



Veteran

UIN

Please assess the following conditions:

1. Please complete either Table A **or** Table B in relation to the **Range of Movement (RoM)**.

Table A: Select the most accurate description of any loss of active RoM of the hip(s). (Consider motion in all planes with emphasis on those of functional importance.)

Description	Right	Left
None or minor restriction of movement.	<input type="checkbox"/>	<input type="checkbox"/>
Loss of about one-quarter range of movement.	<input type="checkbox"/>	<input type="checkbox"/>
Loss of about half range of movement.	<input type="checkbox"/>	<input type="checkbox"/>
Loss of about three-quarters range of movement.	<input type="checkbox"/>	<input type="checkbox"/>
Loss of nearly all movement / ankylosis in position of function.	<input type="checkbox"/>	<input type="checkbox"/>
Ankylosis in an unfavourable position , <u>OR</u> a flail joint .	<input type="checkbox"/>	<input type="checkbox"/>

Table B: Enter the measured RoM in each plane.

Movement	Normal RoM	Right	Left
Flexion.	100°		
Extension.	30°		
Abduction.	40°		
Adduction.	20°		
Internal Rotation.	40°		
External Rotation.	50°		

2. Please select **all** that apply to any joint replacement.

Description	Right	Left
None.	<input type="checkbox"/>	<input type="checkbox"/>
Partial hip replacement.	<input type="checkbox"/>	<input type="checkbox"/>
Total hip replacement.	<input type="checkbox"/>	<input type="checkbox"/>

3. Please select the most accurate description of any **resting joint pain** (pain which is present in the absence of use of the joint, or which persists beyond the expected recovery period).

Description	Right	Left
None or not usually present at rest.	<input type="checkbox"/>	<input type="checkbox"/>
Mild pain that is often present at rest.	<input type="checkbox"/>	<input type="checkbox"/>
Pain that is often present at rest but improves after several hours or responds to medication or to therapeutic measures.	<input type="checkbox"/>	<input type="checkbox"/>
Severe pain that is often present at rest but does not respond adequately to medication or to therapeutic measures.	<input type="checkbox"/>	<input type="checkbox"/>
Severe pain that is always present at rest but does not respond adequately to medication or therapeutic measures AND regularly interferes with sleep.	<input type="checkbox"/>	<input type="checkbox"/>

4. Are there any other comments you would like to make regarding the impact of the veteran's hip condition(s)?

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5. Please list **all conditions** contributing to the reported impairment to the **loss of ROM at Q1** and indicate the **percentage contribution**. Include any previously known condition(s) and any new condition(s) you have identified. The contribution total must equal 100%.

Condition	Contribution %
e.g. Osteoarthritis of left hip joint	75%
Total	100%

Doctor's signature	Doctor's name	Date	Time to complete form
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