy manual labor / frequently lift heavy weights and/or participate in vigorous sports
24. Physical therapy for arthritis:  never  less than once per week  once per week  
 more than once per week but not daily  every day  in the past, but now stopped
25. Number of times you've had steroid injections for arthritis: \_\_\_\_\_
26. Chiropractic therapy for arthritis:  never  less than once per week  
 once per week  more than once per week but not daily  every day  
 in the past, but now stopped
27. Walking/Water exercise for arthritis:  never  less than once per week  
 once per week  more than once per week but not daily  every day  
 in the past, but now stopped