Midwest Orthopaedics at RUSH

1725 W. Harrison Street, Suite 1063
Chicago, IL 60612 312.243.4244

Brett R. Levine, MD, MS
Orthopaedics and Joint Replacement Surgery

TKA—Follow-up Form

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?

	Right	Left
None	☐	☐
Mild Pain, occasionally	☐	☐
Pain when climbing stairs only	☐	☐
Moderate pain, occasionally	☐	☐
Moderate, continual pain	☐	☐
Severe pain	☐	☐

Do you use any support? ☐ Yes ☐ No

	Right	Left
Cane	☐	☐
2 Canes	☐	☐
Crutches	☐	☐
Walker	☐	☐

What is the distance you are able to walk?

	Right	Left
Unlimited walking	☐	☐
Can walk greater than 10 blocks	☐	☐
Can walk 5 to 10 blocks	☐	☐
Walk less than 5 blocks	☐	☐
Walk only short distances in home	☐	☐
Unable	☐	☐

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?

	Right	Left
Normally go up and down stairs	☐	☐
Normally go upstairs, go downstairs using a rail	☐	☐
Go both up and down stairs using a rail	☐	☐
Go up stairs with a rail, not able to go down stairs	☐	☐
Not able to go up and down stairs	☐	☐

Do you rise from a chair…?

	Right	Left
Without any assistance	☐	☐
Need arm assistance	☐	☐
Difficulty rising using 2 arms	☐	☐
Need assistance	☐	☐
Unable to get up from a chair	☐	☐

Are you satisfied with your knee replacement? ☐ Yes ☐ No

Comments:

____

____

FOR OFFICE USE ONLY

Limp, antalgic

	Right	Left
None	☐	☐
Slight	☐	☐
Moderate	☐	☐
Marked	☐	☐

Stability

Anterior/posterior to be measured in position of maximum laxity

	Right	Left
<5 mm (none)	☐	☐
5 to 10 mm (mild)	☐	☐
>10 mm (moderate)	☐	☐

Medial/lateral to be measured in full extension

	Right	Left
<5° (none)	☐	☐
6° to 9° (mild)	☐	☐
10° to 14° (moderate)	☐	☐
>14° (severe)	☐	☐

Extension Lag

	Right	Left
<10°	☐	☐
10° to 20°	☐	☐
>20°	☐	☐

Flexion Contracture

	Right	Left
0° to 4°	☐	☐
5° to 10°	☐	☐
11° to 15°	☐	☐
16° to 20°	☐	☐
>20°	☐	☐

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	☐ Y | ☐ N	☐ Y | ☐ N
Patello-femoral problems	☐ Y | ☐ N	☐ Y | ☐ N
Synovial Thickening	☐ Y | ☐ N	☐ Y | ☐ N
Increased Temp	☐ Y | ☐ N	☐ Y | ☐ 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: ____________________________________

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