2020-06-03

Assessment checklist: PT-led orthopedic triage

Name: _____

Personal number: _____

Pain medication	Yes	No	
If yes, which medication/how often? _____			
Most painful joint:	R Knee		L Knee
	R Hip		L Hip
X-ray verified OA in most painful joint	Yes	No	
Joint stiffness	Yes	No	Sometimes
Night pain	Yes	No	Sometimes
Trusts knee/hip	Yes	No	Sometimes

Maximal walking distance: _____with/without walking aid

Able to walk in stairs	Yes	No	
If yes, is it painful?	Yes	No	Sometimes
Exercise/physical activity	Yes	No	

What kind of activity? _____

How often/duration? _____

Tried rehabilitation:	Yes	No

If yes, when? _____

For how long period of time? _____

Participated in BOA:	Yes	No

Physical examination

K- Swelling in most painful joint?	Yes	No	NA
K/H- Can stand on one leg:	Yes	Yes, but barely	No
K- Joint stability	Good stability	Instable	

ROM Hip/Knee:

K/H - Flexion_____degrees

K/H - Extension_____degrees

H – Hip abduction _____degrees

H - Internal rotation	Normal	Limited	Much limited
H – External rotation	Normal	Limited	Much limited

Muscle function:

K/H – Can do a straight leg raise	Yes	No	
K/H – Sit to stand	Yes	Yes, with help from the arms	No

Pain from other joints? /Which joints? _____

Want surgical intervention? Yes No

Patients goal with surgical intervention _____

Decision

Is the patient suitable for THA/TKA?

Yes **No**