

Knee Follow-Up

Thank you for being part of Dr. Gross's long-term follow-up program. Monitoring your knee every other year (even when you feel great) helps us catch any early concerns and contributes to research that benefits future patients. Remote follow-up is available for all out-of-state patients and is provided at no charge.

<p>STEP 1. Complete Surveys</p> <p>Fill out the Knee Follow-Up Questionnaire (pages 2–4). If both knees were operated on, complete one form per side.</p> <p><i>Included in this packet</i> •Also available to submit online</p>	<p>STEP 2. Complete PT Evaluation</p> <p>Give the PT Letter and Exam Form to your physical therapist. Ask them to fax the completed form to 803-933-6775.</p> <p><i>Physical therapist completes and faxes form</i></p>	<p>STEP 3. Get Updated X-rays</p> <p>Obtain x-rays at any local hospital or radiology facility. Use the X-Ray Order form at the back of this packet.</p> <p><i>Mail CD</i> OR send via Nuance PowerShare</p>
--	--	--

How to Return Your Questionnaire

ONLINE (Fastest)	EMAIL	MAIL
<p>Complete the questionnaire at the secure link included in your email. Results go directly to Dr. Gross's team.</p>	<p>Print, scan or photograph the completed form and email to: grosspatientfollowup@midorthoneuro.com</p>	<p>Print and mail to: Midlands Orthopaedics & Neurosurgery ATTN: Gross Follow-Up 1910 Blanding Street Columbia, SC 29201</p>

If you are having significant issues or prefer to be seen in person, please call our appointment line (803-256-4107) or message via the patient portal to schedule. Routine office charges apply.

QUESTIONS? Contact our follow-up team:

Phone: (803) 933-6127 Email: grosspatientfollowup@midorthoneuro.com Office: (803) 256-4107

Knee Follow-Up Questionnaire

PERSONAL INFORMATION

Full Name: _____ Date of Birth (MM/DD/YYYY): _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

ABOUT THIS FOLLOW-UP

1. Where was this form completed?

- Mail-in In clinic Online

2. This questionnaire is for my:

- LEFT knee RIGHT knee BOTH knees

3. I have problem/pain in my:

- LEFT knee RIGHT knee BOTH knees

4. Dr. Gross operated on my:

- LEFT knee RIGHT knee BOTH knees

5. Dr. Gross performed the following procedure(s):

- Total Knee Replacement Partial Knee Replacement Revision Knee Surgery

Other: _____

6. Another surgeon has operated on my:

- LEFT knee RIGHT knee BOTH knees

COMPLICATIONS

1. List any complications you experienced after surgery (check all that apply):

- None Wound Infection Deep Venous Thrombosis (blood clot) Dislocation Fracture Loose Implant
 Pulmonary Embolism Partial Sciatic Palsy

2. Did any complication require further surgery?

- Yes - please explain: _____
 No

CLINICAL FUNCTION SCORE

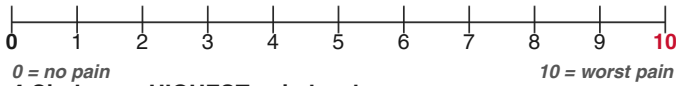
1. My overall pain level:

- None / insignificant
- Mild
- Moderate
- Severe
- Disabled

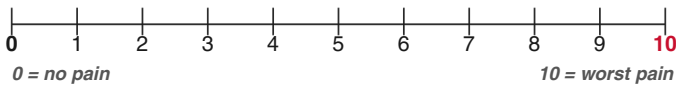
2. Pain location (check all that apply):

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

3. Circle your REGULAR pain level:



4. Circle your HIGHEST pain level:



CLINICAL FUNCTION SCORE (CONTINUED)

5. Use of walking support:

- None required
- Cane/stick for long walks or high activity only
- Cane/stick almost always
- One crutch almost always
- Two crutches or a walker
- Unable to move across the room

6. Walking distance without a break:

- Over 1 mile / unlimited
- ~10 blocks / 45 minutes
- 5-10 blocks / 30 minutes
- <5 blocks / 10-20 minutes
- <1 block
- Bed and chair only

7. Which of the following describes how you take the stairs:

- Normally, foot-over-foot, no railing needed
- Normal up; require railing going down
- Require railing going up or down
- Up with rail; need assistance going down
- Unable to take stairs even with assistance

8. Any unrelated orthopaedic issues that could affect your score?

- Yes; explain: _____
- No

9. How does your knee compare to before surgery?

- Better than my pre-arthritis/healthy knee
- Feels just like my healthy, pre-arthritis knee
- Much better than before surgery (minor aches)
- Somewhat better than before surgery
- About the same
- Worse than before surgery

ACTIVITY SCORE**1. Choose your current activity level (circle one number):**

- 1 Wholly inactive; dependent on others, cannot leave residence
- 2 Mostly inactive, or restricted to minimum activities of daily living
- 3 Sometimes participates in mild activities (e.g. walking, limited shopping)
- 4 Regularly participates in mild activities
- 5 Sometimes participates in moderate activities (e.g. swimming, unlimited 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 (e.g. jogging, tennis, skiing)
- 10 Regularly participates in impact sports

2. List your activities you regularly participate in:**3. Occasional vigorous activities:****4. Compared to before surgery, my activity is now:** Higher Similar Lower**CONCLUSIONS****1. Are you happy with your decision to have surgery?** Yes No**2. Do you have any additional comments?**

Physical Therapy Letter

PATIENT - COMPLETE THIS SECTION PRIOR TO APPOINTMENT

Patient Name: _____ Date of Evaluation: _____
PT Office Name / Address: _____

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 803-933-6775 and give the patient an additional copy.

Thomas P. Gross, MD

Physical Therapy Exam Form

Name: _____ File #: _____ Age: _____ MR #: _____
 Date: _____ Side: [Right | Left] Amount of F/U: _____ Date of Replacement: _____

PHYSICAL EXAM

1. ROM: (5° = 1 point; Score range: 0 – 25)

Extension: _____ Flexion: _____

2. Stability:

a) A/P - measured in position of maximum laxity

< 5 mm	10
5–10 mm	5
> 10 mm	0

b) M/L - measured in full extension

< 5°	15
5–10°	5
> 10°	0

3. FlexionContracture:

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

4. ExtensionLag:

0°	0
< 10°	5
10–20°	10
> 20°	15

5. Alignment (subtract):

5–10°	0
0–4°	3 pts/degree
11–15°	3 pts/degree
Other	20

Wound: _____

Iron: _____

ASA: _____

COMPLICATIONS:

NOTES: *Dictated*

Knee X-Ray Order

Bring or present this form to any local hospital or freestanding radiology facility.

ORDERING PHYSICIAN**Thomas P. Gross, MD**

Midlands Orthopaedics & Neurosurgery

Rx

Digitally signed: Thomas P. Gross, MD

Date: 2026.JUN.30

PATIENT INFORMATION (Please complete before visiting the radiology facility)

Patient Name: _____

Date of Birth: _____

Address: _____

Date: _____

STEP 1 - Select ONE of the following**1. LEFT**Presence of left artificial knee joint - **Z96.652****2. RIGHT**Presence of right artificial knee joint - **Z96.651****3. BILATERAL**Presence of artificial knee joint, bilateral - **Z96.653****STEP 2 - X-Ray Views Required (Obtain all)**

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

STEP 3 - Send X-Ray Images to Dr. Gross**PREFERRED: Nuance PowerShare (electronic)**

Ask the radiology facility to send images via Nuance PowerShare.

Search: Midlands Orthopaedics & Neurosurgery, 1910 Blanding St, Columbia SC 29201

ALTERNATIVE: Mail a CD

Request a CD with digital DICOM image files and mail to:

Midlands Orthopaedics & Neurosurgery, ATTN: Gross MD Hip Follow-Up

1910 Blanding Street, Columbia, SC 29201