**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 |