

TOTAL JOINT WORKSHEET

PATIENT NAME _____ DATE _____

AFFECTED JOINT: RIGHT HIP LEFT HIP BOTH HIPS RIGHT KNEE LEFT KNEE BOTH KNEES

WHICH BOTHERS YOU THE MOST (check only one): RIGHT HIP LEFT HIP RIGHT KNEE LEFT KNEE

DO YOU USE A CANE /WALKER/CRUTCHES: _____ YES _____ NO

HOW LONG HAS THE AFFECTED JOINT BEEN BOTHERING YOU: _____

WHAT MAKES THE PAIN BETTER: _____

WHAT MAKES THE PAIN WORSE: _____

HOW FAR CAN YOU WALK WITHOUT PAIN: _____ NONE _____ HOUSE BOUND _____ < 1 BLOCK
_____ <5 BLOCKS _____ 5-10 BLOCKS _____ UNLIMITED

HOW MANY STEPS CAN YOU CLIMB: _____ NONE _____ 1-3 STEPS _____ HAVE TO USE RAIL
_____ UNLIMITED

DO YOU EXPERIENCE STIFFNESS OR LIMITED ROM IN THE AFFECTED JOINT: _____ YES _____ NO

HAVE YOU HAD PHYSICAL THERAPY FOR THE AFFECTED JOINT: _____ NO _____ YES, IF SO
WHEN: _____

HAVE YOU TRIED ANTI-INFLAMMATORIES SUCH AS TYLENOL, ADVIL, IBUPROFEN: _____ YES _____ NO

IF YES PLEASE LIST NAMES OF THOSE YOU HAVE TRIED: _____

HAVE YOU TRIED PAIN MEDICATIONS SUCH AS HYDROCODONE, ULTRAM: _____ YES _____ NO

IF YES PLEASE LIST NAME S OF THOSE YOU HAVE TRIED: _____

HAVE YOU HAD THERAPEUTIC INJECTIONS SUCH AS _____ STEROID OR _____ VISCOSUPPLEMENT
(EUFLEXXA, SYNVISIC) DATES: _____

DID THE INJECTION (S) HELP? _____ YES _____ NO

HAVE YOU TRIED WEIGHT LOSS TO HELP DECREASE THE PAIN: _____ YES _____ NO

HOW HAS YOUR PAIN LIMITED YOUR ACTIVITIES: _____
