

TKA—Follow-up Form

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Name: _____ Date of Birth: _____ Today's Date: _____

- Left Knee Date of Surgery: Month _____ Year _____
 Right Knee Date of Surgery: Month _____ Year _____

Do you have knee pain? (select one)

| | Right | Left |
|--------------------------------|--------------------------|--------------------------|
| None | <input type="checkbox"/> | <input type="checkbox"/> |
| Mild Pain, occasionally | <input type="checkbox"/> | <input type="checkbox"/> |
| Pain when climbing stairs only | <input type="checkbox"/> | <input type="checkbox"/> |
| Moderate pain, occasionally | <input type="checkbox"/> | <input type="checkbox"/> |
| Moderate, continual pain | <input type="checkbox"/> | <input type="checkbox"/> |
| Severe pain | <input type="checkbox"/> | <input type="checkbox"/> |

Do you use any support? Yes No

| | Right | Left |
|----------|--------------------------|--------------------------|
| Cane | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Canes | <input type="checkbox"/> | <input type="checkbox"/> |
| Crutches | <input type="checkbox"/> | <input type="checkbox"/> |
| Walker | <input type="checkbox"/> | <input type="checkbox"/> |

What is the distance you are able to walk?

(select one)

| | Right | Left |
|-----------------------------------|--------------------------|--------------------------|
| Unlimited walking | <input type="checkbox"/> | <input type="checkbox"/> |
| Can walk greater than 10 blocks | <input type="checkbox"/> | <input type="checkbox"/> |
| Can walk 5 to 10 blocks | <input type="checkbox"/> | <input type="checkbox"/> |
| Walk less than 5 blocks | <input type="checkbox"/> | <input type="checkbox"/> |
| Walk only short distances in home | <input type="checkbox"/> | <input type="checkbox"/> |
| Unable | <input type="checkbox"/> | <input type="checkbox"/> |

If you are limited in your activity, what limits you?

- (please check all that apply)
- Your joint replacement
 - Arthritis in another joint
 - Your back/spine
 - Weakness/Tiredness
 - Breathing/Heart
 - Other: _____

How are you able to go up and down stairs?

(select one)

| | Right | Left |
|--|--------------------------|--------------------------|
| Normally go up and down stairs | <input type="checkbox"/> | <input type="checkbox"/> |
| Normally go upstairs, go downstairs using a rail | <input type="checkbox"/> | <input type="checkbox"/> |
| Go both up and down stairs using a rail | <input type="checkbox"/> | <input type="checkbox"/> |
| Go up stairs with a rail, not able to go down stairs | <input type="checkbox"/> | <input type="checkbox"/> |
| Not able to go up and down stairs | <input type="checkbox"/> | <input type="checkbox"/> |

Do you rise from a chair...?

(select one)

| | Right | Left |
|--------------------------------|--------------------------|--------------------------|
| Without any assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| Need arm assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| Difficulty rising using 2 arms | <input type="checkbox"/> | <input type="checkbox"/> |
| Need assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| Unable to get up from a chair | <input type="checkbox"/> | <input type="checkbox"/> |

Are you satisfied with your knee replacement? Yes No

Comments:

FOR OFFICE USE ONLY

Limp, antalgic

| | Right | Left |
|----------|--------------------------|--------------------------|
| None | <input type="checkbox"/> | <input type="checkbox"/> |
| Slight | <input type="checkbox"/> | <input type="checkbox"/> |
| Moderate | <input type="checkbox"/> | <input type="checkbox"/> |
| Marked | <input type="checkbox"/> | <input type="checkbox"/> |

Stability

Anterior/posterior to be measured in position of maximum laxity

| | Right | Left |
|-------------------|--------------------------|--------------------------|
| <5 mm (none) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 to 10 mm (mild) | <input type="checkbox"/> | <input type="checkbox"/> |
| >10 mm (moderate) | <input type="checkbox"/> | <input type="checkbox"/> |

Medial/lateral to be measured in full extension

| | Right | Left |
|-----------------------|--------------------------|--------------------------|
| <5° (none) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6° to 9° (mild) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10° to 14° (moderate) | <input type="checkbox"/> | <input type="checkbox"/> |
| >14° (severe) | <input type="checkbox"/> | <input type="checkbox"/> |

Extension Lag

| | Right | Left |
|------------|--------------------------|--------------------------|
| <10° | <input type="checkbox"/> | <input type="checkbox"/> |
| 10° to 20° | <input type="checkbox"/> | <input type="checkbox"/> |
| >20° | <input type="checkbox"/> | <input type="checkbox"/> |

Flexion Contracture

| | Right | Left |
|------------|--------------------------|--------------------------|
| 0° to 4° | <input type="checkbox"/> | <input type="checkbox"/> |
| 5° to 10° | <input type="checkbox"/> | <input type="checkbox"/> |
| 11° to 15° | <input type="checkbox"/> | <input type="checkbox"/> |
| 16° to 20° | <input type="checkbox"/> | <input type="checkbox"/> |
| >20° | <input type="checkbox"/> | <input type="checkbox"/> |

Quad Strength

| | | | | | |
|-------|---|---|---|---|---|
| Right | 1 | 2 | 3 | 4 | 5 |
| Left | 1 | 2 | 3 | 4 | 5 |

Range of Motion

| | Right (in degrees) | Left (in degrees) |
|-----------|-----------------------|----------------------|
| Extension | ° | ° |
| Flexion | ° | ° |

Alignment

| | Right (in degrees) | Left (in degrees) |
|--------|-----------------------|----------------------|
| Valgus | ° | ° |
| Varus | ° | ° |

Mark one in each group

| | Right | Left |
|--------------------------|---|---|
| Joint Effusion | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Patello-femoral problems | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Synovial Thickening | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Increased Temp | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |

Charnley Classification

- Unilateral Arthroplasty with opposite normal knee or Bilateral Arthroplasty with satisfactory function of opposite knee
- Unilateral—other knee impaired
- Multiple Arthritis or medical infirmity

Radiographic Evaluation at one year and greater

Changes in implant? Yes No

Specify: _____
