

1st Post-operative McGill Pain Questionnaire

Name: PATRICIA A. DeHubertis Date: 6-4-02

Home phone: (404) 255-9948 Work phone: (404) 428-9312

Occupation: School Bus Driver Weight: 200?

Satisfaction with procedure: Not satisfied 0 10 20 30 40 50 60 70 80 90 100 **Most satisfied**

Would you recommend procedure to a family member? Y / N

Shoe restrictions: 1. None 2. Restricted to sneakers/wide shoes 3. Very limited in shoes 4. Sandals only

Motion of big toe joint: 1. Satisfied 2. Limited motion without pain 3. Pain with restricted motion

Alignment & appearance of big toe: 1. Good, pleased 2. Fair 3. Poor, unhappy

Frequency of pain: 1. No pain 2. Mild on occasion 3. Moderate daily 4. Severe daily

Painful callus: Y / N **Swelling in big toe:** 1. None 2. Slight 3. Constant

Rate pain of bunion deformity after surgery:

Throbbing	0. None	1. Mild	<u>2. Moderate</u>	3. Severe
Shooting	<u>0. None</u>	1. Mild	2. Moderate	3. Severe
Stabbing	<u>0. None</u>	1. Mild	2. Moderate	3. Severe
Sharp	<u>0. None</u>	1. Mild	2. Moderate	3. Severe
Cramping	<u>0. None</u>	1. Mild	2. Moderate	3. Severe
Gnawing	0. None	<u>1. Mild</u>	2. Moderate	3. Severe
Hot-Burning	0. None	1. Mild	<u>2. Moderate</u>	<u>3. Severe</u>
Aching	0. None	1. Mild	<u>2. Moderate</u>	3. Severe
Heavy	0. None	1. Mild	<u>2. Moderate</u>	3. Severe
Tender	0. None	1. Mild	<u>2. Moderate</u>	3. Severe
Splitting	<u>0. None</u>	1. Mild	2. Moderate	3. Severe
Tiring-Exhausting	0. None	1. Mild	<u>2. Moderate</u>	3. Severe
Sickening	<u>0. None</u>	1. Mild	2. Moderate	3. Severe
Fearful	<u>0. None</u>	1. Mild	2. Moderate	3. Severe
Punishing-Cruel	<u>0. None</u>	1. Mild	2. Moderate	3. Severe

Present pain intensity

0. No Pain 1. Mild 2. Discomforting 3. Distressing 4. Horrible 5. Excruciating

Mark on the following line your level of pain.

No pain |----- X -----| Worst pain possible

Podiatry Institute Hallux Valgus Survey

PRE-OPERATIVE EVALUATION

Patient: Patricia L. Hibbert Surgeon: JL
 Patient #: 9020287 Date: 5 30 02
 Age: 44 Sex: M/ F Height: 5'4" Weight: 210 lbs Extremity: L/
 R

Chief complaint: Bump pain Joint pain Limitus Neuritic pain Other: _____

Associated 2nd MPJ: Metatarsalgia: Y N IPK: Y N Hammertoe 2nd: Y / N

Duration of symptoms: _____ (months) 2 (years)

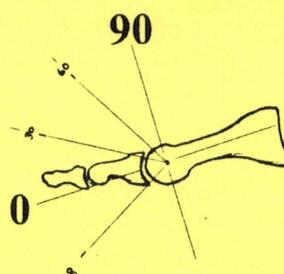
Illnesses: Diabetes PVD Rheumatoid Osteoporosis Other: 0

Meds: Steroids Other: 0 Tobacco: Packs /day x 0 yrs.

Pre-op ROM:

dorsiflexion 65°

plantarflexion 20°



Previous treatment: 0 shoe gear

Previous surgery: CBWG (R) Year of previous surgery: 2000

Occupation: <u>Bus Driver</u>	Exercise type: <u>WALKING</u>
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Work: <input checked="" type="radio"/> Sedentary	Desk Work	Standing Job	Heavy Duty
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Exercise: No Exercise	<input checked="" type="radio"/> Occasional Exercise	Regular Exercise
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Pre-operative McGill Pain Questionnaire (patient to complete / send to Podiatry Institute)

D/P & lateral x-rays (send copies to Podiatry Institute)

Schedule patient for 3 – 7 day post-op visit (next documentation point)
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Podiatry Institute Hallux Valgus Survey

SURGICAL DATA

Patient: Patricia J. Schubert's Surgeon: G. V. Y.
 Patient# 9020287 Date of surgery: 5-31-02

PROCEDURE:

Silver	<input checked="" type="radio"/> Austin	Scarf	Base Wedge	Keller
McBride	<input type="radio"/> Kalish	Mau	Lapidus	Implant
Akin		Sagittal Z	Crescentic	Arthrodesis
Reverdin-Green-Laird				

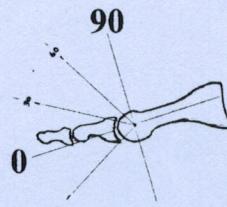
Other procedure: Modified McBride

Adductor tendon release:	<input checked="" type="radio"/> Y / N	Fib. ses. ligament:	<input checked="" type="radio"/> Y / N
Tenotomy FHB (lateral):	<input type="radio"/> Y / <input checked="" type="radio"/> N	Lateral capsule release:	<input checked="" type="radio"/> Y / N
Excise fibular. sesamoid:	<input type="radio"/> Y / <input checked="" type="radio"/> N	Adductor tendon transfer:	<input checked="" type="radio"/> Y / <input type="radio"/> N
Medial capsulorraphy	<input type="radio"/> Y / N	Subchondral drilling	<input checked="" type="radio"/> Y / <input type="radio"/> N

Condition of cartilage: Intact / Partial degeneration / Full degeneration;

Intra-op ROM:

dorsiflexion 65
 plantarflexion 20


FIXATION: (circle all that apply)

Kwire
 x1 smooth
 x2 threaded
 x3 buried
 crossed
 percutaneous
 lock pin 0.062

Screw
 x1 2.0 mm
 x2 2.7 mm
 x3 4.0 mm
 Plate & Screws

Absorbable
 Orthosorb x1 x2
 Allofix Pins 2.0 / 2.4 / mm
 Screws 2.7 / 3.5 / 4.0 mm
 Bionix Screws 2.7 / 3.5 / 4.0 mm

Other fixation: Cerclage / _____

Adjunct procedure: None / HT 2nd HT 2-4 / Tailor's / Rearfoot / Triceps

Other adjunct procedure: _____

Tourniquet: Y / N

Epinephrine: Y / N

Dexamethasone: Y / N

Anesthesia: General MAC Spinal Local

Schedule 1st post-operative visit

Complications Form (as applies)

Podiatry Institute Hallux Valgus Survey

1ST POST-OPERATIVE EVALUATION

Patient: Patricia J. Hubert, S Surgeon: G.V.-YU
 Patient#: 9020287 Date of exam: 6-4-02

P. O. medications: VICODIN / 67C Tylenol Doses: 3/4 Days: 5

Weightbearing status:

- Non-weightbearing
- Partial weightbearing
- Full weightbearing

	None	Periwound	Dorso-Medial	Entire Dorsum	Circumferential
Edema:	0	1	2	3	4
Erythema:	(0)	1	2	3	4
Ecchymosis:	(0)	1	2	3	4
	None	Seeping part of incision	Seeping whole incision	Hematoma	Active bleeding
Bleeding:	(0)	1	2	3	4
	None	< half incision	> half incision	Shole incision	Necrosis
Dehiscence:	(0)	1	2	3	4
	None	Suture abscess	Local cellulitis	Abscess	Osteomyelitis
Infection:	(0)	1	2	3	4

Other complications: _____

D/P & lateral x-rays (send copies to Podiatry Institute)

Schedule 3 month post-operative visit

Complications Form (as applies)

Patient: Patricia A. DeRubertis Date: 5-30-02

6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

Not at all	Slightly	Moderately	Quite a bit	Extremely
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. How much bodily pain have you had during the past 4 weeks?

None	Very mild	Mild	Moderate	Severe	Very severe
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

Not at all	A little bit	Moderately	Quite a bit	Extremely
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks...

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
Did you feel full of pep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been a very nervous person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Have you felt so down in the dumps that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Have you felt calm and peaceful?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you have a lot of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt downhearted and blue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Did you feel worn out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Have you been a happy person?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel tired?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

11. How TRUE or FALSE is each of the following statements for you?

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a) I seem to get sick a little easier than other people	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I am as healthy as anybody I know	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I expect my health to get worse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
d) My health is excellent	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SF-36 Pre-operative Patient Questionnaire

Patient: Patricia A. DeRubertis Date: 5-30-02

1. In general, would you say your health is:

Excellent	Very Good	Good	Fair	Poor
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Compared to one year ago, how would you rate your health in general:

Much better now	Somewhat better	About the same	Somewhat worse	Much worse
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes, Limited a lot	Yes, Limited a little	No, not limited at all
Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Lifting or carrying groceries	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Climbing several flights of stairs	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Climbing one flight of stairs	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Bending, kneeling, or stooping	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Walking more than a mile	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking several blocks	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking one block	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bathing or dressing yourself	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	Yes	No
Cut down on the amount of time you spent on work or other activities	<input type="radio"/>	<input checked="" type="radio"/>
Accomplished less than you would like	<input type="radio"/>	<input checked="" type="radio"/>
Were limited in the kind of work or other activities	<input checked="" type="radio"/>	<input type="radio"/>
Had difficulty performing the work or other activities (for example, it took extra effort)	<input type="radio"/>	<input checked="" type="radio"/>

5. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	Yes	No
Cut down on the amount of time you spent on work or other activities	<input type="radio"/>	<input checked="" type="radio"/>
Accomplished less than you would like	<input type="radio"/>	<input checked="" type="radio"/>
Didn't do work or other activities as carefully as usual	<input type="radio"/>	<input checked="" type="radio"/>

Pre-operative McGill Pain Questionnaire

Name: Patricia A. DeRubertisDate: 5-30-02Home phone: (440) 255-9948Work phone: (440) 428-9312Occupation: Bus DriverWeight: 210 ?**Activity restrictions:** 1. None 2. Limits exercise 3. Limits activity after 4 hours 4. Limits activity all the time**Work restrictions:** 1. None 2. Reduced performance 3. Limits duties 4. Changed jobs due to foot pain**Shoe restrictions:** 1. None 2. Restricted to sneakers/wide shoes 3. Very limited in shoes 4. Sandals only**Motion of big toe joint:** 1. Satisfied 2. Limited motion without pain 3. Pain with restricted motion**Alignment & appearance of big toe:** 1. Good, pleased 2. Fair 3. Poor, unhappy**Frequency of pain:** 1. No pain 2. Mild on occasion 3. Moderate daily 4. Severe daily**Painful callus:** (Y) / N **Swelling in big toe:** 1. None 2. Slight 3. Constant**Rate pain of bunion deformity to date:**

Throbbing	0. None	1. Mild	2. Moderate	3. Severe
Shooting	0. None	1. Mild	2. Moderate	3. Severe
Stabbing	0. None	1. Mild	2. Moderate	3. Severe
Sharp	0. None	1. Mild	2. Moderate	3. Severe
Cramping	0. None	1. Mild	2. Moderate	3. Severe
Gnawing	0. None	1. Mild	2. Moderate	3. Severe
Hot-Burning	0. None	1. Mild	2. Moderate	3. Severe
Aching	0. None	1. Mild	2. Moderate	3. Severe
Heavy	0. None	1. Mild	2. Moderate	3. Severe
Tender	0. None	1. Mild	2. Moderate	3. Severe
Splitting	0. None	1. Mild	2. Moderate	3. Severe
Tiring-Exhausting	0. None	1. Mild	2. Moderate	3. Severe
Sickening	0. None	1. Mild	2. Moderate	3. Severe
Fearful	0. None	1. Mild	2. Moderate	3. Severe
Punishing-Cruel	0. None	1. Mild	2. Moderate	3. Severe

Present pain intensity

0. No Pain 1. Mild 2. Discomforting 3. Distressing 4. Horrible 5. Excruciating

Mark on the following line your level of pain.No pain |-----| Worst pain
possible

Demographic Questionnaire

Patient: PATRICIA A. DELUBERTIS Date: 5-30-02

1. What race do you consider yourself?

- White Black
 Asian/Pacific Islander Other: _____

2. What ethnicity do you consider yourself?

- European - American (Hispanic) African American
 European - American (not Hispanic) Asian American
 Other AMERICAN

3. What is your highest level of education?

- Less than high school Associate degree
 High school graduate Bachelor's degree
 Some college Graduate or professional degree

4. What is your job now? (If you are not working now, please tell us about your last job.)

- Professional and technical (e.g., doctor, teacher, engineer, artist, accountant)
 Administrator or manager (e.g., banker, executive, high government official)
 Clerical (e.g., clerk, office manager, secretary, bookkeeper,)
 Sales (e.g., sales manager, shop owner or assistant, buyer, insurance agent)
 Service (e.g., restaurant owner, policeman, barber, janitor) School Bus DRIVER
 Skilled worker (e.g., foreman, motor mechanic, printer, seamstress, electrician)
 Less skilled (e.g., laborer, porter, unskilled factory worker)
 Farm (e.g., farmer, farm laborer, tractor driver)
 Never had a job

5. What was your family/household income, from all sources last year before taxes?

- Under \$10,000 \$40,000 to \$49,999
 \$10,000 to \$19,999 \$50,000 to \$74,999
 \$20,000 to \$29,999 \$75,000 to \$99,999
 \$30,000 to \$39,999 Over \$100,000

6. If you were asked to use one of four names for your social class, which would you say you belong in?

- Lower class Upper class
 Working class Middle class