**Name:** **D.O.B:**

**Side:** Left Right Bilateral

**Evaluation:** Pre-operative 6 weeks 6 months Years Post Op

|  |  |
| --- | --- |
| **1. PAIN:**  **☐** No pain at any time  **☐** No pain on walking  **☐** Mild pain on walking  **☐** Moderate pain on walking  **☐** Severe pain on walking  **☐** No pain at rest  **☐** Moderate pain at rest  **☐** Severe pain at rest | **2. FUNCTION:**   1. Walking and Standing   **☐** Unlimited  **☐** Walks 5-10 blocks, standing unlimited  **☐** Walks 1-5 blocks, stands up to half an hour  **☐** Walks less than 1 block  **☐** Cannot walk  **B.** Stairs  **☐** Climbing stairs  **☐** Climbing stairs with support  **☐** Unable  **C.** Transfer Activity  **☐** Without support  **☐** With support  **☐** Unable |