

2 to 4-WEEK 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, two years, and every other year postoperatively thereafter even if 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) *Knee questionnaire*: We keep track of each joint separately in our database. Therefore, I would like to request that you fill out a self rating form for **EACH** knee, even if both are identical. Please send 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 x-ray request
 - Have the x-ray of your knee(s) done at your local hospital, and request a CD copy be sent 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 us for assistance.

Thomas P. Gross MD

Attached Forms:

1. Follow up knee questionnaire (page 3-7)
2. Mission statement and disclosure form (page 8-9)
- 3a. Physical exam form (page 10)
- 3b. Physical therapy evaluation request (page 11)
4. Knee x-ray request (page 12)

Please contact us with any follow-up questions:

- E-mail: grosspatientfollowup@midlandsortho.com
- Call: (803) 933-6127
- 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
Attn: Knee follow-up
Midlands Orthopaedics & Neurosurgery PA
1910 Blanding St.
Columbia, SC 29201

KNEE FOLLOW-UP FORM

Name: _____ Date: _____

Follow-up Information

1. Where was this form completed?

- Office
- Phone
- Mail-In
- Internet

2. This questionnaire is for the evaluation of my (side) knee.

- Left
- Right

3. I have had problems with my (side) knee(s).

- Left
- Right
- Both

4. Dr. Gross has operated on my (side) knee(s).

- Left
- Right
- Both

5. Another surgeon has operated on my (side) knee(s).

- Left
- Right
- Both

6. Dr. Gross performed the followed operation(s) on me:

- Total knee replacement
- Partial knee replacement
- Revision knee surgery
- Other: _____

Complications

1. List any complications you had post-surgery:

- None
- Wound Infection
- Deep Venous Thrombosis
- Pulmonary Embolus (Blood clot travelling to lungs)
- Partial Sciatic Palsy (Nerve injury)
- Dislocation
- Fracture
- Loosened implant
- Other: _____

2. Did you have any complications that required further surgery?

- Yes; Please explain: _____
- No

Clinical Function Score

1. What category most closely represents your pain level?

- None
- Slight
- Mild
- Moderate
- Severe
- Disabled

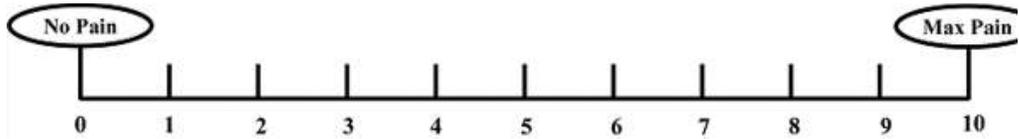
2. My knee pain is located in my (check all that apply):

- No pain
- Generalized knee pain
- Above knee
- Inside knee
- Outside knee
- Knee cap
- Back of knee
- Other pain: _____

3. Please circle your regular pain level on the following scale.



4. Please circle your highest knee pain level on the following scale.



5. Please indicate the severity of your limp, if any.

- None
- Slight
- Mild
- Moderate
- Severe
- Disabled

6. Please indicate your use of support, if any.

- None required
- Use of a cane or a stick
- Two canes
- Crutches or walker

7. I am able to walk _____ without a break:

- Over one mile/Unlimited
- 10+ blocks or roughly 45 minutes
- 5-10 blocks or roughly 30 minutes
- <5 blocks or roughly 10-20 minutes
- <1 block or indoor walking only
- Bed and chair only

8. Which of the following describes how you take stairs?

- Normally foot-over-foot without NEEDING the railing
- Climb up normally but require railing going down
- Normally using the railing both up and down
- Up with railing and needing assistance from another person going down
- Cannot take the stairs even with assistance

9. Please list any unrelated orthopaedic issues that you believe might effect your knee function score (i.e. bad back, arthritis in other knee, non-knee pain, etc.)

- Yes; please list: _____
- No

10. How is your knee joint now compared to before surgery?

- Better than my normal, healthy, pre-arthritic/damaged knee
- Feels just like my normal, healthy, pre-arthritic/damaged knee
- Much better than before surgery, with minor aches and pains
- Somewhat better than before surgery
- About the same
- Worse than before surgery

Activity Score

1. Which best describes your current level of activity? (Please circle one.)

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

2. Please list any activities that you participate in regularly.

3. Please list any vigorous activities that you occasionally participate in.

4. My activity is now _____ compared to before surgery.

- Higher
- Similar
- Lower

Conclusions

5. Overall, are you happy with your decision to have this surgery?

- Yes
- No

6. Do you have any comments?

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, DNP. 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

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.

Print Patient Name

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° = 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

MIDLANDS
orthopaedics
& NEUROSURGERY

(803) 256-4107
1910 Blanding St.
Columbia, SC 29201
1013 Lake Murray Blvd.
Irmo, SC 29063

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.

MIDLANDS
orthopaedics
& **NEUROSURGERY**

(803) 256-4107
1910 Blanding St.
Columbia, SC 29201
1013 Lake Murray Blvd.
Irmo, SC 29063

FOR _____

R ADDRESS _____ DATE _____

Please choose/circle ONE section (1, 2, or 3) to ensure the appropriate xrays are obtained from the patient's radiology facility.

1. LEFT
 - a. Diagnoses:
 - i. Osteoarthritis (OA) of the knee – **M17.12**
 - ii. Knee pain – **M25.562**
2. RIGHT
 - a. Diagnoses:
 - i. Osteoarthritis (OA) of the knee – **M17.11**
 - ii. Knee pain – **M25.561**
3. BILATERAL
 - a. Diagnoses:
 - i. Osteoarthritis (OA) of the knee – **M17.0**
 - ii. Knee pain – **M25.569**

Views (please include all of the following):

1. AP
2. Lateral
3. Sunrise
4. 45° flexion

Please provide the patient with a CD digital copy of these x-rays for my review, and mail to:

Thomas P. Gross, MD
Midlands Orthopaedics & Neurosurgery
ATTN: Gross patient knee follow-up
1910 Blanding Street
Columbia, SC 29201