

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**

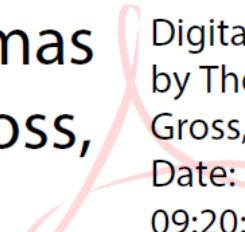
(803) 256-4107
1910 Blanding St.
Columbia, SC 29201
1013 Lake Murray Blvd.
Irmo, SC 29063

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: 2026.02.05
09:20:30 -05'00'

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