- <u>New Mexico Center</u> <u>For</u> <u>Joint Replacement Surgery</u>

Answer the following questions regarding your <u>overall</u> activity level.

Form Completion Date	Last Name) O-YYYY) -	Ri L Rig	eck one ght Hip eft Hip ht Knee ft Knee		Hip Surgery Hip Surgery Knee Surger Lnee Surgery - L	Date y Date	
1. In general, would you say your health is:	Excellent	Very Goo	d Good	□ Fair	□ Poor		
 The following items are about activities you might these activities? If so, how much? (Check one both) Moderate Activities, such as moving a tall pushing a vacuum cleaner, bowling or playing. Climbing several flights of stairs: 	x on each line) Yes, limple,	ited a lot	Yes, limi	health now ted a little		limited at all	
During the past 4 weeks have you had any of the a result of your physical health? (Check one bo		lems with	your work or	other regu	ılar daily acti	vities as	
4. Accomplished less than you would like: 5. Were limited in the kind of work or other a		Yes □ □	No □ □				
During the past 4 weeks have you had any of the a result of any emotional problems (such as fee 6. Accomplished less than you would like: 7. Didn't do work or other activities as careful	ling depressed					ivities as	
8. During the past 4 weeks how much did pain interfere with your normal work (including both work outside the home and housework)? (Check one box)							
	lot at all \square A	little bit	□ Moderat	ely Qu	uite a bit	Extremely	
These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.							
How much of the time during the past 4 wee 9. Have you felt calm and peaceful? 10. Did you have a lot of energy? 11. Have you felt downhearted and blue?	ks(Check one All of the Time □ □	box on ea Most of the Time	A Good A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time	
12. During the past 4 weeks, how much of the your visiting with friends, relatives, etc.? (All of the time Most of the time)	nealth or em		oblems interduced by the oblems.		

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New Mexico Center For

Pre-Op Patient Questionnaire • Right Knee

Joint Replacement Surgery PLEASE COMPLETE ONE FORM PER OPERATIVE SIDE

Patient Name (First Initial - Middle Initial	al - Last Name)						
	Data of Summer						
Gender □ Male □ Fe	Date of Surgery						
S.S.N	Surgeon (MM-DD-YYYY)						
1. How long have you had the knee problem:	\square 0-3 months \square 3-6 months \square 6-12 months \square 1-2 years \square 2-5 years \square > 5 years						
2. Do you experience any knee pain when you are walking:							
□ None/ignore □ Mild/occasional or intermittent □ Mild/stairs only							
☐ Mild/stairs and level walking ☐ Moderate/pain comes and goes ☐ Moderate/pain each day							
☐ Severe/constant disabling pain							
3. Describe ability to get around during past 4	weeks:						
☐ I mostly walk without any support or assistance							
☐ I used one cane for long walks							
☐ I mostly used one cane or one crutch to help me get around							
☐ I mostly used two canes or two crutches or a walker to help me get around							
☐ I was in a wheelchair							
☐ I used other supports or someone else had to help me get around							
☐ I was unable to get around at all							
4. Experience any knee pain at rest: ☐ None ☐ Mild ☐ Moderate ☐ Severe							
5. Need assist getting out of bed:							
6. How do you go up and down stairs:							
☐ Normally (one foot on each step)	☐ Normally but I require use of the rail when going down						
☐ Normally but I require use of the rail when going	ng up						
☐ I can go up the stairs by using the rail but I am unable to go down ☐ I am unable to go up and down stairs							
7. What type of support do you need when wal	king:						
	ane when I go on a long walk						
☐ I use one crutch ☐ I use two of	canes						
☐ I use a walker ☐ Unable to	walk						
8. How far can you walk without stopping beca	use of knee pain:						
☐ I can walk unlimited distances (one mile or mo	ore)						
\square I can walk more than 10 blocks (not more than	one mile)						
\square I can walk 5-10 blocks (not more than one half	mile)						
☐ I can walk only short distances within my hom	e						

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New Mexico Center <u>For</u> Joint Replacement Surgery

Pre-Op Knee Physical Exam Right Knee Page 2 PLEASE COMPLETE ONE FORM PER OPERATIVE SIDE

S.S.N
12. Pulses Intact:
13. Specify Pulses Not Intact:
14. Neuro Status Intact: ☐ Yes ☐ No
15. Specify Neuro Status Not Intact:
16. Patella: ☐ Neutral ☐ Subluxed ☐ Dislocated ☐ Absent
17. Patello-Femoral Crepitus/Clicking:
18. A/P Instability/Laxity(at 90 degrees):
19. A/P Instability/Laxity(at full extension):
20. Med. Instability/Laxity with Valgus Stress:
21. Lateral Instability/Laxity with Varus Stress:
22. Pre-op Overall Knee Alignment: ☐ Neutral ☐ Valgus ☐ Varus
23. Alignment: Full Extension=0
24. Range of Motion: (All Measurments Sitting, Goniometer, Lateral Knee) O Hyperextension is recorded as negative degrees. Fixed flexion contracture is recorded as positive degrees.
25. Extension Lag: Oresent if passive knee extension is greater than active knee
26. Limp W/O Support: ☐ No Limp ☐ Slight ☐ Moderate ☐ Severe ☐ Unable to walk ☐ N/A (always use support If Limp, Specify Side: ☐ Right ☐ Left ☐ N/A (does not limp)