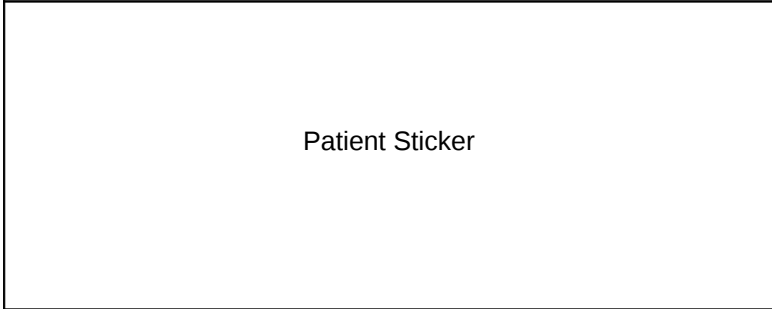


Patello-femoral joint arthroplasty – Patient Assessment and Progress Sheet

Thank you for taking the time to answer these questions which should only take a few minutes.

The answers you give are very useful as they will help us assess your progress following your surgery. If you have any difficulties with the questions please feel free to ask a member of staff for help.



Once you have filled in the form please hand it to the nurse or doctor in clinic and they will file it in your notes

Mr Dipak Raj
 Consultant Orthopaedic Surgeon
 Pilgrim Hospital, Boston PE21 9QS England

NHS secretary 01205 446415
 Private secretary 0845 6439597 (local call rate)

Date Today			
Your Age			
Your Occupation			
Side of symptoms (left or right)			
If you smoke, how many a day?			
Your Weight		BMI	
Your Height		ASA	

Patello-femoral joint arthroplasty – Patient Assessment and Progress Sheet

Patient Name _____ Date of Birth: _____

This information will help us keep track of how you feel and how well you are able to do your usual activities. Answer every question by placing a check mark on the line in front of the appropriate answer. If you are unsure about how to answer a question, please give the best answer you can.

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

- _____ Excellent (1)
- _____ Very Good (2)
- _____ Good (3)
- _____ Fair (4)
- _____ Poor (5)

The following two questions are about activities you might do during a typical day. Does **YOUR HEALTH NOW LIMIT YOU** in these activities? If so, how much?

2. MODERATE ACTIVITIES, such as moving a table, bowling, playing golf, etc...:

- _____ Yes, Limited A Lot (1)
- _____ Yes, Limited A Little (2)
- _____ No, Not Limited At All (3)

3. Climbing SEVERAL flights of stairs:

- _____ Yes, Limited A Lot (1)
- _____ Yes, Limited A Little (2)
- _____ No, Not Limited At All (3)

During the PAST 4 WEEKS have you had any of the following problems with your work or other regular activities **AS A RESULT OF YOUR PHYSICAL HEALTH?**

4. ACCOMPLISHED LESS than you would like:

- _____ Yes (1)
- _____ No (2)

5. Were limited in the KIND of work or other activities:

- _____ Yes (1)
- _____ No (2)

During the PAST 4 WEEKS, were you limited in the kind of work you do or other regular activities **AS A RESULT OF ANY EMOTIONAL PROBLEMS** (such as feeling depressed or anxious)?

6. ACCOMPLISHED LESS than you would like:

- _____ Yes (1)
- _____ No (2)

7. Didn't do work or other activities as CAREFULLY as usual:

- _____ Yes (1)
- _____ No (2)

8. During the PAST 4 WEEKS, how much did PAIN interfere with your normal work

Patello-femoral joint arthroplasty – Patient Assessment and Progress Sheet

(including both work outside the home and housework)?

- Not At All (1)
- A Little Bit (2)
- Moderately (3)
- Quite A Bit (4)
- Extremely (5)

The next three questions are about how you feel and how things have been 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 –

9. Have you felt calm and peaceful?

- All of the Time (1)
- Most of the Time (2)
- A Good Bit of the Time (3)
- Some of the Time (4)
- A Little of the Time (5)
- None of the Time (6)

10. Did you have a lot of energy?

- All of the Time (1)
- Most of the Time (2)
- A Good Bit of the Time (3)
- Some of the Time (4)
- A Little of the Time (5)
- None of the Time (6)

11. Have you felt downhearted and blue?

- All of the Time (1)
- Most of the Time (2)
- A Good Bit of the Time (3)
- Some of the Time (4)
- A Little of the Time (5)
- None of the Time (6)

12. During the PAST 4 WEEKS, how much of the time has your PHYSICAL HEALTH OR EMOTIONAL PROBLEMS interfered with your social activities (like visiting with friends, relatives, etc.)?

- All of the Time (1)
- Most of the Time (2)
- A Good Bit of the Time (3)
- Some of the Time (4)
- A Little of the Time (5)
- None of the Time (6)

WOMAC Score

Patello-femoral joint arthroplasty – Patient Assessment and Progress Sheet

INSTRUCTIONS: Answer every question by encircling the appropriate option. If you are unsure about how to answer a question, please give the best answer you can.

Symptoms - These questions should be answered thinking of your knee symptoms during the **last week**.

Stiffness - The following questions concern the amount of joint stiffness you have experienced during the **last week** in your knee. Stiffness is a sensation of restriction or slowness in the ease with which you move your knee joint.

Pain1

What amount of knee pain have you experienced the **last week** during the following activities?

S1. Do you have swelling in your knee?

Never Rarely Sometimes Often Always

S2. Do you feel grinding, hear clicking or any other type of noise when your knee moves?

Never Rarely Sometimes Often Always

S3. Does your knee catch or hang up when moving?

Never Rarely Sometimes Often Always

S4. Can you straighten your knee fully?

Never Rarely Sometimes Often Always

S5. Can you bend your knee fully?

Never Rarely Sometimes Often Always

S6. How severe is your knee joint stiffness after first wakening in the morning?

None Mild Moderate Severe Extreme

S7. How severe is your knee stiffness after sitting, lying or resting **later in the day**?

None Mild Moderate Severe Extreme

P1. How often do you experience knee pain?

Never Monthly Weekly Daily Always

P2. Twisting/pivoting on your knee

None Mild Moderate Severe Extreme

P3. Straightening knee fully

None Mild Moderate Severe Extreme

P4. Bending knee fully

None Mild Moderate Severe Extreme

P5. Walking on flat surface

None Mild Moderate Severe Extreme

P6. Going up or down stairs

None Mild Moderate Severe Extreme

P7. At night while in bed

Patello-femoral joint arthroplasty – Patient Assessment and Progress Sheet

None	Mild	Moderate	Severe	Extreme
------	------	----------	--------	---------

P8. Sitting or lying

None	Mild	Moderate	Severe	Extreme
------	------	----------	--------	---------

P9. Standing upright

None	Mild	Moderate	Severe	Extreme
------	------	----------	--------	---------

Function, daily living - The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

A1. Descending stairs

None	Mild	Moderate	Severe	Extreme
------	------	----------	--------	---------

A2. Ascending stairs

None	Mild	Moderate	Severe	Extreme
------	------	----------	--------	---------

A3. Rising from sitting

None	Mild	Moderate	Severe	Extreme
------	------	----------	--------	---------

A4. Standing

None	Mild	Moderate	Severe	Extreme
------	------	----------	--------	---------

A5. Bending to floor/pick up an object

None	Mild	Moderate	Severe	Extreme
------	------	----------	--------	---------

A6. Walking on flat surface

None	Mild	Moderate	Severe	Extreme
------	------	----------	--------	---------

A7. Getting in/out of car

None	Mild	Moderate	Severe	Extreme
------	------	----------	--------	---------

A8. Going shopping

None	Mild	Moderate	Severe	Extreme
------	------	----------	--------	---------

P5. Walking on flat surface

None	Mild	Moderate	Severe	Extreme
------	------	----------	--------	---------

A9. Putting on socks/stockings

None	Mild	Moderate	Severe	Extreme
------	------	----------	--------	---------

A10. Rising from bed

None	Mild	Moderate	Severe	Extreme
------	------	----------	--------	---------

A11. Taking off socks/stockings

None	Mild	Moderate	Severe	Extreme
------	------	----------	--------	---------

A12. Lying in bed (turning over, maintaining knee position)

None	Mild	Moderate	Severe	Extreme
------	------	----------	--------	---------

A13. Getting in/out of bath

Patello-femoral joint arthroplasty – Patient Assessment and Progress Sheet

None Mild Moderate Severe Extreme

A14. Sitting

None Mild Moderate Severe Extreme

A15. Getting on/off toilet

None Mild Moderate Severe Extreme

For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee

Thank you very much for completing all the questions in this questionnaire.

KOOS KNEE SURVEY

INSTRUCTIONS: Answer every question by ticking the appropriate box, only one box for each question. If you are unsure about how to answer a question, please give the best answer you can.

Symptoms

These questions should be answered thinking of your knee symptoms during the **last week**.

S1. Do you have swelling in your knee?

Never Rarely Sometimes Often Always

S2. Do you feel grinding, hear clicking or any other type of noise when your knee moves?

Never Rarely Sometimes Often Always

S3. Does your knee catch or hang up when moving?

Never Rarely Sometimes Often Always

S4. Can you straighten your knee fully?

Always Often Sometimes Rarely Never

S5. Can you bend your knee fully?

Always Often Sometimes Rarely Never

Stiffness

The following questions concern the amount of joint stiffness you have experienced during the **last week** in your knee. Stiffness is a sensation of restriction or slowness in the ease with which you move your knee joint.

S6. How severe is your knee joint stiffness after first wakening in the morning?

None Mild Moderate Severe Extreme

S7. How severe is your knee stiffness after sitting, lying or resting **later in the day**?

None Mild Moderate Severe Extreme

Pain

Patello-femoral joint arthroplasty – Patient Assessment and Progress Sheet

P1. How often do you experience knee pain?

Never Monthly Weekly Daily Always

What amount of knee pain have you experienced the **last week** during the following activities?

P2. Twisting/pivoting on your knee

None Mild Moderate Severe Extreme

P3. Straightening knee fully

None Mild Moderate Severe Extreme

P4. Bending knee fully

None Mild Moderate Severe Extreme

P5. Walking on flat surface

None Mild Moderate Severe Extreme

P6. Going up or down stairs

None Mild Moderate Severe Extreme

P7. At night while in bed

None Mild Moderate Severe Extreme

P8. Sitting or lying

None Mild Moderate Severe Extreme

P9. Standing upright

None Mild Moderate Severe Extreme

Function, daily living

The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

A1. Descending stairs

None Mild Moderate Severe Extreme

A2. Ascending stairs None Mild Moderate Severe Extreme

For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

A3. Rising from sitting

None Mild Moderate Severe Extreme

A4. Standing

Patello-femoral joint arthroplasty – Patient Assessment and Progress Sheet

	None	Mild	Moderate	Severe	Extreme
A5. Bending to floor/pick up an object	None	Mild	Moderate	Severe	Extreme
A6. Walking on flat surface	None	Mild	Moderate	Severe	Extreme
A7. Getting in/out of car	None	Mild	Moderate	Severe	Extreme
A8. Going shopping	None	Mild	Moderate	Severe	Extreme
A9. Putting on socks/stockings	None	Mild	Moderate	Severe	Extreme
A10. Rising from bed	None	Mild	Moderate	Severe	Extreme
A11. Taking off socks/stockings	None	Mild	Moderate	Severe	Extreme
A12. Lying in bed (turning over, maintaining knee position)	None	Mild	Moderate	Severe	Extreme
A13. Getting in/out of bath	None	Mild	Moderate	Severe	Extreme
A14. Sitting	None	Mild	Moderate	Severe	Extreme
A15. Getting on/off toilet	None	Mild	Moderate	Severe	Extreme

For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

A16. Heavy domestic duties (moving heavy boxes, scrubbing floors, etc)	None	Mild	Moderate	Severe	Extreme
A17. Light domestic duties (cooking, dusting, etc)	None	Mild	Moderate	Severe	Extreme

Function, sports and recreational activities

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The following questions concern your physical function when being active on a higher level. The questions should be answered thinking of what degree of difficulty you have experienced during the **last week** due to your knee.

SP1. Squatting

None Mild Moderate Severe Extreme

SP2. Running

None Mild Moderate Severe Extreme

SP3. Jumping

None Mild Moderate Severe Extreme

SP4. Twisting/pivoting on your injured knee

None Mild Moderate Severe Extreme

SP5. Kneeling

None Mild Moderate Severe Extreme

Quality of Life

Q1. How often are you aware of your knee problem?

Never Monthly Weekly Daily Constantly

Q2. Have you modified your life style to avoid potentially damaging activities to your knee?

Not at all Mildly Moderately Severely Totally

Q3. How much are you troubled with lack of confidence in your knee?

Not at all Mildly Moderately Severely Extremely

Q4. In general, how much difficulty do you have with your knee?

None Mild Moderate Severe Extreme

Patello-femoral joint arthroplasty – Patient Assessment and Progress Sheet

Modified Knee Society Clinical Rating Score v1.2

Directions: Answer every question by filling in the correct circle or writing in the information. If you need to change an answer, completely erase or cross out the incorrect mark, initial, and fill in the correct information. **Mark only one answer for each question unless otherwise instructed. Shade circles like this:**

01. Which knee is being evaluated? (Mark only one)

Left Right

02. Pain

Pain intensity

None Moderate, occasional
 Mild or occasional Moderate, continuous
 Mild, stairs only Severe
 Mild, walking and stairs

03. Range of motion

(Report hyperextension in negative degrees)

a. Extension | | | |
b. Flexion | | | |

04. Stability (Maximum movement in any position)

Anteroposterior stability

< 5 mm 5-10 mm > 10 mm

05. Mediolateral stability

< 5 degrees 10-14 degrees
 5-9 degrees > 14 degrees

Deductions

06. Flexion contracture (passive)

0-4 degrees 16-20 degrees
 5-9 degrees > 20 degrees
 10-15 degrees

07. Extension lag (active)

None 10-20 degrees
 < 10 degrees > 20 degrees

08. Anatomic Alignment (Specify degrees)

Varus **Neutral** **Valgus**

<1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 >14

Function

09. Walking ability

Unlimited < 5 blocks
 > 10 blocks Housebound
 5-10 blocks Unable

Patello-femoral joint arthroplasty – Patient Assessment and Progress Sheet

10. Ability to climb stairs

- Normal up and down
- Normal up, down with rail
- Up and down with rail
- Up with rail, unable to go down
- Unable

11. Are there other factors, besides the evaluated knee, that limits patient function?

- Yes (*Specify below*)
- No

Deductions

12. Walking support

- None
- Cane
- Two canes
- Crutches, walker or other

13a. Is the evaluated knee the primary reason for support?

- Yes
- No (*Specify*): _____

14. What is the status of the contralateral knee?

- Normal
- Arthritis limits function
- TKA, but does not limit function
- TKA limits function

15. What medications are currently being taken by the patient for pain? (*Mark all that apply*)

- None
 - Acetaminophen
 - Narcotic analgesics
 - NSAIDs
 - Oral steroids
 - Other (*Specify below*)
- _____

16. What is the patient's weight bearing status for the affected limb(s)?

- Full weight bearing
- Partial weight bearing
- Non-weight bearing

17. Is the range of motion limited by soft tissues?

- Yes No
-