

Knee/Hip Joint Replacement – Advanced Joint Disease Documentation Worksheet*

Patient Name: _____

Joint to be replaced: _____

Condition/Diagnosis: _____

Level of pain and/or functional disability related to the joint to be replaced

- ✓ How long has the patient had this condition?

- ✓ What are the modifying factors (i.e. what makes the pain better or worse)?

- ✓ How far can the patient walk?

- ✓ How many steps can the patient climb?

- ✓ What is the range of motion?

- ✓ Describe the need for adaptive behavior.

Describe previous conservative therapy/non-surgical management for of the condition and how it was unsuccessful.

- Analgesic/NSAID dosages and duration of treatment:

- Pre-operative supervised physical therapy with frequency and duration:

- Activity modification/restriction:

- Flexibility and muscle strengthening exercises:

- Weight reduction:

- Therapeutic joint injections:

- Use of assistive devices (cane, walker, wheelchair):

Does the patient have significant conditions or co-morbidities (e.g., diabetes, hypertension, obesity)? If so, describe the risks and possible complications that have been discussed with the patient.

Describe your findings related to x-ray and/or MRI:

Physician Signature _____ Date: _____

*This worksheet may only be utilized when the physician has already provided documentation indicating a joint replacement is being performed for advanced joint disease.



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