

Hip & Knee Osteoarthritis Joint Assessment and Diagnosis Charting

PLACE PATIENT IDENTIFICATION LABEL HERE
Or fill out necessary fields below

Name: _____ Gender: Male
 Female
DOB (dd/mm/yyyy): _____
PHN: _____

Instructions: This assessment is designed for collecting data per joint.

Today's Date: / /

D D M M Y Y Y Y

INDIVIDUAL DETAILS												
Age: _____	Height (cm): _____	Weight (kg): _____	BMI: _____ <small>[(weight in kg)/height in m]²</small>				Blood Pressure: _____ <small>Consider before prescribing medication</small>					
INDIVIDUAL ASSESSMENT - check the appropriate box												
1. Where is the individual's pain?			2. How does the individual describe their pain on a scale of 1-10?									
	Right	Left	Little to No Pain			Moderate Pain			Worst Pain Possible			
Hip	<input type="checkbox"/>	<input type="checkbox"/>										
Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
3. Does the individual have morning stiffness in their joint that lasts less than 30 minutes? If greater than 30 minutes, proceed to inflammatory screening.								<input type="checkbox"/> Yes		<input type="checkbox"/> No		
4. Is the individual's joint pain generally related to activity?								<input type="checkbox"/> Yes		<input type="checkbox"/> No		
5. Is the individual avoiding ALL activities due to pain, stiffness, or weakness?								<input type="checkbox"/> Yes		<input type="checkbox"/> No		
6. Does the individual experience any symptoms of joint instability, such as "giving way", locking, or repeated clicking?								<input type="checkbox"/> Yes		<input type="checkbox"/> No		
7. Does the individual have any chronic disease co-morbidities including sleep disorders and/or mood disorders?								<input type="checkbox"/> Yes		<input type="checkbox"/> No		
OBSERVATION AND ASSESSMENT OF AFFECTED JOINT												
Below is a list of serious pathologies to consider and rule out in assessing joint pain. If the individual has one or more RED FLAGS do not proceed with further assessment.												
RED FLAGS ✘												
<input type="checkbox"/> NO Red Flags	<input type="checkbox"/> Infection		<input type="checkbox"/> Inflammatory			<input type="checkbox"/> Fracture			<input type="checkbox"/> Tumor			

YELLOW FLAGS! Psychosocial risk factors for those with joint pain lasting more than six weeks or non-responsive to treatment (check all that may apply).

- NO** Yellow Flags
 Belief that joint pain is harmful or potentially severely disabling
 Fear and avoidance of activity or movement
 Tendency to low mood and withdrawal from social interaction
 Expectation of passive treatment(s) rather than a belief that active participation will help

Alignment/Deformities

Check the standing alignment of the individual

- Normal
 Knock knees (valgus)
 Bowleggedness (varus)

Leg Length

If you suspect your patient has a leg length difference of >1.5 cm, validate and refer for a shoe insert/modification if appropriate

Knee Swelling (Bulge Test)

Palpate joint line for tenderness, while checking for swelling

- Minimal amount of fluid on joint
 Moderate: Noticeable fluid wave with bulge test
 Large: fluid fullness is felt in compartment and does not easily move

Gait

Does your patient limp when walking greater than 5 minutes?

- Yes**
 No
 Is there pain with the limp?
 Occasional limp when initiating walking and then normalizes?

Consider appropriate pain management. If limp is persistent, consider a single point cane.

Consider more active breaks with prolonged positioning.

- Pain persists
 Gait is asymmetrical due to limited joint mobility

Consider using a wheeled walker.

Function & Strength: Sit to Stand Test (30-Second Chair Stand)



1. Instruct the individual.
2. On the word "go" begin timing.
3. Count the number of times the individual comes to a full standing position in 30 seconds.

Scan QR code for further instructions.

Number: _____

- Able to complete greater than 15 repetitions in 30 seconds.
 Able to complete one to three repetitions in 30 seconds.
 Unable to complete one repetition where neurological and cardiac function are normal.

Mobility: Timed Up & Go (TUG) Test



1. Instruct the individual.
2. On the word "go" begin timing.
3. Stop timing after the individual sits back down.
4. Record time.

Scan QR code for further instructions.

Time in Seconds: _____

Hip Internal Rotation

- Normal range with pain
 5-10 degrees
 Neutral position
 N/A

Imaging

(Has the individual had previous x-rays or imaging of the affected joint?)

- NO**
 YES (complete) →

Imaging Type:

Flexion of Assessed Joint

- > 115 degrees
 > 90-115 degrees
 < 90 degrees