



Knee Follow-Up

>2-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. Knee X-Ray (pg 7):
 - 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

>2-Year Interval

Attached Forms

1. Knee questionnaire (page 3)
2. X-ray order form (page 7)

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

E-mail: grosspatientfollowup@midlandsortho.com | Phone: (803) 933-6127

After you've completed your (1) questionnaire and (2) x-rays, 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

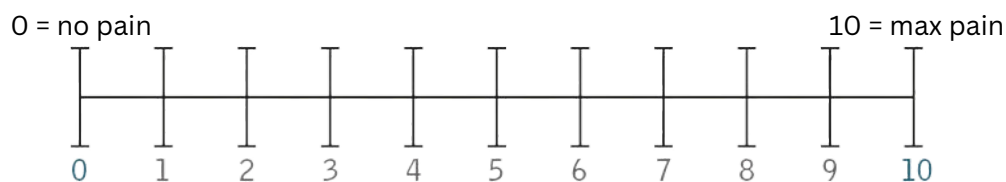
1. What category most closely represents your pain level?

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

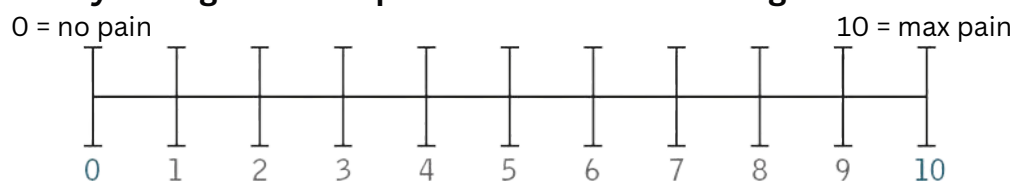
2. My knee pain is located in my (check all that apply):

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

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



3b. Please circle your highest knee pain level on the following scale.



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

- ☐ None required
- ☐ Use of a cane
- ☐ Use of two canes
- ☐ Use of two crutches or a walker

KNEE FOLLOW-UP

— QUESTIONNAIRE

CLINICAL FUNCTION SCORE (CONT'D)

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

- | | |
|--|--|
| <input type="checkbox"/> Over one mile/Unlimited | <input type="checkbox"/> 10 blocks or roughly 45 minutes |
| <input type="checkbox"/> 5-10 blocks or roughly 30 minutes | <input type="checkbox"/> <5 block, 10-20 min |
| <input type="checkbox"/> <1 block | <input type="checkbox"/> Bed and chair only |

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

- ☐ Normally foot-over-foot without NEEDING the railing
 - ☐ Normal up, require railing going down
 - ☐ Require railing going up or down
- ☐ Up with rail; need person's assistance going down
- ☐ Unable to take stairs even with assistance

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

- ☐ Yes; please list: _____ ☐ No

8. 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

— X-RAY ORDER

MIDLANDS
orthopaedics
& NEUROSURGERY

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

R_x

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 obtain each of the following)

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

Please send these x-ray images to us via Nuance PowerShare. **Our facility lookup information is:**
Midlands Orthopaedics & Neurosurgery, 1910 Blanding Street, Columbia, SC 29201

If you are not in the PowerShare network, please mail a CD with digital .DICOM copies of these images to us at:

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

Thomas
P Gross,
MD

Digitally signed
by Thomas P
Gross, MD
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