

HIP RATING QUESTIONNAIRE

Patient Name _____

Date _____

Please read carefully:

Which hip is affected by arthritis? Left Right Both

Instructions: Please answer the following questions about the hip(s) you have just indicated.

1. Considering all the ways that your hip arthritis affects you, mark how well you are doing.
 Very well Well Fair Poor Very Poor
2. During the past month, how would you describe the usual arthritis pain in your hip?
 Very severe Severe Moderate Mild None
3. During the past month, how often have you had to take medication for your arthritis?
 Always Very often Fairly often Sometimes Never
4. During the past month, how often have you had severe arthritis pain in your hip?
 Everyday Several days/week 1 day/week One day/month Never
5. How often have you had hip arthritis pain at rest, either sitting or lying down?
 Everyday Several days/week 1 day/week One day/month Never
6. How far can you walk without resting because of your hip arthritis pain?
 Unable to walk Less than one city block 1 to <10 city blocks 10 to 20 city blocks Unlimited
7. How much assistance do you need for walking?
 Unable to walk Walk only with someone's help
 Two crutches or walker every day Two crutches or walker several days/week
 Two crutches or walker once/week or less Cane or one crutch every day
 Cane or one crutch several days per week Cane or one crutch once per week
 Cane or one crutch once per month No assistance
8. How much difficulty do you have going up or down one flight of stairs because of your hip arthritis?
 Unable Require someone's assistance Require crutch or cane Require banister No difficulty
9. How much difficulty do you have putting on your shoes and socks because of your hip arthritis?
 Unable Require someone's assistance Require long shoehorn and reacher
 Some difficulty but no devices required No difficulty
10. Are you able to use public transportation?
 No, because of my hip arthritis No, but for some other reason Yes, able to use public transportation
11. When you bathe—either a sponge bath or in a tub or shower—how much help do you need?
 No help at all Help with bathing one part of your body, like back or leg
 Help with bathing more than one part of your body
12. If you had the necessary transportation, could you go shopping for groceries or clothes?
 Without help (taking care of all shopping needs yourself)
 With some help (need someone to go with you to help on all shopping trips)
 Completely unable to do any shopping
13. If you had household tools and appliances (vacuum, mops, and so on) could you do your own housework?
 Without help (can clean floors, windows, refrigerator, and so on)
 With some help (can do light housework, but need help with some heavy work)
 Completely unable to do any housework
14. How well are you able to move around?
 Able to get in and out of bed without the help of another person
 Need the help of another person to get in and out of bed or chair
 Not able to get out of bed

Examiner: _____

Informed Consent To Chiropractic Treatment

The nature of chiropractic treatment: The doctor will use his/her hands or a mechanical device in order to move your joints. You may feel a “click” or “pop,” such as the noise when a knuckle is “cracked”, and you may feel movement of the joint. Various ancillary procedures, such as hot or cold packs, electric muscle stimulation, therapeutic ultrasound or traction may also be used.

Possible risks: As with any health care procedure, complications are possible following a chiropractic manipulation. Complications could include fractures of bone, muscular strain, ligamentous sprain, dislocations of joints, or injury to intervertebral discs, nerves or spinal cord. Cerebrovascular injury, or stroke, could occur upon severe injury to arteries of the neck. A minority of patients may notice stiffness or soreness after the first few days of treatment. The ancillary procedures could produce skin irritation, burns or other minor complications.

Probability of risks occurring: The risks of complications due to chiropractic treatment have been described as “rare”, about as often as complications are seen from the taking of a single aspirin tablet. The risk of cerebrovascular injury, or stroke, has been estimated at one in one million to one in ten million, and can be even further reduced by screening procedures. The probability of adverse reaction due to ancillary procedures is also considered “rare”.

Other treatment options that could be considered may include the following:

- *Over-the-counter analgesics.* The risks of these medications include irritation to stomach, liver and kidneys, and other side effects in a significant number of cases.
- *Medical care,* typically anti-inflammatory drugs, tranquilizers, and analgesics. Risks of these drugs include a multitude of undesirable side effects and patient dependence in a significant number of cases.
- *Hospitalization* in conjunction with medical care adds risk of exposure to virulent communicable disease in a significant number of cases.
- *Surgery* in conjunction with medical care adds the risks of adverse reaction to anesthesia, as well as an extended convalescent period in a significant number of cases.

Risks of remaining untreated: Delay of treatment allows formation of adhesions, scar tissue and other degenerative changes. These changes can further reduce skeletal mobility, and induce chronic pain cycles. It is quite probable that delay of treatment will complicate the condition, and make future rehabilitation more difficult.

I have read the explanation above of chiropractic treatment. I have had the opportunity to have any questions answered to my satisfaction. I have fully evaluated the risks and benefits of undergoing treatment. I have freely decided to undergo the recommended treatment, and hereby give my full consent to treatment.

Printed name

Signature

Date