

TOTAL JOINT REPLACEMENT PATIENT MOBILITY- SOCIAL ASSESSMENT SCREENING QUESTIONNAIRE

3 or more NO responses trigger a PT consult.

- Are you able to:
- | | YES | NO |
|--|--------------------------|--------------------------|
| • perform self care (bathing, dressing) without assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| • stand longer than 10 minutes | <input type="checkbox"/> | <input type="checkbox"/> |
| • walk 2 blocks | <input type="checkbox"/> | <input type="checkbox"/> |
| • climb a full flight of stairs, with railing | <input type="checkbox"/> | <input type="checkbox"/> |
| • get in/out of bed, on/off toilet, (without assistance)? | <input type="checkbox"/> | <input type="checkbox"/> |



Any single YES response indicates an MSW consult.

- Are you:
- | | YES | NO |
|--|--------------------------|--------------------------|
| • experiencing pain, weakness, stiffness, or dysfunction in both legs? | <input type="checkbox"/> | <input type="checkbox"/> |
| • unable to perform chair push-up to full elbow extension | <input type="checkbox"/> | <input type="checkbox"/> |
| • using supplemental oxygen? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has the patient fallen in past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |

Any single YES response indicates a PT consult.

- Do you:
- | | YES | NO |
|---|--------------------------|--------------------------|
| • live in an adult family home, nursing facility or assisted living facility? | <input type="checkbox"/> | <input type="checkbox"/> |
| • need help with daily activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| • live out of state? | <input type="checkbox"/> | <input type="checkbox"/> |



Office Use Only

- | | YES | NO | |
|--|--------------------------|--------------------------|-----|
| Body mass index (BMI) greater than 30? | <input type="checkbox"/> | <input type="checkbox"/> | PT |
| Is the patient over 65 years of age? | <input type="checkbox"/> | <input type="checkbox"/> | PT |
| Is the patient over 75 years of age? | <input type="checkbox"/> | <input type="checkbox"/> | MSW |
| Scheduled for total hip replacement | <input type="checkbox"/> | <input type="checkbox"/> | MSW |
| Scheduled for bilateral hip replacement? | <input type="checkbox"/> | <input type="checkbox"/> | PT |
| Scheduled for total knee replacement? | <input type="checkbox"/> | <input type="checkbox"/> | MSW |
| Is this a revision of a previous total knee surgery? | <input type="checkbox"/> | <input type="checkbox"/> | MSW |

Patient's appointment information (if applicable):

Date: _____ Time: _____