



Knee Follow-Up

1-Year Interval

It is important to review the status of your knee implant(s) during an office visit at **four weeks, three months, one year, two years, and every other year postoperatively thereafter** even if you are feeling great. Long distance follow-up evaluations for out-of- state patients are fine. We would like to ask you to complete the following evaluation protocol.

Summary of this Follow-Up

1. Knee questionnaire (pg 3): We keep track of each joint separately in our database. Therefore, I would like to request that you fill out a self-rating form for EACH knee, even if both are identical. Please send to us.
2. Physical Therapy (pg 7):
 - a. Fill your information on the PT evaluation request form
 - b. Give the PT letter and form to your physical therapist for completion
 - c. Mail the results to us.
3. Knee X-Ray (pg 9):
 - a. Add your name and DOB to the x-ray request
 - b. Have the x-ray of your knee(s) done at your local hospital or local hospital or freestanding radiology facility and request a CD copy of this x-ray be sent to us

As soon as we receive all of the above, Dr. Gross will review them and send you a written response. If you prefer to travel here for an office visit for evaluation, please call our appointment line to arrange this (803)-256-4107 (*routine office charges will apply*). If you are having significant problems with your knee, I will need to see you in the office for complete examination to best diagnose it.

Thank you for your attention to this matter. If you have any questions, please contact us for assistance.

Thomas P. Gross, MD

Lee Webb, DNP, APRN, FNP-C



Knee Follow-Up

1-Year Interval

Attached Forms

1. Knee questionnaire (page 3)
2. Physical therapy letter and form (page 7-8)
3. X-ray order form (page 9)

Have any questions? Contact us for follow-up assistance at:

E-mail: grosspatientfollowup@midlandsortho.com | Phone: (803) 933-6339

After you've completed your (1) questionnaire, (2) x-rays, and (3) physical therapy results, please FEDEX these materials to:

Dr. Thomas P. Gross
Attn: Knee follow-up
Midlands Orthopaedics & Neurosurgery
1910 Blanding St.
Columbia, SC 29201

KNEE FOLLOW-UP

QUESTIONNAIRE

PERSONAL INFORMATION

Please provide up-to-date contact information.

Full Name : _____

Primary Phone : _____ Current Date :
D D M M Y Y

Full Address : _____

E-Mail : _____

FOLLOW-UP INFORMATION

1. Where was this form completed?

Office Phone Mail-In Internet

2. This questionnaire is for the evaluation of my (side) knee.

Left Right

3. I have had problems with my (side) knee(s).

Left Right Both

4. Dr. Gross has operated on my (side) knee(s).

Left Right Both

5. Another surgeon has operated on my (side) knee(s).

Left Right Both

6. Dr. Gross performed the followed operation(s) on me:

Total knee replacement Partial knee replacement Revision knee surgery
 Other: _____

COMPLICATIONS

1. List any complications you had post-surgery:

None Wound Infection Deep Venous Thrombosis Dislocation Fracture
 Loose Implant Pulmonary Embolus Partial Sciatic Palsy Other: _____

2. Did you have any complications that required further surgery?

Yes | Please explain: _____
 No

KNEE FOLLOW-UP

QUESTIONNAIRE

CLINICAL FUNCTION SCORE

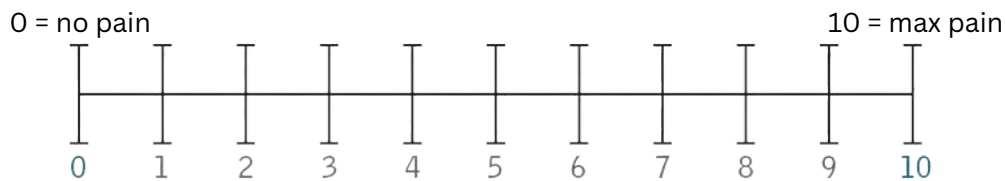
1. What category most closely represents your pain level?

- None, or so insignificant that I ignore it
- Regularly slight
- Mild
- Moderate
- Severe
- Disabled

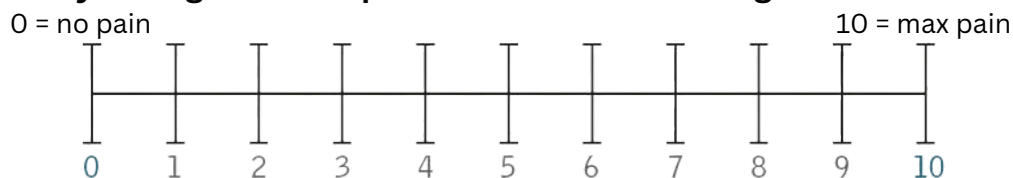
2. My knee pain is located in my (check all that apply):

- No pain
- Generalized knee pain
- Above Knee
- Inside knee
- Outside knee
- Knee cap
- Back of knee
- Other pain: _____

3. Please circle your regular pain level on the following scale.



4. Please circle your highest knee pain level on the following scale.



5. Please indicate the severity of your limp, if any.

- None
- Slight
- Mild
- Moderate
- Severe
- Disabled

6. Please indicate your use of support, if any.

- None required
- Use of a cane or a stick for long walks or high activity only
- Use of a cane or a stick almost always
- Use of one crutch almost always
- Use of two crutches or a walker
- Unable to move across the room

KNEE FOLLOW-UP

— QUESTIONNAIRE

CLINICAL FUNCTION SCORE (CONT'D)

7. I am able to walk _____ without a break:

- Over one mile/Unlimited 6 blocks or roughly 30 minutes
 2-3 blocks or roughly 10-15 minutes
 Indoor walking only Bed and chair only

8. Which of the following describes how you take stairs?

- Normally foot-over-foot without NEEDING the railing
 Normally using the railing
 Leading with non-painful knee one step at a time
 Cannot take the stairs

9. I am able to put socks/shoes on....

- With ease With difficulty Unable to put socks or shoes on without help

10. Under what circumstances can you sit comfortably?

- Any chair/1+ hour High chair/30 minutes Unable to sit comfortably

11. Are you able to get in and out of a vehicle without help?

- Yes No

12. Please list any unrelated orthopaedic issues that could effect your knee function score (i.e. bad back, arthritis in other knee, non-knee pain, etc.)

- Yes; please list: _____ No

13. How is your knee joint now compared to before surgery?

- Better than my normal, healthy, pre-arthritis/damaged knee
 Feels just like my normal, healthy, pre-arthritis/damaged knee
 Much better than before surgery, with minor aches and pains
 Somewhat better than before surgery
 About the same
 Worse than before surgery

KNEE FOLLOW-UP

QUESTIONNAIRE

ACTIVITY SCORE

1. Choose your current level of activity:

1	Wholly inactive; dependent on others, and cannot leave residence
2	Mostly inactive, or restricted to minimum activities of daily living
3	Sometimes participates in mild activities (ex. walking, limited housework or shopping)
4	Regularly participates in mild activities
5	Sometimes participates in moderate activities (ex. swimming, unlimited housework or shopping)
6	Regularly participates in moderate activities
7	Regularly participates in active events, such as bicycling
8	Regularly participates in very active events, such as bowling or golf
9	Sometimes participates in impact sports (ex. jogging, tennis, skiing, ballet, heavy labor, backpacking)
10	Regularly participates in impact sports

2. Please list any activities that you participate in regularly.

3. Please list any vigorous activities that you occasionally participate in.

4. My activity is now _____ compared to before surgery.

Higher

Similar

Lower

CONCLUSIONS

1. Overall, are you happy with your decision to have this surgery?

Yes

No

2. Do you have any comments?

KNEE FOLLOW-UP

— PHYSICAL THERAPY LETTER

MIDLANDS
orthopaedics
& NEUROSURGERY

PATIENT - COMPLETE THIS SECTION PRIOR TO APPOINTMENT

Rx

Patient name: _____

PT Office Name/Address: _____

Date of Evaluation: _____

TO: PHYSICAL THERAPIST

Please evaluate both knees in the above patient for range of motion and strength and provide a report on my standardized form included herein.

FAX completed form to 803-933-6339 and give the patient an additional copy.

Thomas P.
Gross MD

Digitally signed
by Thomas P.
Gross MD
Date: 2023.03.21
07:58:12 -04'00'

THANK YOU!

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KNEE FOLLOW-UP

— PHYSICAL EXAM FORM

MIDLANDS
orthopaedics
& NEUROSURGERY

Name: _____ File #: _____ Age: _____ MR #: _____

Date: _____ Side: [Right | Left] Amount of F/U: _____ Date of Replacement: _____

PHYSICAL EXAM:

1. ROM: ($5^\circ = 1$): Score can be between 0 and 25

Extension _____ Flexion _____

2. Stability:

a) A/P to be measured in position of maximum laxity

< 5 mm	10
5 - 10 mm	5
> 10 mm	0

b) M/L to be measured in full extension

< 5°	15
5 - 10°	5
> 10°	0

3. Flexion Contracture:

< 5°	0
5 - 10°	2
11 - 15°	5
16 - 20°	10
> 20°	15

4. Extension Lag

0	0
< 10°	5
10 - 20°	10
> 20°	15

5. Alignment (subtract)

5 - 10°	0
0 - 4° _____	3 points each degree
11 - 15° _____	3 points each degree
Other	20

Wound: _____

Iron: _____

ASA: _____

COMPLICATIONS:

NOTES: Dictated

KNEE FOLLOW-UP

— X-RAY ORDER

MIDLANDS
orthopaedics
& NEUROSURGERY

***Patient - Please fill your NAME and DATE OF BIRTH before visiting the office.**

Rx

FOR (NAME) _____ DOB: _____

ADDRESS _____ DATE _____

POSTOP PATIENTS - Please choose/circle ONE section (either 1, 2, or 3) to ensure the appropriate x-rays are obtained from the patient's radiology facility.

1. LEFT
 - i. Presence of left artificial knee joint - **Z96.652**
2. RIGHT
 - i. Presence of right artificial knee joint - **Z96.651**
3. BILATERAL
 - i. Presence of artificial knee joint, bilateral - **Z96.653**

Views (please include each of the following)

1. AP
2. Lateral
3. Sunrise
4. 45° flexion

Please provide the patient with a CD digital copy of these x-rays for my review, and mail to:

Midlands Orthopaedics & Neurosurgery
ATTN: Gross Follow-Up
1910 Blanding Street Columbia, SC 29201

Thomas P.
Gross MD

Digitally signed
by Thomas P.
Gross MD
Date: 2023.03.21
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