HIP AND KNEE REPLACEMENT PRIORITY CRITERIA TOOL

September 2007

Patient Name: _____ HSN:_____

Patient Date of Birth ____ _____ _____ Sex: ☐ M ☐ F
MM DD YYYY

This Form Completed By:
Surgeon _____
Other Clinician _____
Office Staff _____

Does your patient want a confirmation letter? If NO check here ☐

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) Score as proven or suspected cancer **only** if the patient is being treated for a malignancy **or** if clinical features and investigations include malignancy in differential diagnosis. Please check the box that most accurately describes the patient's current situation:

☐ Patient with proven or suspected invasive cancer.
Priority 1 - 95% of surgeries to be performed within 3 weeks.

☐ Patient with proven or suspected indolent cancer.
Priority 3 - 90% of surgeries to be performed within 3 months.

☐ Patient requires a routine screening or follow-up procedure for cancer detection.
A scheduled procedure to be performed within 12 months.

2) Pain on motion (e.g., walking, bending). *Take into account usual duration, intensity, and frequency of pain, including need for narcotic vs. non-narcotic medication.*

0 ☐ None/Mild
6 ☐ Moderate
13 ☐ Severe

3) Pain at rest (e.g., while sitting, lying down, or causing sleep disturbance). *Take into account usual duration, intensity, and frequency of pain, including need for narcotic vs. non-narcotic medication.*

0 ☐ None
3 ☐ Mild
8 ☐ Moderate
11 ☐ Severe

4) Ability to walk without significant pain:

0 ☐ Over 5 blocks
0 ☐ 1-5 blocks
4 ☐ Less than 1 block
7 ☐ Household ambulator

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

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

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

0 ☐ None/mild
5 ☐ Moderate
10 ☐ Severe

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

0 ☐ None
4 ☐ Mild
11 ☐ Moderate
20 ☐ Severe

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

0 ☐ Not threatened but more difficult
10 ☐ Threatened but not immediately
20 ☐ Immediately threatened or unable