HISTORY OF PRESENT ILLNESS:

The patient is a \_\_\_ year-old (male/female) with a long history of worsening (right/left) hip pain. The pain has been increasing and is described as severe. The pain increases with activities and is constant at this point. The pain increases with weightbearing activities. Ambulation is markedly limited. The pain interferes with activities of daily living, causing functional disability. The patient (has/has no) pain at night.

The patient has been treated extensively with nonsurgical treatment. The patient had physical therapy which (did not/ did temporarily) help. The patient has tried ambulatory aides without significant effect. Injections are not indicated for hip arthritis.

The patient has also been treated with medications, but these are becoming increasingly ineffective.

Nonsurgical treatment has been provided for at least \_\_\_\_weeks.

PAST MEDICAL HISTORY:

PHYSICAL EXAMINATION:

(Orthopedic) The patient sits comfortably, but has difficulty rising for the examination. There is a significant limp off the (right/left) lower extremity. There is an (antalgic/Trendelenburg) component. Examination of the hip shows pain with passive range of motion testing. Flexion is\_\_\_ degrees. Internal rotation is\_\_\_ degrees. External rotation is \_\_\_ degrees. Abduction is\_\_\_ degrees.

There (is/is not) a leg length inequality.

Distal neurovascular examination is intact.

IMAGING STUDIES:

Radiographs of the\_\_\_ hip show severe osteoarthritis. Radiographic findings include (subchondral cysts/ subchondral sclerosis/ periarticular osteophytes/ joint subluxation/ joint space narrowing/ avascular necrosis/ bone-on-bone articulation).

ASSESSMENT:

Severe (right/left) hip osteoarthritis.

PLAN:

The patient is admitted for (right/left) total hip replacement. The patient has not responded to extensive nonsurgical treatment and is having increasing pain, limited ambulation, and interference with activities of daily living. The benefits, risks, and alternatives have been discussed, and the patient wishes to proceed. Risks discussed include limited range of motion and function, dislocation, infection, loosening, fracture, thromboembolic complications, need for reoperation, and general medical and anesthetic complications.