

| Criterion  | Category   | Category Description<br>Assign patient to highest scoring category that applies and tick the descriptor that best describes your patient. Patient must be on optimal medical therapy at time of rating. | Tick as appropriate   |
|--|--|---|-----------------------|
| Pain   | 1.1  | No Pain   |                       |
|  | 1.2  | Episodic activity-related pain  |                       |
|  |  | May use occasional analgesics   |                       |
|  | 1.3  | Daily pain with weight-bearing activity   |                       |
|  |  | 2-3 times/week prn use of simple analgesics/NSAIDs  |                       |
|  | 1.4  | Pain which cannot be ignored with activity and at rest  |                       |
| Sleep disturbance 2-3 times / week due to pain                             |  |   |                       |
| Daily analgesics / NSAIDs  |  |   |                       |
| 1.5  | Dominates life and interferes with sleep every night   |   |                       |
|  | Pain poorly controlled by analgesics   |   |                       |
| Personal functional Limitation DUE to Hip or Knee Orthopaedic Condition    | 2.1  | No Limitation   |                       |
|  | 2.2  | <b>Minimal restriction of personal activities</b> e.g. trouble reaching toes  |                       |
|  |  | Walking stick used for longer walks   |                       |
|  | 2.3  | <b>Moderate restriction of personal activities</b> e.g. required help with socks/shoes  |                       |
|  |  | Requires help cutting toenails  |                       |
| 2.4  | Use of walking stick indoors and outdoors  |   |                       |
|  | <b>Severe restriction of personal activities</b> e.g. requires help with dressing or showering |   |                       |
|  |  | Consistently uses 2 crutches or wheelchair  |                       |
| Social Limitation DUE to Hip or Knee Orthopaedic Condition                 | 3.1  | No Limitation   |                       |
|  | 3.2  | <b>Mild Restriction</b> eg can walk > 1 hour  |                       |
|  |  | Some limitation of leisure activity e.g. golf or tennis   |                       |
|  | 3.3  | <b>Moderate Restriction</b> e.g. can walk 15 – 60 mins  |                       |
|  |  | Significant limitation of leisure activity  |                       |
|  | 3.4  | Can manage garden or bowls  |                       |
|  |  | <b>Severe Restriction</b> e.g. can't walk > 15 mins – slow  |                       |
|  |  | Difficulty with steps and stairs  |                       |
|  |  | Severe limitation on leisure activity – can't maintain garden   |                       |
|  |  | Requires help with shopping   |                       |
|  | 3.5  | Some limitation to work   |                       |
| <b>Profound Restriction</b> e.g. confined to the property                  |  |   |                       |
| Shopping done by others  |  |   |                       |
| Requires meals on wheels or other domestic help                            |  |   |                       |
|  |  | Can't work due to Orthopaedic condition   |                       |
| Potential to Benefit from Operation (for patient, dependents or community) | 4.1  | Small improvement likely – significant residual symptoms +/- functional limitation  |                       |
|  | 4.2  | Moderate improvement likely – some residual symptoms +/- functional limitation  |                       |
|  | 4.3  | Return to near normal likely – asymptomatic + full return of function   |                       |
| Consequence of delay >6 months (for patient, dependents or community)      | 5.1  | Little risk will deteriorate over next 6 months   |                       |
|  | 5.2  | Considerable risk will deteriorate and result in increased disability during next 6 months  |                       |
|  | 5.3  | Likely to progress to major complication during next 6 months with increased clinical costs e.g impending fracture or structural failure  |                       |
| Specialists Signature:   |  | Date:   | Patients Total Score: |

Patient's Details  
Sticker Here

DRAFT

Please contact Elective Services for further information or further supply

ORTHOPAEDIC  
CPS  
SCORING TOOL

BAY OF PLENTY  
DISTRICT HEALTH BOARD  
HAUORA A TOI

