

**Podiatry Institute Hallux Valgus Survey**

**PRE-OPERATIVE EVALUATION**

Patient: BRIGET RELOW Surgeon: GOECKER

Patient #: \_\_\_\_\_ Date: 3/9/00

Age: 49 Sex: M/F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Extremity: L/R

Chief complaint: Bump pain Joint pain Limitus Neuritic pain Other: \_\_\_\_\_

Associated 2<sup>nd</sup> MPJ: Metatarsalgia: Y / N IPK: Y / N Hammertoe 2<sup>nd</sup>: Y / N

Duration of symptoms: \_\_\_\_\_ (months) 3 (years)

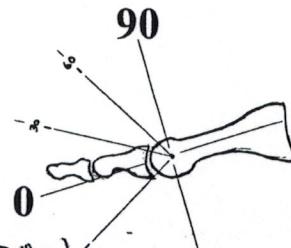
Illnesses: Diabetes PVD Rheumatoid Osteoporosis Other: \_\_\_\_\_

Meds: Steroids Other: \_\_\_\_\_ Tobacco: 1 Packs/day x 20 yrs.

Pre-op ROM:

dorsiflexion 50

plantarflexion 20



Previous treatment: ~~SHOE MODIFICATION~~

NSAIDS

Previous surgery: Ø Year of previous surgery: Ø

|                                   |                               |
|-----------------------------------|-------------------------------|
| Occupation: <u>LOAN PROCESSOR</u> | Exercise type: <u>WALKING</u> |
|-----------------------------------|-------------------------------|

|                 |                  |              |            |
|-----------------|------------------|--------------|------------|
| Work: Sedentary | <u>Desk Work</u> | Standing Job | Heavy Duty |
|-----------------|------------------|--------------|------------|

|                       |                            |                  |
|-----------------------|----------------------------|------------------|
| Exercise: No Exercise | <u>Occasional Exercise</u> | Regular Exercise |
|-----------------------|----------------------------|------------------|

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)

### Demographic Questionnaire

Patient: Bidge Row

Date: 3.9.00

1. What race do you consider yourself?



White



Black

Asian/Pacific Islander



Other: \_\_\_\_\_

2. What ethnicity do you consider yourself?

REVERSE ORDER HISP AND NON-HISP

European – American (Hispanic)

African American

European – American (not Hispanic)

Asian American

Other \_\_\_\_\_

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, union 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)

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

## SF-36 Pre-operative Patient Questionnaire

Patient: Betty RowDate: 3.9.00

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

|                                  |                       |                       |                       |                       |
|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Excellent                        | Very Good             | Good                  | Fair                  | Poor                  |
| <input checked="" type="radio"/> | <input 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 checked="" 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,<br>Limited<br>a lot | Yes,<br>Limited<br>a little      | No, not<br>limited<br>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 type="radio"/>            | <input checked="" 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 checked="" type="radio"/> | <input checked="" type="radio"/> |
| Walking more than a mile  | <input type="radio"/>    | <input checked="" type="radio"/> | <input type="radio"/>            |
| Walking several blocks  | <input type="radio"/>    | <input type="radio"/>            | <input checked="" type="radio"/> |
| Walking one block   | <input type="radio"/>    | <input type="radio"/>            | <input checked="" 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?

|  |                              |  |
|--|------------------------------|--|
| Cut down on the amount of time you spent on work or other activities                       | Yes<br><input type="radio"/> | No<br><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 type="radio"/>        | <input checked="" 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)?

|  |                              |  |
|--|------------------------------|--|
| Cut down on the amount of time you spent on work or other activities | Yes<br><input type="radio"/> | No<br><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 SF-36 (page 2)

Patient: \_\_\_\_\_

Date: \_\_\_\_\_

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 checked="" type="radio"/> | <input 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 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 checked="" type="radio"/> | <input 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 checked="" type="radio"/> | <input 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 type="radio"/> | <input checked="" 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 checked="" type="radio"/> | <input 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 checked="" type="radio"/> | <input checked="" type="radio"/> |
| Did you feel worn out?  | <input checked="" 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 checked="" type="radio"/> | <input type="radio"/>            |
| Did you feel tired?   | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input checked="" 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 checked="" type="radio"/> |
| b) I am as healthy as anybody I know                    | <input type="radio"/>            | <input type="radio"/> | <input checked="" 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 checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/>            |

### Pre-operative McGill Pain Questionnaire

Name: Brioget Reckow Date: 3/9/00

Home phone: (\_\_\_\_) Work phone: (\_\_\_\_)

Occupation: \_\_\_\_\_ Weight: \_\_\_\_\_

**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:**

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

## **Podiatry Institute Hallux Valgus Survey**

## Pre-operative X-ray Evaluation

**Patient:** \_\_\_\_\_ **Surgeon:** \_\_\_\_\_

**Patient#:** \_\_\_\_\_ **Date of Xrays:** \_\_\_\_\_

**Intermetatarsal angle:** \_\_\_\_\_

**Tibial sesamoid position:** \_\_\_\_\_

### **Hallux abductus angle:**

### Hallux interphalangeus angle:

#### **1<sup>st</sup> metatarsal protrusion:**

#### **Metatarsus adductus angle:**

#### **1<sup>st</sup> metatarsal declination angle:**

#### Proximal articular set angle:

#### Sagittal talo-calcaneal angle:

#### **Transverse talo-calcaneal angle:**

#### **Calcaneal inclination angle:**

3. Articular erosions.      4. Joint mice

# Podiatry Institute Hallux Valgus Survey

## SURGICAL DATA

Patient: Budget Review Surgeon: Gofficer  
 Patient# \_\_\_\_\_ Date of surgery: 3/9/00

**PROCEDURE:**

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

Other procedure: \_\_\_\_\_

 Adductor Tendon Release: 
 Y /  N  
 Y /  N  
 Y /  N  
 Y /  N

 Tenotomy FHB (lateral): 

 Excise Fibular. Sesamoid: 

 Medial capsulorraphy 

 Fib. Ses. Ligament: 

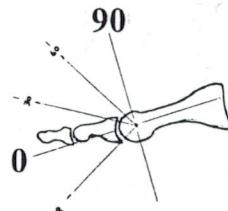
 Lateral Capsule Release: 

 Adductor Tendon Transfer: 

 Subchondral drilling 
 Y /  N  
 Y /  N  
 Y /  N

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

**Intra-op ROM:**

 dorsiflexion 60

 plantarflexion 70
**FIXATION:**
**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 &amp; 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 2<sup>nd</sup> / 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

1<sup>ST</sup> POST-OPERATIVE EVALUATION

Patient: BRODGET REKOW Surgeon: GOECKER  
 Patient#: \_\_\_\_\_ Date of exam: 3/9/00

P. O. medications: PEROCET Doses: 12 Days: 2

|                                     |                       |
|-------------------------------------|-----------------------|
| <b>Weightbearing status:</b>        |                       |
| <input checked="" type="checkbox"/> | Non-weightbearing     |
| <input type="checkbox"/>            | Partial weightbearing |
| <input type="checkbox"/>            | Full weightbearing    |

CAST (NO COMPLAINTS)  
NO WOUND CHECK

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

Other complications: \_\_\_\_\_

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

Schedule 3 month post-operative visit

Complications Form (as applies)

# 1<sup>st</sup> Post-operative McGill Pain Questionnaire

Name: Bridget Lekow Date: 3/13/00

Home phone: ( ) Work phone: ( )

Occupation: \_\_\_\_\_ Weight: \_\_\_\_\_

Satisfaction with procedure: Not satisfied 0 1 2 3 4 5 Most satisfied

Would you recommend procedure to a family member? Y N

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

**Podiatry Institute Hallux Valgus Survey**

**3 MONTH POST-OPERATIVE EVALUATION**

**Patient:** \_\_\_\_\_ **Surgeon:** \_\_\_\_\_

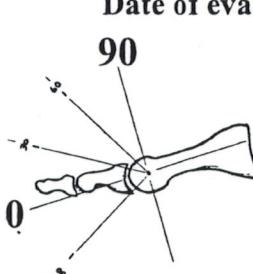
**Patient#:** \_\_\_\_\_ **Date of exam:** \_\_\_\_\_

**Date of surgery:** \_\_\_\_\_ **Date of evaluation:** \_\_\_\_\_

**ROM: (3-Month Post-op:)**

dorsiflexion \_\_\_\_\_

plantarflexion \_\_\_\_\_



**Weightbearing status:**

**Duration**

**Device**

Non-weightbearing:       days       wks.       mo.     crutches     walker     wheelchair

Partial weightbearing:       days       wks.       mo.     crutches     walker     cast     cast boot

Full weightbearing:       days       wks.       mo.     surgical shoe     cast     cast boot

**Other post-operative course:** \_\_\_\_\_

**Return to work (weeks):** \_\_\_\_\_

**Remove internal fixation:** Y / N      **Date removed IFD:** \_\_\_\_\_

**3 Month McGill Pain Questionnaire** (patient to complete / send to Podiatry Institute)

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

**Schedule patient for 6-month post-op visit** (next documentation point)

**Complications Form** (as applies)

## 3 Month SF-36 Patient Questionnaire

Patient: Roger RowDate: 6/7/00

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

|                                  |                       |                       |                       |                       |
|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Excellent                        | Very Good             | Good                  | Fair                  | Poor                  |
| <input checked="" type="radio"/> | <input 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,<br>Limited<br>a lot | Yes,<br>Limited<br>a little | No, not<br>limited<br>at all |                         |
|---|--------------------------|-----------------------------|------------------------------|-------------------------|
| Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports: | <input type="radio"/>    | <input type="radio"/>       | <input type="radio"/>        | STILL<br>ON<br>CRUTCHES |
| Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf  | <input type="radio"/>    | <input type="radio"/>       | <input type="radio"/>        |                         |
| Lifting or carrying groceries   | <input type="radio"/>    | <input type="radio"/>       | <input type="radio"/>        |                         |
| Climbing several flights of stairs  | <input type="radio"/>    | <input type="radio"/>       | <input type="radio"/>        |                         |
| Climbing one flight of stairs   | <input type="radio"/>    | <input type="radio"/>       | <input type="radio"/>        |                         |
| Bending, kneeling, or stooping  | <input type="radio"/>    | <input type="radio"/>       | <input type="radio"/>        |                         |
| Walking more than a mile  | <input type="radio"/>    | <input type="radio"/>       | <input type="radio"/>        |                         |
| Walking several blocks  | <input type="radio"/>    | <input type="radio"/>       | <input type="radio"/>        |                         |
| Walking one block   | <input type="radio"/>    | <input type="radio"/>       | <input type="radio"/>        |                         |
| Bathing or dressing yourself  | <input type="radio"/>    | <input type="radio"/>       | <input 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 type="radio"/> |
| Accomplished less than you would like  | <input type="radio"/> | <input type="radio"/> |
| Were limited in the kind of work or other activities                                       | <input type="radio"/> | <input type="radio"/> |
| Had difficulty performing the work or other activities (for example, it took extra effort) | <input type="radio"/> | <input 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 type="radio"/> |
| Accomplished less than you would like                                | <input type="radio"/> | <input type="radio"/> |
| Didn't do work or other activities as carefully as usual             | <input type="radio"/> | <input type="radio"/> |

## 3 Month SF-36 (page 2)

Patient: R. BelowDate: 6/100

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 checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

|                                  |                       |                       |                       |                       |                       |
|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Note                             | Very mild             | Mild                  | Moderate              | Severe                | Very severe           |
| <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 checked="" type="radio"/> | <input type="radio"/> | <input 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 checked="" type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input checked="" 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 checked="" type="radio"/> | <input type="radio"/>            |
| Have you felt so down in the dumps that nothing could cheer you up? | <input type="radio"/>            | <input checked="" 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 checked="" type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>            | <input checked="" 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 type="radio"/> | <input checked="" 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 checked="" type="radio"/> |
| b) I am as healthy as anybody I know                    | <input type="radio"/>            | <input type="radio"/> | <input checked="" 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 checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/>            |

## 3 Month McGill Pain Questionnaire

Name: BRIDGET REKOW Date: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Weight: \_\_\_\_\_

Satisfaction with procedure: Not satisfied 0 1 2 3 4 **5** Most satisfied

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

Activity restrictions: 1. None 2. Limits exercise 3. Limits activity after 4 hours 4. Limits activity all the time **CRUTCHES STILL**

Work restrictions: **0** None 2. Reduced performance 3. Limits duties 4. Changed jobs due to foot pain

Shoe restrictions: **0** 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 at this time:

|                   |                |         |             |           |
|-------------------|----------------|---------|-------------|-----------|
| Throbbing         | <b>0.</b> None | 1. Mild | 2. Moderate | 3. Severe |
| Shooting          | <b>0.</b> None | 1. Mild | 2. Moderate | 3. Severe |
| Stabbing          | <b>0.</b> None | 1. Mild | 2. Moderate | 3. Severe |
| Sharp             | <b>0.</b> None | 1. Mild | 2. Moderate | 3. Severe |
| Cramping          | <b>0.</b> None | 1. Mild | 2. Moderate | 3. Severe |
| Gnawing           | <b>0.</b> None | 1. Mild | 2. Moderate | 3. Severe |
| Hot-Burning       | <b>0.</b> None | 1. Mild | 2. Moderate | 3. Severe |
| Aching            | <b>0.</b> None | 1. Mild | 2. Moderate | 3. Severe |
| Heavy             | <b>0.</b> None | 1. Mild | 2. Moderate | 3. Severe |
| Tender            | <b>0.</b> None | 1. Mild | 2. Moderate | 3. Severe |
| Splitting         | <b>0.</b> None | 1. Mild | 2. Moderate | 3. Severe |
| Tiring-Exhausting | <b>0.</b> None | 1. Mild | 2. Moderate | 3. Severe |
| Sickening         | <b>0.</b> None | 1. Mild | 2. Moderate | 3. Severe |
| Fearful           | <b>0.</b> None | 1. Mild | 2. Moderate | 3. Severe |
| Punishing-Cruel   | <b>0.</b> 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 | **X** -----| Worst pain  
possible

**Podiatry Institute Hallux Valgus Survey****3 MONTH X-RAY EVALUATION**

Patient: \_\_\_\_\_ Surgeon: \_\_\_\_\_

Patient#: \_\_\_\_\_ Date of Xrays: \_\_\_\_\_

Intermetatarsal angle: \_\_\_\_\_

Tibial sesamoid position: \_\_\_\_\_

Hallux abductus angle: \_\_\_\_\_

Hallux interphalangeus angle: \_\_\_\_\_

1<sup>st</sup> metatarsal protrusion: \_\_\_\_\_

Metatarsus adductus angle: \_\_\_\_\_

1<sup>st</sup> metatarsal declination angle: \_\_\_\_\_

Proximal articular set angle: \_\_\_\_\_

Seiberg index: \_\_\_\_\_

Friday, August 04, 2000

Patient: Bridgett Rekow

MR#: 16

Foot: Left

Evaluation: HAV/Bunion

Projection: AP Standard

BMD

| Item                               | Normal Value | Value            | Pre-op Value   |
|------------------------------------|--------------|------------------|----------------|
| Hallux Abductus Interphalangeus    | 0 - 10°      | 16.7             | 8.1            |
| Hallux Abductus                    | 0 - 15°      | 8.4              | 27.7           |
| PASA                               | 0 - 8°       | 8.0              | 21.9           |
| DASA                               | 0 - 8°       | 0.1              | -3.6           |
| TASA                               | -5 - +5°     | -5.1             | -6.5           |
| Intermetatarsal Angle              | 0 - 12°      | 2.9              | 15.3           |
| Relative Intermetatarsal Angle     | 0 - 12°      | 2.1              | 12.5           |
| True Intermetatarsal Angle         | 8°           | 2.9              | 15.3           |
| Metatarsus Adductus                | < 15°        | 10.2             | 9.7            |
| Engle's Angle                      | < 18°        | 22.5             | 24.3           |
| Metatarsal Break Angle             | 140°         | 134.2            | 139.8          |
| Joint Position                     | Congruous    | Congruous        | Deviated       |
| Tibial Sesamoid Postition          | TSP 1-3      | TSP = 3          | TSP = 7        |
| Relative Tibial Sesamoid Postition | TSP 1-3      | Relative TSP = 3 | Relative TSP = |
| Metatarsal Protrusion Distance     | +/- 2mm      | -3.0 mm          | 0.4 mm         |
| Metatarsal Deformation Angle       | 0°           | 6.5              | -3.4           |
| Metatarsal Cuneiform Angle         | 0 - 25°      | 18.6             | 24.7           |
| Metatarsus Varus Angle             | 0 - 25°      | 18.6             | 24.7           |
| 1st Met-Cuneiform / 2nd Axis       | N/A          | 14.1             | 15.9           |
| Met Head Split Distance            | 6 - 7 mm     | 9.0 mm           | 12.7 mm        |
| Met Base Split Distance            | < 2mm        | 5.2 mm           | 3.9 mm         |
| Forefoot Width                     | 70 - 90 mm   | 76.6 mm          | 83.7 mm        |
| Tibial Sesamoid 2nd Met Distance   | N/A          | 27.3 mm          | 28.0 mm        |
| Cortical Angle                     | N/A          | 36.9             | 20.6           |

Friday, August 04, 2000

Patient: Bridgett Rekow

MR#: 16

Foot: Left

Evaluation: HAV/Bunion

Projection: Lateral Standard

| Item                               | Normal Value           | Value  | Pre-op Value |
|------------------------------------|------------------------|--------|--------------|
| Calcaneal Inclination Angle        | 21 +/- 3°              | 23.6   | 19.0         |
| Talar Declination Angle            | 21°                    | 34.6   | 39.1         |
| Lateral Talocalcaneal Angle        | 40 - 50°               | 58.2   | 58.1         |
| First Metatarsal Declination Angle | 20°                    | 19.7   | 19.7         |
| Lateral Talo-1st Met Angle         | -4 - +4°               | -14.9  | -19.3        |
| Fowler Philip Angle                | 44 - 69°               | 61.8   | 67.1         |
| Total Angle                        | < 92°                  | 85.4   | 86.1         |
| Parallel Pitch Lines               | BP touching/below PPL2 | 1.7 mm | -1.0 mm      |