

# 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><b>STEP 1. Complete Surveys</b></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> <b>•Also available to submit online</b></p>	<p><b>STEP 2. Complete PT Evaluation</b></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><b>STEP 3. Get Updated X-rays</b></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> <b>OR send via Nuance PowerShare</b></p>
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## 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 &amp; 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?

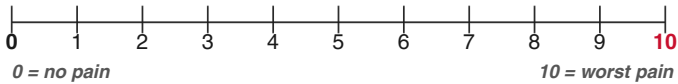
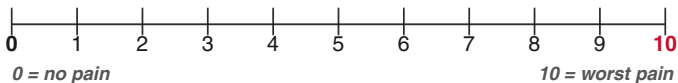
- Yes - please explain: \_\_\_\_\_  
 No

**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 &amp; 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 &amp; Neurosurgery, 1910 Blanding St, Columbia SC 29201

**ALTERNATIVE: Mail a CD**

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

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

1910 Blanding Street, Columbia, SC 29201