

## 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**
 /  / 
**3- Height (ft' in")**
 
**4- Weight (lbs.)**
 
**5- Sex**

Male  Female

**6- Side of this (symptomatic) knee**

Left  Right

If both knees will be 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 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?**

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 EXPECTATIONS (To be completed by patient)****What do you expect to accomplish with your knee replacement:****1- Do you expect your knee joint replacement surgery will relieve your knee pain? (5 points)**

- 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)

**2- Do you expect your surgery will help you carry out your normal activities of daily living? (5 points)**

- 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? (5 points)**

- 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)**



**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	
	5	4	3	2	1	0		
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"/>
<b>Maximum points (30 points)</b>								<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"/>
<b>Maximum points (25 points)</b>								<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)