

KNEE FOLLOW-UP

It is important to review the status of your knee implant(s) during an office visit at four weeks, six months, one year and every other year postoperatively thereafter even though you are having no problem with your knee(s). Long distance follow-up evaluations for out of state patients are fine. We would like to ask you to complete the following evaluation protocol.

- 1) We keep track of each knee separately in our database. Therefore, I would like to request that you fill out **TWO** separate Knee Follow-Up Patient Self Rating form if we are evaluating both knees today, even if both are identical. Please complete and mail the forms to us.
- 2) Please sign the Mission statement and disclosure form and mail it to us if you haven't done it before.
- 3) Physical therapy :
 - Add your name to the Physical therapy evaluation request
 - Give the Physical therapy evaluation letter and Physical exam form to your physical therapist
 - Mail the results to us.
- 4) Knee X-Ray:
 - Add your name to the XR request
 - Have the XR of your knee(s) done at your local hospital, and request a CD copy of this XR.
 - Mail a CD of the digital XR images (preferred) or XR films to us.

As soon as we receive all of the above, I will review them and send you a written response (There will be no charge for reviewing mailed in information). If you prefer to travel here for an office visit for evaluation, please call our appointment line to arrange this (803) 256-4107 (routine office charges will apply). If you are having significant problems with your knee, I will need to see you in the office for complete examination to best diagnose it.

Thank you for your attention to this matter. If you have any questions, please contact Keri Duval for assistance.

Thomas P. Gross MD

Lee Webb, N.P.

Attached Forms:

1. Follow up knee questions
2. Mission statement and disclosure
3. Physical exam form
4. Physical therapy evaluation letter
5. Physical therapy evaluation request
6. Knee XR request

Please contact Keri Duval with any follow-up questions:

- E-mail: KeriD@Midlandsortho.com
- Call: (803) 933-6147
- FAX: (803) 933-6339

If you don't have any questions, please follow the protocol and fill out each form below, then FED EX the packet to:

Dr. Thomas P. Gross
c/o Keri Duval
Midlands Orthopaedics
1910 Blanding St.
Columbia, SC 29201

Thomas P.Gross, M.D
Updated Jan-2008

Knee Follow-Up Patient Self Rating Form

Current Date 7/14/08

All information will be treated as strictly confidential!

Last Name

First Name

Medical Record #

Date

A. INTRODUCTION: The purpose of this questionnaire is to objectively grade the severity of your knee problem as accurately as possible. Of course the questions are subjective. I ask people to answer these questions when initially evaluating their knee and again at intervals after surgery to assess our results. We keep track of each knee separately in our database. Therefore, I would like to request that you fill out two separate forms if we are evaluating both knees today, even if both are identical. Thank you for your assistance in this matter.

1. This questionnaire is filled out for the purpose of evaluation of my:

Right knee

Left knee

2. I have significant problems with my:

Right knee

Both knees

Left knee

Neither of my knees

3. Dr. Gross has operated on:

Right knee

Both knees

Left knee

Neither of my knees

4. Another surgeon has performed a major knee surgery on:

Right knee

Both knees

Left knee

Neither of my knees

5. If Dr. Gross has operated on my knee(s), please check off the operation (more than one may apply):

Total knee replacement

Revision of a knee replacement (redo operation)

Other

6. Please list the date of your latest operation performed by Dr. Gross on the knee being evaluated by this form:

N/A

Date

7. Please indicate the closest follow-up interval calculated from the date of your surgery:

- 6 weeks
 - 3 months
 - 6 months
 - 1 year
 - 2 years
 - 3 years
 - 4 years
 - 5 years
 - 6 years
 - 7 years
 - 8 years
 - 9 years
 - 10 years
 - 11 years
 - 12 years
 - 13 years
 - 14 years
 - 15 years
 - 16 years
 - Longer
-

B. COMPLICATIONS:

1. Did you have any complications after surgery:

- None
- Wound Infection
- Deep Venous Thrombosis (blood clot in the leg)
- Pulmonary Embolus (blood clot traveling to the lungs)
- Partial Sciatic Palsy (foot drop, nerve injury)
- Dislocation
- Fracture
- Implant came loose
- Other

2. If you had a complication, did it require further surgery:

- No
- Yes

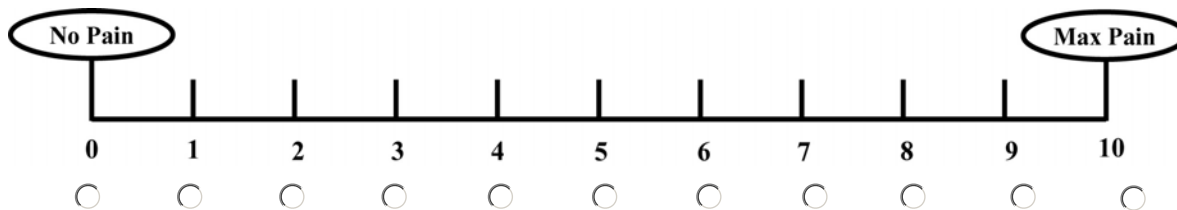
C. CLINICAL SCORE: *This score should reflect how your knee has been functioning now (post surgery).* The questionnaire was modified to allow scoring a standard Knee Society Score. Please mark the category that fits your condition best. People with arthritis have good and bad days; your answers should reflect your usual days. I understand that the answers may not always exactly fit your condition.

1. What category most closely represents your pain level in your knee?

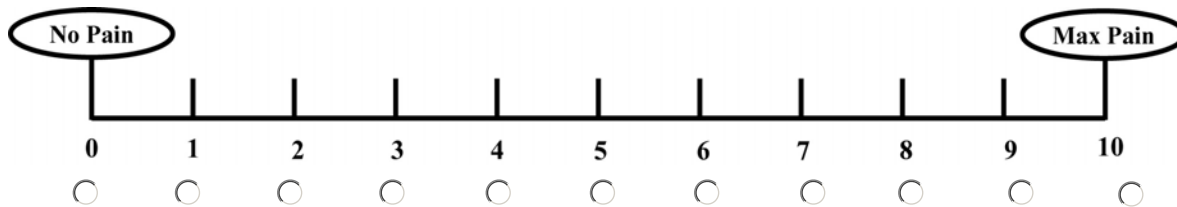
- None: or it is so slight that I ignore it.
- Mild or occasional, I have no compromise in activity.
- I have mild pain only when using stairs, but not with regular walking.
- I have mild pain when walking and with using stairs climbing.
- I occasionally have moderate pain but usually only mild pain.
- I have moderate pain all of the time.
- I have severe pain frequently (especially when walking).

2. Pain Assessment - Visual Analog Scale: Please circle your current level of pain using the scale below.

On most regular days:



On my worst days:



3. Without stopping for a break, on most days, I am usually able to walk:

- More than one mile
- More than ten average city blocks. (or an equivalent distance)
- Five to ten average city blocks. (or an equivalent distance)
- Less than five average city blocks.(or an equivalent distance)
- Less than one average city block.(or an equivalent distance)
- I can only get from bed to chair.

4. Stair climbing:

- I can climb stairs normally foot over foot, without pulling on a rail.
- I can climb up stairs normally, but I require a rail to go down.
- I need to hold onto a rail to go up and down stairs.
- I can go up stairs with a rail, but I need a person to assist me to get down.
- I am unable to climb stairs without having a person to assist me.

5. Use of walking support:

- None required
- I use a cane or stick
- I use two canes
- I use two crutches or a walker

6. Please name any unrelated orthopedic or medical problems that are severe enough to adversely affect your overall knee score. Please briefly explain:

- None
- Other problems

7. At this point is your knee better than before your surgery? What statement most accurately describes your new knee?

- It is better than my pre-arthritis normal knee was
- It feels just like a normal knee
- It is much better than before surgery, but still has some minor aches and pains
- It is slightly better than before surgery
- It is about the same
- I am worse

D. ACTIVITY SCORE: PLEASE MOVE ON TO SECTION E AND SKIP THIS SECTION (SECTION D, UCLA ACTIVITY SCORE) IF YOU ARE LESS THAN 8 MONTHS POSTOPERATIVE (AFTER YOUR SURGERY).

1. UCLA Activity Score

When this section is applicable, please choose the one response that most closely fits your activity level:

- Whole inactive, dependent on others, and can not leave residence 1
- Mostly inactive or restricted to minimum activities of daily living 2
- Sometimes participates in mild activities, such as walking, limited housework and limited shopping 3
- Regularly participates in mild activities 4
- Sometimes participates in moderate activities such as swimming or could do unlimited housework or shopping 5
- Regularly participates in moderate activities 6
- Regularly participates in active events such as bicycling 7
- Regularly participates in active events such as golf or bowling 8
- Sometimes participates in impact sports such as jogging, tennis, skiing, acrobatics, ballet, heavy labor or backpacking 9
- Regularly participates in impact sports 10

2. If possible, please list 2-3 activities for each of the first two questions. An exhaustive list is not necessary.

a. Please list activities you are regularly participating in:

b. Please list the most vigorous activities that you have occasionally participated in since your surgery:

c. My activity level now is (similar to, lower than, greater than) when my knee(s) first became arthritic?

E. CONCLUSION:

1. Knowing what you now know, do you feel you made the right decision to have this surgery?

Yes No

2. Do you have any other comments that you would like to share?

If your address or phone number has changed since your last visit, please enter your new address or phone number:

Address

City State Zip Code

Country

Phone Number E-mail

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Mission Statement and Disclosure Form

Thomas P. Gross, M.D.

Revised Jan. 17, 2008

Practice limited to hip and knee reconstruction,
Midlands Orthopaedics, p.a. 1910 Blanding Street, Columbia, SC 29201

I am a specialist in the field of hip and knee replacement. I am in private practice, but I am also heavily involved in clinical research, teaching and orthopaedic implant development. I perform all of my surgery personally, with the assistance of Lee Webb, Nurse Practitioner. No residents or fellows will do your operation. Visiting surgeons are frequently present to observe my operations to learn the latest techniques; they do not participate in the operations themselves. I do receive royalties and research support from various orthopaedic implant companies. I do not get paid directly for the implants used in your surgery. Joint replacement implants in the Columbia marketplace are excluded from my royalty contract. I will be happy to answer specific questions you have regarding implants I intend to use in your operation.

It is generally recognized as the standard of care for joint replacement surgeons to provide long-term follow up evaluations for patients they have operated on. Although we do bill for these services, we primarily earn our living from performing surgery. As a surgeon involved in clinical research, it is *particularly* important to me to continue a long-term relationship with all patients on whom I operate. I use all information gathered in my practice as material for teaching and scientific presentations and papers. Patient identity is carefully protected in all presentations. (The only exception is for patients who *specifically* agree to provide testimonials about their cases. These patients write up a description of their experience for public presentation.)

Every medical treatment has potential to result in complications. Surgical treatments all have their own sets of possible complications. I will disclose the most common ones to you; most are posted on my website. If you should have a complication, I will deal with it promptly and directly. Even out of state patients should keep me well informed of any that develop. It is my preference (and in your best interest) for me to deal with all surgical complications personally. Nonsurgical (medical) complications can be dealt with by your local primary care physician or other non-orthopaedic specialist, but please keep me informed and let me advise you. Surgical complications may require extra unexpected trips to Columbia, SC, but this is essential for you to achieve the best possible outcome.

One reason you may have chosen me as a surgeon is because my experience allows me to perform surgery with a very low complication rate. However, equally important is my knowledge in how to deal with postoperative

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complications appropriately. Even after they occur, a good outcome can often be achieved with appropriate skilled intervention.

I expect to see all patients for follow up evaluations at four to six weeks postoperatively and one year postoperatively in my office. If you are an out of state patient, local follow up can be arranged (but is *not* preferred). If your case is routine and stable, long-term follow up (two years, five years, 10 years, and 15 years) can be done via online questionnaire and digital x-ray. I will provide you with a written reply and will not charge you for reviewing your online questionnaire and x-rays. If a phone consultation is required (after three months post-op) a fee may be assessed. If you do have specific problems, on site personal evaluation by me is recommended.

I have read the above statement and agree to honor my commitment to provide timely follow up information. I understand that providing this information will benefit not only me, but also Dr. Gross and many future patients of his practice and elsewhere. I hereby agree to play my part in furthering the practice and science of joint replacement surgery. This contract is not legally enforceable, but represents my good faith agreement under which I wish to establish a doctor-patient relationship with Dr. Gross.

Patient's Signature

Date

Thank you. My commitment to you is the highest level of care, both technically and personally. I strive to continue to elevate the level of my expertise by dealing with complications directly and promptly and by continuing a rigorous and systematic scientific review of my surgical outcomes.

Thomas P. Gross, MD

1/31/2008

Date

<http://grossortho.com/>

TKR Follow Up Physical Exam Form

Thomas P. Gross, M.D. Updated 2/4/2008

Name: _____ File #: _____ Age: _____ MR #: _____

Date: _____ Side: [Right | Left] Amount of F/U: _____ Date of Replacement: _____

PHYSICAL EXAM:

1. ROM: ($5^\circ = 1$): Score can be between 0 and 25

Extension _____ Flexion _____

2. Stability:

a) A/P to be measured in position of maximum laxity

| | |
|-----------|----|
| < 5 mm | 10 |
| 5 - 10 mm | 5 |
| > 10 mm | 0 |

b) M/L to be measured in full extension

| | |
|----------------|----|
| < 5° | 15 |
| 5 - 10° | 5 |
| > 10° | 0 |

3. Flexion Contracture:

| | |
|-----------------|----|
| < 5° | 0 |
| 5 - 10° | 2 |
| 11 - 15° | 5 |
| 16 - 20° | 10 |
| > 20° | 15 |

4. Extension Lag

| | |
|-----------------|----|
| 0 | 0 |
| < 10° | 5 |
| 10 - 20° | 10 |
| > 20° | 15 |

5. Alignment (subtract)

| | |
|-----------------------|----------------------|
| 5 - 10° | 0 |
| 0 - 4° _____ | 3 points each degree |
| 11 - 15° _____ | 3 points each degree |
| Other | 20 |

Wound: _____

Iron: _____

ASA: _____

COMPLICATIONS:

NOTES: Dictated

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(803) 256-4107
1910 Blanding St.
Columbia, SC 29201
1013 Lake Murray Blvd.
Irmo, SC 292063

FOR _____

R ADDRESS _____ DATE _____

Please evaluate both knees in the above patient for range of motion and strength and provide a report on my standardized form included.

Thomas P. Gross M.D

Please FAX to: 803-933-6339 and give the patient a copy.

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(803) 256-4107
1910 Blanding St.
Columbia, SC 29201
1013 Lake Murray Blvd.
Irmo, SC 292063

FOR _____

R ADDRESS _____ DATE _____

Right/Left/Both Knees (circle one)

Please provide the patient with a digital copy on CD of these x-rays to be sent to my office for my review.

Thomas P. Gross, MD
C/O Keri Duval
1910 Blanding Street
Columbia, SC 29201
803-933-6147

Thomas P. Gross M.D