

**CRITÉRIOS DE AVALIAÇÃO**  
**JOELHO**

## QUESTIONÁRIO KOOS SOBRE O JOELHO

Data: \_\_\_\_/\_\_\_\_/\_\_\_\_ Data de nascimento: \_\_\_\_/\_\_\_\_/\_\_\_\_

Nome: \_\_\_\_\_

**INSTRUÇÕES:** Este questionário pretende saber como vê o seu joelho. Esta informação dar-nos-á dados sobre como se sente em relação ao joelho e até que ponto é que é capaz de desempenhar as suas actividades normais. Responda a cada uma das perguntas marcando o quadrado adequado, apenas um quadrado para cada pergunta. Se não tiver a certeza sobre a resposta a escolher, por favor escolha a que achar melhor.

### Sintomas

Estas perguntas devem ser respondidas tendo em conta os sintomas no seu joelho durante a **última semana**.

S1. Tem tido o joelho inchado?

Nunca  Raramente  Às vezes  Frequentemente  Sempre

S2. Tem sentido ranger, ouvido um estalo ou qualquer outro som quando mexe o joelho?

Nunca  Raramente  Às vezes  Frequentemente  Sempre

S3. Tem sentido o joelho preso ou bloqueado quando se mexe?

Nunca  Raramente  Às vezes  Frequentemente  Sempre

S4. Tem conseguido esticar o joelho completamente?

Sempre  Frequentemente  Às vezes  Raramente  Nunca

S5. Tem conseguido dobrar o joelho completamente?

Sempre  Frequentemente  Às vezes  Raramente  Nunca

### Rigidez

As perguntas que se seguem dizem respeito ao grau de rigidez no joelho que teve na **última semana**. Rigidez é uma sensação de dificuldade ou lentidão a mexer o seu joelho.

S6. Até que ponto sente rigidez no joelho logo após acordar de manhã?

Nada  Pouco  Moderadamente  Muito  MUITÍSSIMO

S7. Até que ponto sente rigidez no joelho depois de se sentar, deitar ou descansar **ao fim do dia**?

Nada  Pouco  Moderadamente  Muito  MUITÍSSIMO

### Dor

P1. Com que frequência tem dores no joelho?

Nunca      Uma vez por mês      Uma vez por semana      Todos os dias      Sempre  
                       

Que intensidade de dor no joelho é que teve durante a **última semana** nas seguintes actividades?

P2. Rodar/virar-se/torcer sobre o joelho

Nenhuma      Pouca      Moderada      Muita      MUITÍSSIMA  
                       

P3. Esticar o joelho completamente

Nenhuma      Pouca      Moderada      Muita      MUITÍSSIMA  
                       

P4. Dobrar o joelho completamente

Nenhuma      Pouca      Moderada      Muita      MUITÍSSIMA  
                       

P5. Andar sobre uma superfície plana

Nenhuma      Pouca      Moderada      Muita      MUITÍSSIMA  
                       

P6. Subir ou descer escadas

Nenhuma      Pouca      Moderada      Muita      MUITÍSSIMA  
                       

P7. À noite, na cama

Nenhuma      Pouca      Moderada      Muita      MUITÍSSIMA  
                       

P8. Estar sentado/a ou deitado/a

Nenhuma      Pouca      Moderada      Muita      MUITÍSSIMA  
                       

P9. Estar de pé

Nenhuma      Pouca      Moderada      Muita      MUITÍSSIMA  
                       

### Actividades da vida diária

As perguntas que se seguem dizem respeito à sua função física. Por função física referimo-nos à sua capacidade de se deslocar e de cuidar de si. Para cada uma das actividades seguintes, indique o grau de dificuldade que sentiu na **última semana** por causa do seu joelho.

A1. Descer escadas

Nenhuma      Pouca      Moderada      Muita      MUITÍSSIMA  
                       

A2. Subir escadas

Nenhuma      Pouca      Moderada      Muita      MUITÍSSIMA

Para cada uma das seguintes actividades indique, por favor, o grau de dificuldade que teve na **última semana** devido ao seu joelho.

A3. Levantar-se a partir da posição de sentado/a

Nenhuma	Pouca	Moderada	Muita	Muitíssima
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A4. Manter-se de pé

Nenhuma	Pouca	Moderada	Muita	Muitíssima
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A5. Dobrar-se para baixo/apanhar um objecto

Nenhuma	Pouca	Moderada	Muita	Muitíssima
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A6. Andar numa superfície plana

Nenhuma	Pouca	Moderada	Muita	Muitíssima
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A7. Entrar ou sair do carro

Nenhuma	Pouca	Moderada	Muita	Muitíssima
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A8. Ir às compras

Nenhuma	Pouca	Moderada	Muita	Muitíssima
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A9. Calçar meias/collants

Nenhuma	Pouca	Moderada	Muita	Muitíssima
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A10. Levantar-se da cama

Nenhuma	Pouca	Moderada	Muita	Muitíssima
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A11. Descalçar meias/collants

Nenhuma	Pouca	Moderada	Muita	Muitíssima
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A12. Estar deitado/a na cama (virar-se, manter a posição do joelho)

Nenhuma	Pouca	Moderada	Muita	Muitíssima
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A13. Entrar/sair da banheira

Nenhuma	Pouca	Moderada	Muita	Muitíssima
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A14. Estar sentado/a

Nenhuma	Pouca	Moderada	Muita	Muitíssima
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A15. Sentar-se ou levantar-se da sanita

Nenhuma	Pouca	Moderada	Muita	Muitíssima
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Para cada uma das actividades seguintes, indique o grau de dificuldade que sentiu na **última semana** por causa do seu joelho.

A16. Tarefas domésticas pesadas (ex.: pegar em caixas pesadas, esfregar o chão, etc.)

Nenhuma	Pouca	Moderada	Muita	Muitíssima
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A17. Tarefas domésticas leves (ex.: cozinhar, limpar o pó, etc.)

Nenhuma	Pouca	Moderada	Muita	Muitíssima
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Actividades desportivas e de lazer

As perguntas que se seguem dizem respeito à sua função física, estando activo/a a um nível mais elevado. As perguntas devem ser respondidas tendo em conta o grau de dificuldade que teve durante a **última semana** por causa do seu joelho.

SP1. Pôr-se de cócoras

Nenhuma	Pouca	Moderada	Muita	Muitíssima
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SP2. Correr

Nenhuma	Pouca	Moderada	Muita	Muitíssima
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SP3. Saltar

Nenhuma	Pouca	Moderada	Muita	Muitíssima
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SP4. Rodar/virar-se/torcer sobre o joelho afectado

Nenhuma	Pouca	Moderada	Muita	Muitíssima
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SP5. Ajoelhar

Nenhuma	Pouca	Moderada	Muita	Muitíssima
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Qualidade de Vida

Q1. Com que frequência é que tem consciência do problema que tem no joelho?

Nunca	Uma vez por mês	Uma vez por semana	Todos os dias	Constantemente
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q2. Modificou o seu estilo de vida para evitar actividades que poderiam afectar o joelho?

De modo algum	Um pouco	Moderadamente	Muito	Completamente
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3. Até que ponto é que a falta de confiança no joelho o/a incomoda?

Nada	Um pouco	Moderadamente	Muito	Muitíssimo
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4. Em geral, o joelho causa-lhe muitos problemas?

Nenhuns	Poucos	Alguns	Muitos	Muitíssimos
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Obrigado por ter respondido a todas as perguntas do questionário.**

# KOOS *Manual scoring sheet*

Instructions:

Assign the following scores to the boxes!

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4

Missing data. If a mark is placed outside a box, the closest box is chosen. If two boxes are marked, that which indicated the more severe problems is chosen. Missing data are treated as such; one or two missing values are substituted with the average value for that subscale. If more than two items are omitted, the response is considered invalid and no subscale score is calculated.

Sum up the total score of each subscale and divide by the possible maximum score for the scale. Traditionally in orthopedics, 100 indicates no problems and 0 indicates extreme problems. The normalized score is transformed to meet this standard. Please use the formulas provided for each subscale!

$$1. \text{ PAIN} \quad 100 - \frac{\text{Total score P1-P9} \times 100}{36} = 100 - \frac{\quad}{36} = \underline{\quad}$$

$$2. \text{ SYMPTOMS} \quad 100 - \frac{\text{Total score S1-S7} \times 100}{28} = 100 - \frac{\quad}{28} = \underline{\quad}$$

$$3. \text{ ADL} \quad 100 - \frac{\text{Total score A1-A17} \times 100}{68} = 100 - \frac{\quad}{68} = \underline{\quad}$$

$$4. \text{ SPORT\&REC} \quad 100 - \frac{\text{Total score SP1-SP5} \times 100}{20} = 100 - \frac{\quad}{20} = \underline{\quad}$$

$$5. \text{ QOL} \quad 100 - \frac{\text{Total score Q1-Q4} \times 100}{16} = 100 - \frac{\quad}{16} = \underline{\quad}$$

## **WOMAC *How to score from the KOOS***

Assign scores from 0 to 4 to the boxes as shown above. To get original WOMAC scores sum the item scores for each subscale. If you prefer percentage scores in accordance with the KOOS, use the formula provided below to convert the original WOMAC scores.

$$\text{Transformed scale} = 100 - \frac{\text{actual raw score} \times 100}{\text{Possible raw score range}}$$

WOMAC subscores	Original score = sum of the following items	Possible raw score range
Pain	P5-P9	20
Stiffness	S6-S7	8
Function	A1-A17	68

## S14 Knee Society Score

Patient Name \_\_\_\_\_

Patient ID \_\_\_\_\_ Study Name \_\_\_\_\_ Study Number \_\_\_\_\_

Date \_\_\_\_\_ Side Right Left

Filled in by: Operating Dr. Other MD Research Assistant Questionnaire Other

Reviewer Name: \_\_\_\_\_

Next Visit \_\_\_\_/\_\_\_\_/\_\_\_\_ (estimate if exact date not known to allow program to track follow up)

1. How much pain do you have when you are walking?

None Mild or Occasional Moderate Severe

2. How much pain does your knee cause when going up and down stairs?

None Mild or Occasional Moderate Severe

3. How much pain does your knee cause when you are at rest?

None Mild or Occasional Moderate Severe

4. How does your knee affect your walking ability?

- I can walk unlimited distances.
- I can walk 10-20 blocks.
- I can walk 5-10 blocks.
- I can walk 1-5 blocks.
- I can walk less than one block.
- I cannot walk at all.

5. How do you go up stairs?

- I go up stairs normally one foot in front of the other.
- I use the hand rail for balance.
- I use the hand rail to pull myself up.
- I cannot climb stairs.

6. How do you go down stairs?

- I go down stairs normally one foot in front of the other.
- I use the hand rail for balance.
- I use the hand rail to support myself.
- I cannot come down stairs.

7. How do you get out of a chair?

- I get out of a chair normally without support.
- I use the arm rests for balance.
- I use the arm rests to push myself.
- I cannot get out of a chair.

8. What type of support do you use when walking?

None Cane 2 Canes Crutches Walker



## Surgeons Clinical Assessment

9. Range of Motion \_\_\_\_\_ Degrees

10. Extension Lag \_\_\_\_\_ Degrees

11. Flexion Contracture \_\_\_\_\_ Degrees

12. Medial/Lateral Stability 0-5 mm 6-10 mm  >10 mm

13. Anterior/Posterior Stability 0-5 mm 6-10 mm  >10 mm

14. Alignment \_\_\_\_\_ Degrees (Note: this is the anatomic axis)

Notes:

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### Grading for the knee Society Score

**Score 80-100** Excellent

**Score 70-79** Good

**Score 60-69** Fair

**Score below 60** Poor

**Reference for score:** Insall JN, Dorr LD, Scott RD, Scott WN. Rationale of the Knee Society clinical rating system. Clin Orthop Relat Res. 1989 Nov;(248):13-4. link to pubmed. Link SF36, SF12

**Reference for Grading:** Asif S , Choon DS . Midterm results of cemented Press Fit Condylar Sigma total knee arthroplasty system. J Orthop Surg (Hong Kong). 2005 Dec;13(3):280-4.

## S18 IKDC Patients

Patient Name \_\_\_\_\_ Patient ID \_\_\_\_\_

Study Name \_\_\_\_\_ Study Number \_\_\_\_\_ Date \_\_\_\_\_ Side  Right  Left

Filled in by:  Operating Dr.  Other MD  Research Assistant  Questionnaire  Other

Reviewer Name: \_\_\_\_\_



### SYMPTOMS\*:

\*Grade symptoms at the highest activity level at which you think you could function without significant symptoms, even if you are not actually performing activities at this level.



1. What is the highest level of activity that you can perform without significant knee pain?

- Very strenuous activities like jumping or pivoting as in basketball or soccer
- Strenuous activities like heavy physical work, skiing or tennis
- Moderate activities like moderate physical work, running or jogging
- Light activities like walking, housework or yard work
- Unable to perform any of the above activities due to knee pain

2. During the past 4 weeks, or since your injury, how often have you had pain?

Never 0 1 2 3 4 5 6 7 8 9 10 Constant  
              

3. If you have pain, how severe is it?

No pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain Imaginable  
             

4. During the past 4 weeks, or since your injury, how stiff or swollen was your knee?

Not at all  Mildly  Moderately  Very  Extremely

5. What is the highest level of activity you can perform without significant swelling in your knee?

- Very strenuous activities like jumping or pivoting as in basketball or soccer
- Strenuous activities like heavy physical work, skiing or tennis
- Moderate activities like moderate physical work, running or jogging
- Light activities like walking, housework, or yard work
- Unable to perform any of the above activities due to knee swelling

6. During the past 4 weeks, or since your injury, did your knee lock or catch?

Yes  No

7. What is the highest level of activity you can perform without significant giving way in your knee?

- Very strenuous activities like jumping or pivoting as in basketball or soccer
- Strenuous activities like heavy physical work, skiing or tennis
- Moderate activities like moderate physical work, running or jogging
- Light activities like walking, housework or yard work
- Unable to perform any of the above activities due to giving way of the knee



# S19 IKDC Surgeon

Patient Name \_\_\_\_\_ Patient ID \_\_\_\_\_

Study Name \_\_\_\_\_ Number \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Side  Right  Left

Filled in by:  Operating Dr.  Other MD  Research Assistant  Questionnaire  Other

Reviewer Name: \_\_\_\_\_ Next Visit \_\_\_/\_\_\_/\_\_\_ (estimate if exact date not known)

Generalized Laxity:  tight  normal  lax  
 Alignment:  obvious varus  normal  obvious valgus  
 Patella Position:  obvious baja  normal  obvious alta  
 Patella Subluxation/ Dislocation:  centred  sublaxable  sublaxed  dislocated

Range of Motion (Ext/Flex): All values are entered as positives

<p><u>Index side</u>                  Hyperextension : None <input type="checkbox"/> Present <input type="checkbox"/> _____ degrees                  Can achieve neutral (0°) extension: Yes <input type="checkbox"/> No <input type="checkbox"/>                  Fixed flexion: None <input type="checkbox"/> Present <input type="checkbox"/> _____ degrees                  Flexion: _____ degrees                  Extension lag : None <input type="checkbox"/> Present <input type="checkbox"/> _____ degrees                  Flexion : _____ degrees</p>	<p><u>Opposite side</u>                  Hyperextension : None <input type="checkbox"/> Present <input type="checkbox"/> _____ degrees                  Can achieve neutral (0°) extension: Yes <input type="checkbox"/> No <input type="checkbox"/>                  Fixed flexion: None <input type="checkbox"/> Present <input type="checkbox"/> _____ degrees                  Flexion: _____ degrees                  Extension lag : None <input type="checkbox"/> Present <input type="checkbox"/> _____ degrees                  Flexion : _____ degrees</p>
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	A Normal	B Nearly Normal	C Abnormal	D Severely Abnormal	Actual Value
1. Effusion	<input type="checkbox"/> none	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe	
2. Passive Motion Deficit					
Lack of extension	<input type="checkbox"/> <3°	<input type="checkbox"/> 3 to 5°	<input type="checkbox"/> 6 to 10°	<input type="checkbox"/> >10°	
Lack of flexion	<input type="checkbox"/> 0 to 5°	<input type="checkbox"/> 6 to 15°	<input type="checkbox"/> 16 to 25°	<input type="checkbox"/> >25°	
3. Ligament Examination (manual, instrumented, x-ray)					
Lachman (25° flex) (134N)	<input type="checkbox"/> -1 to 2mm	<input type="checkbox"/> 3 to 5mm	<input type="checkbox"/> 6 to 10mm	<input type="checkbox"/> > 10mm	
		<input type="checkbox"/> <-1 to -3	<input type="checkbox"/> <-3 stiff		
Lachman (25° flex) manual max	<input type="checkbox"/> -1 to 2mm	<input type="checkbox"/> 3 to 5mm	<input type="checkbox"/> 6 to 10mm	<input type="checkbox"/> > 10mm	
Total AP Translation (25° flex)	<input type="checkbox"/> 0 to 2mm	<input type="checkbox"/> 3 to 5mm	<input type="checkbox"/> 6 to 10mm	<input type="checkbox"/> > 10mm	
Total AP Translation (70° flex)	<input type="checkbox"/> 0 to 2mm	<input type="checkbox"/> 3 to 5mm	<input type="checkbox"/> 6 to 10mm	<input type="checkbox"/> > 10mm	
Posterior Drawer Test (70° flex)	<input type="checkbox"/> 0 to 2mm	<input type="checkbox"/> 3 to 5mm	<input type="checkbox"/> 6 to 10mm	<input type="checkbox"/> > 10mm	
Med Joint Opening (20° flex/valgus rot)	<input type="checkbox"/> 0 to 2mm	<input type="checkbox"/> 3 to 5mm	<input type="checkbox"/> 6 to 10mm	<input type="checkbox"/> > 10mm	
Lat Joint Opening (20° flex/varus rot)	<input type="checkbox"/> 0 to 2mm	<input type="checkbox"/> 3 to 5mm	<input type="checkbox"/> 6 to 10mm	<input type="checkbox"/> > 10mm	
External Rotation Test (30° flex prone)	<input type="checkbox"/> <5°	<input type="checkbox"/> 6 to 10°	<input type="checkbox"/> 11 to 19°	<input type="checkbox"/> >20°	
External Rotation Test (90° flex prone)	<input type="checkbox"/> <5°	<input type="checkbox"/> 6 to 10°	<input type="checkbox"/> 11 to 19°	<input type="checkbox"/> >20°	
Pivot Shift	<input type="checkbox"/> equal	<input type="checkbox"/> +glide	<input type="checkbox"/> ++ (clunk)	<input type="checkbox"/> +++ (gross)	
Reverse Pivot Shift	<input type="checkbox"/> equal	<input type="checkbox"/> glide	<input type="checkbox"/> gross	<input type="checkbox"/> marked	
4. Compartment Findings (NB pain is with crepitation)					
Crepitus Ant. Compartment	<input type="checkbox"/> none	<input type="checkbox"/> moderate	<input type="checkbox"/> + mild pain	<input type="checkbox"/> + >mild pain	
Crepitus Med. Compartment	<input type="checkbox"/> none	<input type="checkbox"/> moderate	<input type="checkbox"/> + mild pain	<input type="checkbox"/> + >mild pain	
Crepitus Lat. Compartment	<input type="checkbox"/> none	<input type="checkbox"/> moderate	<input type="checkbox"/> + mild pain	<input type="checkbox"/> + >mild pain	
5. Harvest Site Pathology	<input type="checkbox"/> none	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe	
6. X-ray Findings					
Med. Joint Space	<input type="checkbox"/> none	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe	
Lat. Joint Space	<input type="checkbox"/> none	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe	
Patellofemoral	<input type="checkbox"/> none	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe	
Ant. Joint Space (sagittal)	<input type="checkbox"/> none	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe	
Post. Joint Space (sagittal)	<input type="checkbox"/> none	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe	
7. Functional Test					
One Leg Hop (% of opposite side)	<input type="checkbox"/> ≥ 90%	<input type="checkbox"/> 89 to 76%	<input type="checkbox"/> 75 to 50%	<input type="checkbox"/> < 50%	

## Scoring Instructions for the 2000 IKDC Subjective Knee Evaluation Form

Several methods of scoring the IKDC Subjective Knee Evaluation Form were investigated. The results indicated that summing the scores for each item performed as well as more sophisticated scoring methods.

The responses to each item are scored using an ordinal method such that a score of 0 is given to responses that represent the lowest level of function or highest level of symptoms. For example, item 1, which is related to the highest level of activity without significant pain is scored by assigning a score of 0 to the response "Unable to perform any of the above activities due to knee pain" and a score of 4 to the response "Very strenuous activities like jumping or pivoting as in basketball or soccer". For item 2, which is related to the frequency of pain over the past 4 weeks, the response "Constant" is assigned a score of 0 and "Never" is assigned a score of 10. **Note:** previous versions of the form had a minimum item score of 1 (for example, ranging from 1 to 11). In the most recent version, all items now have a minimum score of 0 (for example, 0 to 10). To score these prior versions, you would need to transform each item to the scaling for the current version.

The IKDC Subjective Knee Evaluation Form is scored by summing the scores for the individual items and then transforming the score to a scale that ranges from 0 to 100. **Note:** The response to item 10a "Function Prior to Knee Injury" is not included in the overall score. To score the current form of the IKDC, simply add the score for each item (the small number by each item checked) and divide by the maximum possible score which is 87:

$$\text{IKDC Score} = \left[ \frac{\text{Sum of Items}}{\text{Maximum Possible Score}} \right] \times 100$$

Thus, for the current version, if the sum of scores for the 18 items is 45 and the patient responded to all the items, the IKDC Score would be calculated as follows:

$$\text{IKDC Score} = \left[ \frac{45}{87} \right] \times 100$$

$$\text{IKDC Score} = 51.7$$

The transformed score is interpreted as a measure of function such that higher scores represent higher levels of function and lower levels of symptoms. A score of 100 is interpreted to mean no limitation with activities of daily living or sports activities and the absence of symptoms.

The IKDC Subjective Knee Form score can be calculated when there are responses to at least 90% of the items (i.e. when responses have been provided for at least 16 items). In the original scoring instructions for the IKDC Subjective Knee Form, missing values are replaced by the average score of the items that have been answered. However, this method could slightly over- or under-estimate the score depending on the maximum value of the missing item(s) (2, 5 or 11 points). Therefore, in the revised scoring procedure for the current version of a form with up to two missing values, the IKDC Subjective Knee Form Score is calculated as (sum of the completed items) / (maximum possible sum of the completed items) \* 100. This method of scoring the IKDC Subjective Knee Form is more accurate than the original scoring method.

A scoring spreadsheet is also available at: [www.sportsmed.org/research/index.asp](http://www.sportsmed.org/research/index.asp) This spreadsheet uses the current form scores and the revised scoring method for calculating scores with missing values.

## Identificação do doente

Nome: \_\_\_\_\_

Idade: \_\_\_\_\_ Data de Nascimento: \_\_\_\_\_ Sexo: \_\_\_\_\_

Hospital: \_\_\_\_\_ Nº Processo: \_\_\_\_\_

Joelho afectado: \_\_\_\_\_ Data da cirurgia: \_\_\_\_\_

## Score de Lysholm

<p><b>Claudicação (5 pontos)</b>                      Nunca = 5                      Leve ou periódica = 3                      Intensa e constante = 0</p> <p><b>Apoio (5 pontos)</b>                      Nenhum = 5                      Bengala ou muleta = 2                      Impossível = 0</p> <p><b>Bloqueio (15 pontos)</b>                      Nenhum bloqueio ou sensação de bloqueio = 15                      Sensação, mas sem bloqueio = 10                      Bloqueio ocasional = 6                      Frequente = 2                      Articulação bloqueada ao E.O. = 0</p> <p><b>Instabilidade (25 pontos)</b>                      Nenhuma/nunca = 25                      Raramente, durante actividades desportivas ou outros exercícios intensos = 20                      Frequentemente durante actividades desportivas ou outros exercícios intensos (ou incapacidade de participação) = 15                      Ocasionalmente em AVD = 10                      Frequentemente em AVD = 5                      Em cada passo = 0</p>	<p><b>Dor (25 pontos)</b>                      Nenhuma = 25                      Inconstante ou leve durante exercícios intensos = 20                      Marcada durante exercícios intensos = 15                      Marcada durante ou após caminhar mais de 2 km = 10                      Marcada durante ou após caminhar menos de 2 km = 5                      Constante = 0</p> <p><b>Edema (10 pontos)</b>                      Nenhum = 10                      Com exercício intenso = 6                      Com exercícios comuns = 2                      Constante = 0</p> <p><b>Subir escadas (10 pontos)</b>                      Sem dificuldade = 10                      Alguma dificuldade = 6                      Um degrau de cada vez = 2                      Impossível = 0</p> <p><b>Agachamento (5 pontos)</b>                      Sem dificuldade = 5                      Alguma dificuldade = 4                      Menos de 90 ° = 2                      Impossível = 0</p>
<p><b>Pontuação total - _____</b></p>	
<p><b>Score total – Excelente – 90-100; Bom – 84-90; Satisfatório – 65-83; Insatisfatório &lt; 64</b></p>	

Data da observação: \_\_\_\_\_

Médico: \_\_\_\_\_

# S17 LYSHOLM

Patient Name \_\_\_\_\_

Patient ID \_\_\_\_\_ Study ID \_\_\_\_\_ Date \_\_\_\_\_ Side Right Left

Filled in by: Operating Dr. Other MD Research Assistant Questionnaire Other

Reviewer Name: \_\_\_\_\_

**1. Do you have a limp?**

- No
- Slight limp or limp periodically
- Severe limp and constantly

**2. What support do you need for walking?**

- None
- Stick or crutch
- I am unable to weight bear.

**3. Does your knee lock?**

- No locking or catching sensations
- Catching sensation but no locking
- Locking - occasionally
- Locking - frequently
- Locked joint on examination (it is locked now)

**4. How unstable is your Knee?**

- It never gives way
- Rarely during athletics or other severe exertion
- Frequently during athletics
- Occasionally during daily activities
- Often during daily activities
- Every step

**5. How painful is your Knee?**

- No pain
- Inconstant and slight during severe exertion
- Marked during severe exertion
- Marked on or after walking 2km
- Marked on or after walking less than 2km
- Constant

**6. Do you have swelling in your knee?**

- None
- On severe exertion
- On ordinary exertion
- Constant

**7. Can you climb stairs?**

- No problems
- Slightly impaired
- One step at a time
- Impossible

**8. Can you squat?**

- No problems
- Slightly impaired
- Not beyond 90 degrees
- Impossible



**S16 Oxford Knee Score**

Patient Name \_\_\_\_\_ Patient ID \_\_\_\_\_

Study Name \_\_\_\_\_ Study Number \_\_\_\_\_ Surgeon  
Name \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Side  Right  Left

Filled in by:  Operating Dr.  Other MD  Research Assistant  Questionnaire  Other

Reviewer Name: \_\_\_\_\_ Next Visit Due \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please answer the 12 questions below. During the past 4 weeks –**

**How would you describe the pain you usually have in your knee?**

None  Very mild  Mild  Moderate  Severe

**Have you had any trouble washing and drying yourself (all over) because of your knee?**

No trouble at all  Very little trouble  Moderate trouble  Extreme difficulty  Impossible to do

**Have you had any trouble getting in and out of the car or using public transport because of your knee**

**(with or without a stick)**

No trouble at all  Very little trouble  Moderate trouble  Extreme difficulty  Impossible to do

**For how long are you able to walk before the pain in your knee becomes severe (with or without a stick)**

No pain – more than 60 minutes  16- 60 minutes  5-15 minutes

Around the house only  not at all - pain is severe on walking

**After a meal (sat at a table) how painful has it been for you to stand up from a chair because of pain in your knee?**

- Not at all painful     Slightly painful     Moderately painful     Very painful  
 Unbearable

**Have you been limping when walking, because of your knee?**

- Rarely/Never     Sometimes or just at first     Often, not at first     Most of the time  
 All of the time
- 

**Could you kneel down and get up again afterwards**

- Yes, easily     With little difficulty     With moderate difficulty     With extreme difficulty  
 No, Impossible
- 

**Are you troubled by pain in your knee at night ?**

- Not at all     Only one or two nights     Some nights     Most nights  
 Every night
- 

**How much has pain in your knee interfered with your usual work? (including housework)**

- Not at all     A little bit     Moderately     Greatly     Totally
- 

**Have you felt that your knee might suddenly “give away” or let you down?**

- Rarely/Never     Sometimes or just at first     Often, not at first     Most of the time  
 All of the time
- 

**Could you do household shopping on your own?**

- Yes, easily     With little difficulty     With moderate difficulty     With extreme difficulty  
 No, Impossible
-

**Could you walk down a flight of stairs?**

- Yes, easily    With little difficulty    With moderate difficulty    With extreme difficulty  
 No, Impossible
- 

Thank you very much for completing all the questions in this questionnaire.

## Grading for the Oxford Knee Score

- Score 12 to 20** May indicate satisfactory joint function. May not require any formal treatment.
- Score 21 to 30** May indicate mild to moderate knee arthritis. Consider seeing your family physician for an assessment and possible x-ray. You may benefit from non-surgical treatment, such as exercise, weight loss, and /or anti-inflammatory medication
- Score 31 to 40** May indicate moderate to severe knee arthritis. See your family physician for an assessment and x-ray. Consider a consult with an Orthopaedic Surgeon.
- Score 41 to 60** May indicate severe knee arthritis. It is highly likely that you may well require some form of surgical intervention, contact your family physician for a consult with an Orthopaedic Surgeon.

**Reference for Score:** Dawson J, Fitzpatrick R, Murray D, Carr A. Questionnaire on the perceptions of patients about total knee replacement. J Bone Joint Surg Br. 1998 Jan;80(1):63-9. [Link](#)

## S20 Tegner Activity

Patient Name \_\_\_\_\_

Patient ID \_\_\_\_\_ Date \_\_\_\_\_ Side Right Left

Study Name \_\_\_\_\_ Study Number \_\_\_\_\_

Filled in by: Operating Dr. Other MD Research Assistant Questionnaire Other

Please indicate in the spaces below the HIGHEST level of activity that you participated in BEFORE YOUR INJURY and the highest level you are able to participate in CURRENTLY.

BEFORE INJURY OR NORMAL STATUS: Level \_\_\_\_\_ CURRENT: Level \_\_\_\_\_

Level 10	Competitive sports- soccer, football, rugby (national elite)
Level 9	Competitive sports- soccer, football, rugby (lower divisions), ice hockey, wrestling, gymnastics, basketball
Level 8	Competitive sports- racquetball or bandy, squash or badminton, track and field athletics (jumping, etc.), down-hill skiing
Level 7	Competitive sports- tennis, running, motorcars speedway, handball Recreational sports- soccer, football, rugby, bandy, ice hockey, basketball, squash, racquetball, running
Level 6	Recreational sports- tennis and badminton, handball, racquetball, down-hill skiing, jogging at least 5 times per week
Level 5	Work- heavy labour (construction, etc.) Competitive sports- cycling, cross-country skiing Recreational sports- jogging on uneven ground at least twice weekly
Level 4	Work- moderately heavy labour (e.g. truck driving, etc.)
Level 3	Work- light labour (nursing, etc.)
Level 2	Work- light labour Walking on uneven ground possible, but impossible to back pack or hike
Level 1	Work- sedentary (secretarial, etc.)
Level 0	Sick leave or disability pension because of knee problems

## S23 Marx Activity

Patient Name \_\_\_\_\_

Patient ID \_\_\_\_\_ Study Name \_\_\_\_\_ Study Number \_\_\_\_\_

Date \_\_\_\_\_ Side  Right  Left

Filled in by:  Operating Dr.  Other MD  Research Assistant  Questionnaire  Other

Reviewer Name: \_\_\_\_\_

Next Visit \_\_\_\_/\_\_\_\_/\_\_\_\_ (Estimate if exact date unknown to allow program to track follow up)

Before Injury or normal status	Less than one time in a month	One time in a month	One time in a week	2 or 3 times in a week	4 or more times in a week
Running: running while playing a sport or jogging					
Cutting: changing directions while running					
Decelerating: coming to a quick stop while running					
Pivoting: turning your body with your foot planted while playing a sport; For example: skiing, skating, kicking, throwing, hitting a ball (golf, tennis, squash), etc.					

Currently	Less than one time in a month	One time in a month	One time in a week	2 or 3 times in a week	4 or more times in a week
Running: running while playing a sport or jogging					
Cutting: changing directions while running					
Decelerating: coming to a quick stop while running					
Pivoting: turning your body with your foot planted while playing a sport; For example: skiing, skating, kicking, throwing, hitting a ball (golf, tennis, squash), etc.					