

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) *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.
- 3) *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)
- 2a. Physical exam form (page 8)
- 2b. Physical therapy evaluation request (page 9)
3. Knee x-ray request (page 10)

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

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

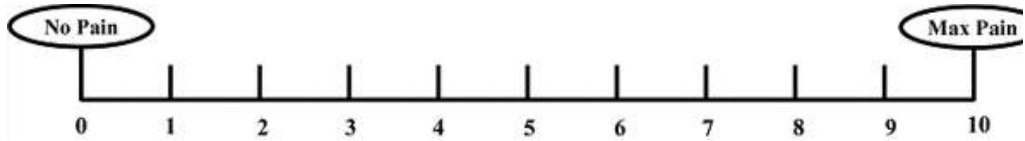
2. My knee pain is located in my (check all that apply):

- 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-arthritis/damaged knee
- Feels just like my normal, healthy, pre-arthritis/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?

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

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
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& NEUROSURGERY

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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