

Patient Label

UNIVERSITY of CALIFORNIA • IRVINE
HEALTHCARE

**KNEE SOCIETY SCORE:
POST-OP**

DEMOGRAPHIC INFORMATION

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**
(if both knees have been operated on, please use a different form for each knee)
 Left Right
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: ____/____/____ Name of Surgeon: _____
9. **Was this a primary or revision knee replacement?** Primary Revision

SYMPTOMS

1 -	Pain with level walking	(10 - Score)											
	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 10%;">0</td><td style="width: 10%;">1</td><td style="width: 10%;">2</td><td style="width: 10%;">3</td><td style="width: 10%;">4</td><td style="width: 10%;">5</td><td style="width: 10%;">6</td><td style="width: 10%;">7</td><td style="width: 10%;">8</td><td style="width: 10%;">9</td><td style="width: 10%;">10</td> </tr> </table> <div style="display: flex; justify-content: space-between; width: 100%;"> none severe </div>	0	1	2	3	4	5	6	7	8	9	10	<div style="border: 1px solid black; width: 100%; height: 30px; margin-bottom: 5px;"></div>
0	1	2	3	4	5	6	7	8	9	10			
2 -	Pain with stairs or inclines	(10 - Score)											
	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 10%;">0</td><td style="width: 10%;">1</td><td style="width: 10%;">2</td><td style="width: 10%;">3</td><td style="width: 10%;">4</td><td style="width: 10%;">5</td><td style="width: 10%;">6</td><td style="width: 10%;">7</td><td style="width: 10%;">8</td><td style="width: 10%;">9</td><td style="width: 10%;">10</td> </tr> </table> <div style="display: flex; justify-content: space-between; width: 100%;"> none severe </div>	0	1	2	3	4	5	6	7	8	9	10	<div style="border: 1px solid black; width: 100%; height: 30px; margin-bottom: 5px;"></div>
0	1	2	3	4	5	6	7	8	9	10			
3 -	Does this knee feel "normal" to you?	(5 points)											
	<input type="checkbox"/> Always (5 pts) <input type="checkbox"/> Sometimes (3 pts) <input type="checkbox"/> Never (0 pts)	<div style="border: 1px solid black; width: 100%; height: 30px; margin-bottom: 5px;"></div>											
Maximum Total Points (25 points)		<div style="border: 1px solid black; width: 100%; height: 30px; margin-bottom: 5px;"></div>											



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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 EXPECTATIONS

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" (2pts)
 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" (2pts)
 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)

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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" (2pts)
- 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

WALKING AND STANDING (30 points)

1 - Can you walk without 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: _____

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)

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STANDARD ACTIVITIES (30 points)

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

Maximum Points (30 points)

ADVANCED ACTIVITIES (25 points)

How much does your knee bother you during each of the following activities?	no bother	slight	moderate	severe	very severe	cannot do because of knee	I never do this activity	
	5	4	3	2	1	0	0	
1 - Climbing a ladder or step stool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2 - Carrying a shopping bag for a block	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3 - Squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4 - Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5 - Running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Maximum Points (25 points)

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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 (> 30 mins)
- 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	I never do this activity	
	5	4	3	2	1	0	0	

Maximum Points (15 points)

Maximum Total Points (100 points)

Patient Signature: _____ Date: _____ Time: _____

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OBJECTIVE KNEE INDICATORS (To be completed by Provider)

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 |

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 / Post Instability: measures 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		Minus Points
Flexion Contracture		
1-5 degrees	(-2 pts)	
6-10 degrees	(-5 pts)	
11-15 degrees	(-10 pts)	
> 15 degrees	(-15 pts)	
Extensor Lag		Minus Points
< 10 degrees	(-5 pts)	
10-20 degrees	(-10 pts)	
> 20 degrees	(-15 pts)	

Provider Signature/Title: _____ Date: _____ Time: _____