

HIP AND KNEE REPLACEMENT SURGERY PRIORITY CRITERIA TOOL

PLEASE PRINT CLEARLY

Provincial Health Care Number: _____

Patient Name: _____

Patient Age: _____ Sex: [circle one] M F

[Tick one box] Left Hip Right Hip Left Knee Right Knee

[Tick one box] Primary Revision

Diagnosis: _____

Surgeon's Name: _____ Phone: _____

Date: _____

Patients must be on appropriate non-surgical treatment prior to evaluation (e.g. medications, walking aids, shoe inserts)

Please check the box that most accurately describes the patient's current situation

1. Pain on motion (e.g. walking, bending): *

- None/mild (0)
- Moderate (6)
- Severe (13)

2. Pain at rest (e.g. while sitting, lying down, or causing sleep disturbance): *

- None (0)
- Mild (3)
- Moderate (8)
- Severe (11)

** Take into account usual duration, intensity, and frequency of pain, including need for narcotic vs. non-narcotic medication.*

3. Ability to walk without significant pain :

- Over 5 blocks (0)
- 1-5 blocks (0)
- <1 block (4)
- Household ambulator (7)

4. Other functional limitations (e.g. putting on shoes, managing stairs, sitting to standing, sexual activity, bathing, cooking, recreation or hobbies):

- No limitations (0)
- Mild limitations - able to do most activities with minor modifications or difficulty (4)
- Moderate limitations - able to do most activities with modification or assistance (11)
- Severe limitations - unable to perform most activities (19)

5. Abnormal findings on physical exam related to affected joint (e.g. deformity, instability, leg length difference, restriction of range of motion on examination):

- None/mild (0)
- Moderate (5)
- Severe (10)

6. Potential for progression of disease documented by radiographic findings (e.g. recurrent dislocation, x-ray evidence of protrusion, significant bone loss, component wear, impending fracture):**

- None (0)
- Mild (4)
- Moderate (11)
- Severe (20)

** Predominantly applies to revisions, use in primary cases only in special circumstances (e.g. ligament instability, bone loss)

7. Threat to patient role and independence in society (i.e. ability to work, give care to dependants, live independently (difficulty must be related to affected joint)):

- Not threatened but more difficult (0)
- Threatened but not immediately (10)
- Immediately threatened or unable (20)

8. All things considered, how would you rate the urgency or relative priority of this patient?

(Draw a line across the scale.)

