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

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

Patient Name (First Initial - Middle Initial - Last N	Name)	CHECK ONE	Right	Hip Surgery D	ate
		Right Hip □			
Form Completion Date	Y)	Left Hip □		Hip Surgery Da - L Knee Surgery	
S.S.N		Right Knee		nee Surgery	
Gender □ Male □ Female Surgeo	on	Left Knee			
1. In general, would you say your health is: ☐ Exce	ellent 🗆 Very	Good □ Goo	od □ Fair	□ Poor	
The following items are about activities you might do d these activities? If so, how much? (Check one box on e	each line)				
2. Moderate Activities, such as moving a table,	Yes, limited a □	lot Yes, lir	nited a little	No, not lir □	nited at all
pushing a vacuum cleaner, bowling or playing gol: 3. Climbing several flights of stairs:	f:]
During the past 4 weeks have you had any of the follow a result of your physical health? (Check one box on e	each line)		or other regu	lar daily activi	ties as
4. Accomplished less than you would like:	Ye □	(a)			
5. Were limited in the kind of work or other activiti	ies:				nicoli, Till
During the past 4 weeks have you had any of the follow					ities as
a result of any emotional problems (such as feeling d	lepressed or and Ye		one box on e	ach line)	
6. Accomplished less than you would like:7. Didn't do work or other activities as carefully 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)	all □ A little	bit □ Modera	ately 🗆 Ou	iite a bit □ E	Extremely
These questions are about how you feel and how things					J
question, please give the one answer that comes closes.	t to the way you	ı have been feel			
How much of the time during the past 4 weeks(0			Some	A Little	None
o	All Mos		of the	of the	of the
j	Γime Tim		_	Time	Time
1					
9. Have you felt calm and peaceful?			П	П	
10. Did you have a lot of energy?					
10. Did you have a lot of energy?11. Have you felt downhearted and blue?12. During the past 4 weeks, how much of the time	has your phys i				
10. Did you have a lot of energy? 11. Have you felt downhearted and blue?	has your phys i				

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New Mexico Center For Joint Replacement Surgery

Answer the following questions regarding your • Right Knee Replacement only.

 Yes □ I can walk 5-10 blocks (not more than one-half mile) □ No □ I can walk less than 5 blocks □ I can only walk short distances within my home □ Normally (one foot on each step) □ Normally but require use of the rail when going down □ Normally but require use of the rail when going up □ I require use of the rail while going up and down □ I can go up the stairs by using the rail but I am unable 	Patient Name (First Initial - Middle Initial - Last Name) Gender	Date of Surgery -
□ Mild/Occasional or intermittent □ I use one cane when I go on a long walk □ Mild/Stairs only □ I use one cane most of the time □ Moderate/Pain comes and goes □ I use one crutch □ Moderate/Pain each day □ I use two crutches □ Severe/Constant, disabling pain □ I use a walker □ None □ Moderate □ Moild □ Severe □ Moild □ Severe 3. Do you need assistance in getting out of bed? □ I can walk unlimited distances (one mile or more) □ I can walk more than 10 blocks (no more than one may large than 10 blocks (no more than one half mile) □ No □ I can walk less than 5 blocks □ I can walk less than 5 blocks □ I can walk short distances within my home □ I can walk short distances within my home □ I am confined to a wheelchair or a bed 7. Are you satisfied with the results of your knee replacement surgery? □ Yes □ No □ I can go up the stairs by using the rail but I am unable	1. Do you experience any knee pain when you are walking?	5. Do you need support when walking?
☐ Mild/Stairs and level walking ☐ I use one cane most of the time ☐ Moderate/Pain comes and goes ☐ I use one crutch ☐ Moderate/Pain each day ☐ I use two canes ☐ Severe/Constant, disabling pain ☐ I use a walker ☐ None ☐ Moderate ☐ Mild ☐ Severe 3. Do you need assistance in getting out of bed? ☐ I can walk unlimited distances (one mile or more) ☐ Yes ☐ I can walk more than 10 blocks (no more than one m ☐ No ☐ I can walk less than 5 blocks ☐ I can only walk short distances within my home ☐ I can only walk short distances within my home ☐ Normally (one foot on each step) ☐ I am confined to a wheelchair or a bed 7. Are you satisfied with the results of your knee replacement surgery? ☐ Yes ☐ I require use of the rail when going up ☐ Yes ☐ I require use of the rail while going up and down ☐ Yes ☐ I can go up the stairs by using the rail but I am unable ☐ No	□ None/Or you ignore it	☐ I walk without any support
□ Mild/Stairs and level walking □ I use one crutch □ Moderate/Pain comes and goes □ I use two canes □ Moderate/Pain each day □ I use two crutches □ Severe/Constant, disabling pain □ I use a walker □ None □ Moderate □ Mild □ Severe 3. Do you need assistance in getting out of bed? □ I can walk unlimited distances (one mile or more) □ Yes □ I can walk so-10 blocks (not more than one mandle) □ No □ I can walk less than 5 blocks 4. How do you go up and down stairs? □ I can only walk short distances within my home □ I am confined to a wheelchair or a bed 7. Are you satisfied with the results of your knee replacement surgery? □ Normally but require use of the rail when going up □ Yes □ I require use of the rail while going up and down □ Yes □ I can go up the stairs by using the rail but I am unable □ No	☐ Mild/Occasional or intermittent	☐ I use one cane when I go on a long walk
☐ Moderate/Pain comes and goes ☐ I use two canes ☐ Moderate/Pain each day ☐ I use two crutches ☐ Severe/Constant, disabling pain ☐ I use a walker 2. Do you experience any knee pain when you are at rest? ☐ I am unable to walk ☐ None ☐ Moderate ☐ Mild ☐ Severe 3. Do you need assistance in getting out of bed? ☐ I can walk unlimited distances (one mile or more) ☐ Yes ☐ I can walk more than 10 blocks (no more than one m ☐ I can walk best than 5 blocks ☐ I can walk less than 5 blocks ☐ How do you go up and down stairs? ☐ I can only walk short distances within my home ☐ Normally (one foot on each step) ☐ I am confined to a wheelchair or a bed 7. Are you satisfied with the results of your knee replacement surgery? ☐ Yes ☐ I require use of the rail while going up and down ☐ Yes ☐ I can go up the stairs by using the rail but I am unable ☐ No	☐ Mild/Stairs only	☐ I use one cane most of the time
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☐ Moderate/Pain each day ☐ I use a walker ☐ Do you experience any knee pain when you are at rest? ☐ I am unable to walk ☐ None ☐ Moderate ☐ Mild ☐ Severe 3. Do you need assistance in getting out of bed? ☐ I can walk unlimited distances (one mile or more) ☐ Yes ☐ I can walk more than 10 blocks (no more than one m ☐ No ☐ I can walk less than 5 blocks ☐ I can only walk short distances within my home ☐ I can only walk short distances within my home ☐ Normally but require use of the rail when going down ☐ I am confined to a wheelchair or a bed 7. Are you satisfied with the results of your knee replacement surgery? ☐ Yes ☐ I require use of the rail while going up and down ☐ No ☐ I can go up the stairs by using the rail but I am unable ☐ No	☐ Moderate/Pain comes and goes	☐ I use two canes
Severe/Constant, disabling pain I use a walker I am unable to walk	☐ Moderate/Pain each day	☐ I use two crutches
2. Do you experience any knee pain when you are at rest? □ None □ Moderate □ Mild □ Severe □ I can walk unlimited distances (one mile or more) □ I can walk unlimited distances (one mile or more) □ I can walk more than 10 blocks (no more than one more) □ I can walk 5-10 blocks (not more than one-half mile) □ No □ I can walk less than 5 blocks 4. How do you go up and down stairs? □ Normally (one foot on each step) □ I am confined to a wheelchair or a bed □ Normally but require use of the rail when going down □ Normally but require use of the rail when going up □ I require use of the rail while going up and down □ I can go up the stairs by using the rail but I am unable		☐ I use a walker
None		☐ I am unable to walk
3. Do you need assistance in getting out of bed? Yes I can walk more than 10 blocks (no more than one make the point of bed? I can walk 5-10 blocks (not more than one-half mile) I can walk less than 5 blocks I can only walk short distances within my home Normally (one foot on each step) Normally but require use of the rail when going down Normally but require use of the rail when going up I require use of the rail while going up and down I can go up the stairs by using the rail but I am unable		6. How far can you walk without stopping?
 Yes □ I can walk 5-10 blocks (not more than one-half mile) □ No □ I can walk less than 5 blocks □ I can only walk short distances within my home □ Normally (one foot on each step) □ Normally but require use of the rail when going down □ Normally but require use of the rail when going up □ I require use of the rail while going up and down □ I can go up the stairs by using the rail but I am unable 	□ Mild □ Severe	☐ I can walk unlimited distances (one mile or more)
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4. How do you go up and down stairs? □ Normally (one foot on each step) □ Normally but require use of the rail when going down □ Normally but require use of the rail when going up □ I require use of the rail while going up and down □ I can go up the stairs by using the rail but I am unable		☐ I can walk 5-10 blocks (not more than one-half mile)
4. How do you go up and down stairs? □ Normally (one foot on each step) □ I am confined to a wheelchair or a bed □ Normally but require use of the rail when going down □ Normally but require use of the rail when going up □ I require use of the rail while going up and down □ I can go up the stairs by using the rail but I am unable	\square_{N_0}	☐ I can walk less than 5 blocks
 Normally but require use of the rail when going down Normally but require use of the rail when going up I require use of the rail while going up and down I can go up the stairs by using the rail but I am unable 7. Are you satisfied with the results of your knee replacement surgery? □ Yes □ No	4. How do you go up and down stairs?	☐I can only walk short distances within my home
Thormally but require use of the rail when going up ☐ Normally but require use of the rail when going up ☐ I require use of the rail while going up and down ☐ I can go up the stairs by using the rail but I am unable ☐ I can go up the stairs by using the rail but I am unable	☐ Normally (one foot on each step)	☐ I am confined to a wheelchair or a bed
☐ I require use of the rail while going up and down ☐ I can go up the stairs by using the rail but I am unable	☐ Normally but require use of the rail when going down	
☐ I require use of the rail while going up and down ☐ I can go up the stairs by using the rail but I am unable	☐ Normally but require use of the rail when going up	□Yes
	☐ I require use of the rail while going up and down	
to go down I am unable to go up and down stairs	to go down	

New Mexico Center For

Post-Op Knee Assessment

Joint Replacement Surgery PLEASE COMPLETE ONE FORM PER OPERATIVE SIDE

Patient Name (First Initial - Middle Initial - Las	st Name) Date of Surgery			
Operative Side □ Left □ Right	Gender ☐ Male ☐ Female (MM-DD-YYYY)			
Operative Side — Left — Right	Form Completion Date			
S.S.N	Surgeon			
Post Op Exam Period ☐ 6 Weeks ☐ 3 Months ☐ 6	Months □ 1 Year □ 2 Year □ 3 Year Specified Years			
□ 4 Year □ 5 Year □ 6 Years □ 7 Years □ 8 Years □ Specify Years				
1. Ability to rise from chair: 2.	Ability to get in and out of automobile:			
☐ Able with ease (no arms)	☐ Able including opening and closing door			
☐ Able with ease (with arms)	□ Needs assistance of another person to get in			
☐ Able with difficulty	□ Needs assistance of another person to get out			
☐ Unable	□ Needs assistance of another person to get in and out			
3. What is the patient's activity level?	Unable even with assistance			
-				
☐ Regularly participate in impact sports (jogging, tennis, skiing, acrobatic, ballet, heavy labor, or backpacking)	☐ Sometimes participate in moderate activities			
☐ Sometimes participate in impact sports	☐ Regularly participate in mild activities (walking, limited housework, and limited shopping)			
☐ Regularly participate in very active events	□ Sometimes participate in mild activities			
☐ Regularly participate in active events	☐ Mostly inactive (restricted to minimal activities of daily living)			
☐ Regularly participate in moderate activities (swimming, unlimited housework or shopping)	☐ Wholly inactive (dependent on others; cannot leave residence)			
	Yes, Identify Area of Pain No, Form is Complete			
□ Mild	☐ Anterior			
□ Moderate	□ Posterior			
□ Severe	☐ Medial			
20.0.2	□ Lateral			
	☐ Entire Knee			

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New Mexico Center **For**

Post-Op Knee Physical Right Knee

Joint Replacement Surgery PLEASE COMPLETE ONE FORM PER OPERATIVE SIDE

Patient Name (First Initial - Middle Initial - L	Last Name) Date of Surgery				
Gender □ Male □ Female	(MM-DD-YYYY)				
	Form Completion Date				
S.S.N	Surgeon				
1. Skin Status: (Check All That Apply) ☐ Healed ☐	Not Healed Erythema Warmth Soft Tissue Swelling Other				
2. Dependent Edema: ☐ Yes	□No				
3. Pulses Intact: ☐ Yes	□ No				
4. Specify Pulses Not Intact:					
5. Neurological Status Intact:	□No				
6. Specify Neurological Status Not Intact:	the state of the s				
7. Effusion: □ None	☐ Mild/Moderate ☐ Moderate/Severe				
8. Patella:	al □ Subluxed □ Dislocated □ Absent				
9. Patello-Femoral Crepitus/Clicking: ☐ None	9. Patello-Femoral Crepitus/Clicking: ☐ None ☐ Mild/Moderate ☐ Severe/Extreme				
10. Limp W/O Support: ☐ No Limp ☐ Slight ☐	☐ Moderate ☐ Severe ☐ Unable to walk ☐ N/A (always use support)				
If Limp, Specify Side: 🗆 Right	□ Left □ Both				
11. Quadricep Muscle Strength: Excellent	11. Quadricep Muscle Strength: ☐ Excellent ☐ Good ☐ Fair ☐ Poor				
12. Range of Motion:	Full Extension=0 Hyperextension is recorded as				
(All Measurments Sitting,	negative degrees. Fixed flexion contracture is Maximum Active Flexion				
Goniometer, Lateral Knee)	recorded as positive degrees. Present if passive knee extension				
13. Extension Lag:	is greater than active knee				
	□ Neutral				
14. Tibio-Femoral Alignment:	□ Valgus				
From Radiograph - Anatomical Angle	□ Varus				
	mm				
15. A/P Instability/Laxity(at 90 degrees):					
16. A/P Instability/Laxity(at full extension):	mm				
10. A/1 ilistability/Laxity(at full extension).					
17. Medial Instability/Laxity with Valgus Stress	s: mm				
mm					
18. Lateral Instability/Laxity with Varus Stress	•				
19. Complications? \(\subseteq \text{Yes} \text{No} \)					
If Yes, Complete Complication Report Form					