

## Knee Arthroplasty – Patient Assessment and Progress Sheet

Patient Sticker
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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

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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	

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## Oxford Knee Score

Please answer the following 12 multiple choice questions.

During the past 4 weeks.....

<b>1. How would you describe the pain you usually have in your knee?</b>	<b>7. Could you kneel down and get up again afterwards?</b>
<input type="radio"/> None	<input type="radio"/> Yes, easily
<input type="radio"/> Very mild	<input type="radio"/> With little difficulty
<input type="radio"/> Mild	<input type="radio"/> With moderate difficulty
<input type="radio"/> Moderate	<input type="radio"/> With extreme difficulty
<input type="radio"/> Severe	<input type="radio"/> No, impossible
<b>2. Have you had any trouble washing and drying yourself (all over) because of your knee?</b>	<b>8. Are you troubled by pain in your knee at night in bed?</b>
<input type="radio"/> No trouble at all	<input type="radio"/> Not at all
<input type="radio"/> Very little trouble	<input type="radio"/> Only one or two nights
<input type="radio"/> Moderate trouble	<input type="radio"/> Some nights
<input type="radio"/> Extreme difficulty	<input type="radio"/> Most nights
<input type="radio"/> Impossible to do	<input type="radio"/> Every night
<b>3. Have you had any trouble getting in and out of the car or using public transport because of your knee? (With or without a stick)</b>	<b>9. How much has pain from your knee interfered with your usual work? (including housework)</b>
<input type="radio"/> No trouble at all	<input type="radio"/> Not at all
<input type="radio"/> Very little trouble	<input type="radio"/> A little bit
<input type="radio"/> Moderate trouble	<input type="radio"/> Moderately
<input type="radio"/> Extreme difficulty	<input type="radio"/> Greatly
<input type="radio"/> Impossible to do	<input type="radio"/> Totally
<b>4. For how long are you able to walk before the pain in your knee becomes severe? (With or without a stick)</b>	<b>10. Have you felt that your knee might suddenly give away or let you down?</b>
<input type="radio"/> No pain > 60 min	<input type="radio"/> Rarely / Never
<input type="radio"/> 16 - 60 minutes	<input type="radio"/> Sometimes or just at first

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<input type="radio"/> 5 - 15 minutes	<input type="radio"/> Often, not at first
<input type="radio"/> Around the house only	<input type="radio"/> Most of the time
<input type="radio"/> Not at all - severe on walking	<input type="radio"/> All the time

<b>5. After a meal (sat at a table), how painful has it been for you to stand up from a chair because of your knee?</b>	<b>11. Could you do household shopping on your own?</b>
<input type="radio"/> Not at all painful	<input type="radio"/> Yes, easily
<input type="radio"/> Slightly painful	<input type="radio"/> With little difficulty
<input type="radio"/> Moderately pain	<input type="radio"/> With moderate difficulty
<input type="radio"/> Very painful	<input type="radio"/> With extreme difficulty
<input type="radio"/> Unbearable	<input type="radio"/> No, impossible

<b>6. Have you been limping when walking, because of your knee?</b>	<b>12. Could you walk down a flight of stairs?</b>
<input type="radio"/> Rarely / never	<input type="radio"/> Yes, easily
<input type="radio"/> Sometimes or just at first	<input type="radio"/> With little difficulty
<input type="radio"/> Often, not just at first	<input type="radio"/> With moderate difficulty
<input type="radio"/> Most of the time	<input type="radio"/> With extreme difficulty
<input type="radio"/> All of the time	<input type="radio"/> No, impossible

### SF-12® Patient Questionnaire

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)

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\_\_\_\_\_ 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 (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

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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)

### *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**

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## Pain intensity

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

## 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
- 5-9 degrees
- 10-14 degrees
- > 14 degrees

## Deductions

### 06. Flexion contracture (passive)

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

### 07. Extension lag (active)

- None
- < 10 degrees
- 10-20 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
- > 10 blocks
- 5-10 blocks
- < 5 blocks
- Housebound
- Unable

### 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

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### Deductions

#### 12. Walking support

- None  Two canes  
 Cane  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  NSAIDs  
 Acetaminophen  Oral steroids  
 Narcotic analgesics  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