

YOUR WEIGHT BEARING STATUS

As described to you at the time of your discharge from hospital, we would like you to record the date you were able to return to full weight bearing status and no crutches use after your procedure.

Complete the list below by assigning the date after your operation that you achieved the weight bearing status listed. If you do not remember the exact date, please provide an appropriate estimated date.

For example, you remember only needing to use one crutch in the first week of April 2021, therefore the 7th of April 2021 would be an appropriate estimated date.

| | Weight bearing status | Post-op date status started | Patient Signature | Date form completed |
|---|---------------------------------------------------------------------------|--------------------------------------|--------------------------|--------------------------------------|
| 1 | Non weight bearing (NWB) with 2 crutches | ___ / ___ / 20 ___ day month year | | ___ / ___ / 20 ___ day month year |
| 2 | Partial weight bearing (PWB) with 2 crutches | ___ / ___ / 20 ___ day month year | | ___ / ___ / 20 ___ day month year |
| 3 | Partial weight bearing (PWB) with 1 crutch | ___ / ___ / 20 ___ day month year | | ___ / ___ / 20 ___ day month year |
| 4 | Weight bearing as tolerated (WBAT) with 1 crutch | ___ / ___ / 20 ___ day month year | | ___ / ___ / 20 ___ day month year |
| 5 | Full weight bearing (FWB) with normal gait and no assistive device | ___ / ___ / 20 ___ day month year | | ___ / ___ / 20 ___ day month year |

Please keep this form in a safe place so that when you return for your follow-up visits you can review the date you returned to full weight bearing status with the study team.