

# TKR Follow Up Physical Exam Form

Thomas P. Gross, M.D. Updated 2/4/2008

Name: \_\_\_\_\_ File #: \_\_\_\_\_ Age: \_\_\_\_\_ MR #: \_\_\_\_\_

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

## PHYSICAL EXAM:

1. ROM: (5° = 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

**MIDLANDS**  
**orthopaedics**  
**& NEUROSURGERY**

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1910 Blanding St.  
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1013 Lake Murray Blvd.  
Irmo, SC 29063

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FOR \_\_\_\_\_

R ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

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

Thomas P. Gross,  
MD

Digitally signed by Thomas P. Gross, MD  
Date: 2020.10.28 12:42:55 -04'00'

**Please FAX to: 803-933-6339 and give the patient a copy.**