KNEE SOCIETY SCORE: PRE-OP

DEMOGRAPHIC INFORMATION (To be completed by patient)

1- Today’s date

Enter dates as: mm/dd/yyyy

2- Date of birth

2- Date of birth

3- Height (ft’ in")

4- Weight (lbs.)

5- Sex

O Male  O Female

If both knees will be operated on, please use a different form for each knee

6- Side of this (symptomatic) knee

O Left  O Right

7- Ethnicity

O Native Hawaiian or other Pacific Islander  O American Indian or Alaska Native  O Hispanic or Latino

O Arab or Middle Eastern  O African American or Black  O Asian  O White

8- Please indicate the expected date and surgeon for your knee replacement operation

Date

Enter dates as: mm/dd/yyyy

Name of Surgeon

9- Will this be a primary or revision knee replacement?

O Primary  O Revision

To be completed by surgeon

10- Charnley Functional Classification (Use Code Below)

A  Unilateral Knee Arthritis

B1  Unilateral TKA, opposite knee arthritic

B2  Bilateral TKA

C1  TKR, but remote arthritis affecting ambulation

C2  TKR, but medical condition affecting ambulation

C3  Unilateral or Bilateral TKA with Unilateral or Bilateral THR

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# OBJECTIVE KNEE INDICATORS

## ALIGNMENT

1- Alignment: measured on AP standing Xray (Anatomic Alignment) [25 point max]

| Neutral: 2-10 degrees valgus | -2 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

<table>
<thead>
<tr>
<th>Flexion Contracture</th>
<th>Minus Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5 degrees</td>
<td>-2 pts</td>
</tr>
<tr>
<td>6-10 degrees</td>
<td>-5 pts</td>
</tr>
<tr>
<td>11-15 degrees</td>
<td>-10 pts</td>
</tr>
<tr>
<td>&gt; 15 degrees</td>
<td>-15 pts</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Extensor Lag</th>
<th>Minus Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;10 degrees</td>
<td>-5 pts</td>
</tr>
<tr>
<td>10-20 degrees</td>
<td>-10 pts</td>
</tr>
<tr>
<td>&gt; 20 degrees</td>
<td>-15 pts</td>
</tr>
</tbody>
</table>
**PATIENT SATISFACTION**

1- Currently, how satisfied are you with the pain level of your knee while sitting?

- 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?

- 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?

- 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?

- 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?

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

**SYMPTOMS**

1- Pain with level walking

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Severe</td>
</tr>
</tbody>
</table>

2- Pain with stairs or inclines

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Severe</td>
</tr>
</tbody>
</table>

3- Does this knee feel "normal" to you?

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

**Maximum total points (40 points)**

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## PATIENT EXPECTATIONS

(To be completed by patient)

<table>
<thead>
<tr>
<th>What do you expect to accomplish with your knee replacement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1- Do you expect your knee joint replacement surgery will relieve your knee pain?</td>
</tr>
<tr>
<td>○ no, not at all (1 pt)</td>
</tr>
<tr>
<td>○ yes, a little bit (2 pts)</td>
</tr>
<tr>
<td>○ yes, somewhat (3 pts)</td>
</tr>
<tr>
<td>○ yes, a moderate amount (4 pts)</td>
</tr>
<tr>
<td>○ yes, a lot (5 pts)</td>
</tr>
</tbody>
</table>

2- Do you expect your surgery will help you carry out your normal activities of daily living?

○ no, not at all (1 pt)  
○ yes, a little bit (2 pts)  
○ yes, somewhat (3 pts)  
○ yes, a moderate amount (4 pts)  
○ yes, a lot (5 pts)

3- Do you expect you surgery will help you perform leisure, recreational or sports activities?

○ no, not at all (1 pt)  
○ yes, a little bit (2 pts)  
○ yes, somewhat (3 pts)  
○ yes, a moderate amount (4 pts)  
○ yes, a lot (5 pts)

Maximum total points (15 points)
## WALKING AND STANDING (30 points)

1. Can you walk without any aids (such as a cane, crutches or wheelchair)?
   - Yes
   - No

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

3. Do you use these aid(s) because of your knees?
   - Yes
   - No

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

<table>
<thead>
<tr>
<th>How much does your knee bother you during each of the following activities?</th>
<th>no bother</th>
<th>slight</th>
<th>moderate</th>
<th>severe</th>
<th>very severe</th>
<th>cannot do (because of knee)</th>
<th>I never do this</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Walking on an uneven surface</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>2 - Turning or pivoting on your leg</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>3 - Climbing up or down a flight of stairs</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>4 - Getting up from a low couch or a chair without arms</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>5 - Getting into or out of a car</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>6 - Moving laterally (stepping to the side)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Maximum points (30 points) □

### ADVANCED ACTIVITIES (25 points)

<table>
<thead>
<tr>
<th></th>
<th>no bother</th>
<th>slight</th>
<th>moderate</th>
<th>severe</th>
<th>very severe</th>
<th>cannot do (because of knee)</th>
<th>I never do this</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Climbing a ladder or step stool</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>2 - Carrying a shopping bag for a block</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>3 - Squatting</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>4 - Kneeling</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>5 - Running</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Maximum points (25 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?

<table>
<thead>
<tr>
<th>Activity (Please write the 3 activities from list above)</th>
<th>no bother</th>
<th>slight</th>
<th>moderate</th>
<th>severe</th>
<th>very severe</th>
<th>cannot do (because of knee)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Maximum points (15 points)

Maximum total points (100 points)