

KNEE SOCIETY SCORE: POST-OP

DEMOGRAPHIC INFORMATION (To be completed by patient)

1- Today's date
 / /

Enter dates as:
mm/dd/yyyy

2- Date of birth
 / /
3- Height (ft' in")

4- Weight (lbs.)

5- Sex

Male Female

6- Side of this (surgically treated) knee

Left Right

If both knees have been operated on,
please use a different form for each knee

7- Ethnicity

- Native Hawaiian or other Pacific Islander
 American Indian or Alaska Native
 Hispanic or Latino
 Arab or Middle Eastern
 African American or Black
 Asian
 White

8- Please indicate date and surgeon for your knee replacement operation**Date**
 / /

Enter dates as:
mm/dd/yyyy

Name of Surgeon

9- Was this a primary or revision knee replacement?

Primary Revision

To be completed by surgeon**10- Charnley Functional Classification (Use Code Below)**

- | | |
|--|---|
| A Unilateral Knee Arthritis | C1 TKR, but remote arthritis affecting ambulation |
| B1 Unilateral TKA, opposite knee arthritic | C2 TKR, but medical condition affecting ambulation |
| B2 Bilateral TKA | C3 Unilateral or Bilateral TKA with Unilateral or Bilateral THR |

OBJECTIVE KNEE INDICATORS (To be completed by surgeon)

ALIGNMENT

1- Alignment: measured on AP standing Xray (Anatomic Alignment)

25 point max

Neutral: 2-10 degrees valgus (25 pts)
 Varus: < 2 degrees valgus (-10 pts)
 Valgus: > 10 degrees valgus (-10 pts)

INSTABILITY

2- Medial / Lateral Instability: measured in full extension

15 point max

None (15 pts)
 Little or < 5 mm (10 pts)
 Moderate or 5 mm (5 pts)
 Severe or > 5 mm (0 pts)

3- Anterior / Posterior Instability: measured at 90 degrees

10 point max

None (10 pts)
 Moderate < 5 mm (5 pts)
 Severe > 5 mm (0 pts)

JOINT MOTION

4- Range of motion (1 point for each 5 degrees)

Deductions

Flexion Contracture

1-5 degrees (-2 pts)
 6-10 degrees (-5 pts)
 11-15 degrees (-10 pts)
 > 15 degrees (-15 pts)

Minus Points

Extensor Lag

<10 degrees (-5 pts)
 10-20 degrees (-10 pts)
 > 20 degrees (-15 pts)

Minus Points

SYMPTOMS

(To be completed by patient)

1- Pain with level walking**(10 - Score)**

0	1	2	3	4	5	6	7	8	9	10
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none

severe

2- Pain with stairs or inclines**(10 - Score)**

0	1	2	3	4	5	6	7	8	9	10
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none

severe

3- Does this knee feel "normal" to you?**(5 points)**

- Always (5 pts) Sometimes (3 pts) Never (0 pts)

Maximum total points (25 points)

PATIENT SATISFACTION**1- Currently, how satisfied are you with the pain level of your knee while sitting?****(8 points)**

- Very Satisfied (8 pts) Satisfied (6 pts) Neutral (4 pts) Dissatisfied (2 pts) Very Dissatisfied (0 pts)

2- Currently, how satisfied are you with the pain level of your knee while lying in bed?**(8 points)**

- Very Satisfied (8 pts) Satisfied (6 pts) Neutral (4 pts) Dissatisfied (2 pts) Very Dissatisfied (0 pts)

3- Currently, how satisfied are you with your knee function while getting out of bed?**(8 points)**

- Very Satisfied (8 pts) Satisfied (6 pts) Neutral (4 pts) Dissatisfied (2 pts) Very Dissatisfied (0 pts)

4- Currently, how satisfied are you with your knee function while performing light household duties?**(8 points)**

- Very Satisfied (8 pts) Satisfied (6 pts) Neutral (4 pts) Dissatisfied (2 pts) Very Dissatisfied (0 pts)

5- Currently, how satisfied are you with your knee function while performing leisure recreational activities?**(8 points)**

- Very Satisfied (8 pts) Satisfied (6 pts) Neutral (4 pts) Dissatisfied (2 pts) Very Dissatisfied (0 pts)

Maximum total points (40 points)

PATIENT EXPECTATION (To be completed by patient)**Compared to what you expected before your knee replacement:****1- My expectations for pain relief were...****(5 points)**

- Too High- "I'm a lot worse than I thought" (1 pt)
- Too High- "I'm somewhat worse than I thought" (2 pts)
- Just Right- "My expectations were met" (3 pts)
- Too Low- "I'm somewhat better than I thought" (4 pts)
- Too Low- "I'm a lot better than I thought" (5 pts)

2- My expectations for being able to do my normal activities of daily living were...**(5 points)**

- Too High- "I'm a lot worse than I thought" (1 pt)
- Too High- "I'm somewhat worse than I thought" (2 pts)
- Just Right- "My expectations were met" (3 pts)
- Too Low- "I'm somewhat better than I thought" (4 pts)
- Too Low- "I'm a lot better than I thought" (5 pts)

3- My expectations for being able to do my leisure, recreational or sports activities were...**(5 points)**

- Too High- "I'm a lot worse than I thought" (1 pt)
- Too High- "I'm somewhat worse than I thought" (2 pts)
- Just Right- "My expectations were met" (3 pts)
- Too Low- "I'm somewhat better than I thought" (4 pts)
- Too Low- "I'm a lot better than I thought" (5 pts)

Maximum total points (15 points)

FUNCTIONAL ACTIVITIES (To be completed by patient)

WALKING AND STANDING (30 points)

1 - Can you walk without any aids (such as a cane, crutches or wheelchair)?

(0 points)

Yes No

2 - If no, which of the following aid(s) do you use?

(-10 points)

wheelchair (-10 pts) walker (-8 pts) crutches (-8 pts) two canes (-6 pts)

one crutch (-4 pts) one cane (-4 pts) knee sleeve / brace (-2 pts)

other

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3 - Do you use these aid(s) because of your knees?

(0 points)

Yes No

4 - For how long can you stand (with or without aid) before sitting due to knee discomfort?

(15 points)

cannot stand (0 pts) 0-5 minutes (3 pts) 6-15 minutes (6 pts)

16-30 minutes (9 pts) 31-60 minutes (12 pts) more than an hour (15 pts)

5 - For how long can you walk (with or without aid) before stopping due to knee discomfort?

(15 points)

cannot walk (0 pts) 0-5 minutes (3 pts) 6-15 minutes (6 pts)

16-30 minutes (9 pts) 31-60 minutes (12 pts) more than an hour (15 pts)

Maximum points (30 points)

STANDARD ACTIVITIES (30 points)

How much does your knee bother you during each of the following activities?	no bother 5	slight 4	moderate 3	severe 2	very severe 1	cannot do (because of knee) 0	I never do this	
1 - Walking on an uneven surface	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
2 - Turning or pivoting on your leg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
3 - Climbing up or down a flight of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
4 - Getting up from a low couch or a chair without arms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
5 - Getting into or out of a car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
6 - Moving laterally (stepping to the side)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Maximum points (30 points)								<input type="text"/>

ADVANCED ACTIVITIES (25 points)

1 - Climbing a ladder or step stool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
2 - Carrying a shopping bag for a block	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
3 - Squatting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
4 - Kneeling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
5 - Running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Maximum points (25 points)								<input type="text"/>

DISCRETIONARY KNEE ACTIVITIES (15 points)

Please check 3 of the activities below that you consider *most important to you*.

(Please do not write in additional activities)

Recreational Activities

- Swimming
- Golfing (18 holes)
- Road Cycling (>30mins)
- Gardening
- Bowling
- Racquet Sports (Tennis, Racquetball, etc.)
- Distance Walking
- Dancing / Ballet
- Stretching Exercises (stretching out your muscles)

Workout and Gym Activities

- Weight-lifting
- Leg Extensions
- Stair-Climber
- Stationary Biking / Spinning
- Leg Press
- Jogging
- Elliptical Trainer
- Aerobic Exercises

Please copy all 3 checked activities into the empty boxes below.

How much does your knee bother you during each of these activities?

Activity (Please write the 3 activities from list above)	no bother	slight	moderate	severe	very severe	cannot do (because of knee)	
	5	4	3	2	1	0	
1. <input style="width: 250px; height: 25px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. <input style="width: 250px; height: 25px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. <input style="width: 250px; height: 25px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Maximum points (15 points)

Maximum total points (100 points)