

KNEE SOCIETY SCORE

Patient's name (or ref) _____

Clinician's name (or ref) _____ Patient's d.o.b. _____

PART 1 - KNEE SCORE

PAIN

- None
- Mild/Occasional
- Mild - Stairs Only
- Mild - Walking and Stairs
- Moderate - Occasional
- Moderate - Continual
- Severe

FLEXION CONTRACTURE - if Present

- 5°-10°
- 10°-15°
- 16°-20°
- >20°

TOTAL RANGE OF FLEXION

- 0-5
- 6-10
- 11-15
- 16-20
- 21-25
- 26-30
- 31-35
- 36-40
- 41-45
- 46-50
- 51-55
- 56-60
- 61-65
- 66-70
- 71-75
- 76-80
- 81-85
- 86-90
- 91-95
- 96-100
- 101-105
- 106-110
- 111-115
- 116-120
- 121-125

EXTENSION LAG

- <10°
- 10-20°
- >20°

ALIGNMENT - Varus & Valgus

- 0
- 1
- 2
- 3
- 4
- 5-10
- 11
- 12
- 13
- 14
- 15
- Over 15°

STABILITY - Maximum movement in any position

ANTERO-POSTERIOR

- <5mm
- 5-10mm
- 10+mm

MEDIOLATERAL

- <5°
- 6-9°
- 10-14°
- 15°

FINAL KNEE SCORE IS:

GRADING FOR THE KNEE SOCIETY SCORE

SCORE 80-100 - Excellent • SCORE 70-79 - Good • SCORE 60-69 - Fair • SCORE BELOW 60 - Poor

WALKING

- Unlimited
- >10 blocks
- 5-10 blocks
- <5 blocks
- Housebound
- Unable

STAIRS

- Normal Up and down
- Normal Up down with rail
- Up and down with rail
- Up with rail, down unable
- Unable

WALKING AIDS USED

- None used
- Use of Cane/Walking stick deduct
- Two Canes/sticks
- Crutches or frame

FUNCTION SCORE (KNEE SOCIETY SCORE) IS:

KNEE INJURY AND OSTEOARTHRITIS OUTCOME SCORE (KOOS)

Patient's name (or ref) _____

Clinician's name (or ref) _____ Patient's d.o.b. _____

INSTRUCTIONS: – This survey asks for your view about your knee. This information will help us keep track of how you feel about your knee and how well you are able to do your usual activities.

Answer every question by ticking the appropriate box. If you are unsure about how to answer a question, please give the best answer you can.

SYMPTOMS – These questions should be answered thinking of your knee symptoms during the **last week**.

S1. Do you have swelling in your knee? _____

Never Rarely Sometimes Often Always

S2. Do you feel grinding, hear clicking or any other type of noise when your knee moves? _____

Never Rarely Sometimes Often Always

S3. Does your knee catch or hang up when moving? _____

Never Rarely Sometimes Often Always

S4. Can you straighten your knee fully? _____

Never Rarely Sometimes Often Always

S5. Can you bend your knee fully? _____

Never Rarely Sometimes Often Always

STIFFNESS – The following questions concern the amount of joint stiffness you have experienced during the **last week** in your knee. Stiffness is a sensation of restriction or slowness in the ease with which you move your knee joint.

S6. How severe is your knee joint stiffness after first wakening in the morning? _____

None Mild Moderate Severe Extreme

S7. How severe is your knee stiffness after sitting, lying or resting _____

None Mild Moderate Severe Extreme

SUBTOTAL:

PAIN

P1. How often do you experience knee pain? _____

Never Monthly Weekly Daily Always

What amount of knee pain have you experienced the **last week** during the following activities?

P2. Twisting/pivoting on your knee _____

None Mild Moderate

P3. Straightening knee fully _____

None Mild Moderate Severe Extreme

PAIN – CONTINUED

P4. Bending knee fully

- None Mild Moderate Severe Extreme

P5. Walking on flat surface

- None Mild Moderate Severe Extreme

P6. Going up or down stairs

- None Mild Moderate Severe Extreme

P7. At night while in bed

- None Mild Moderate Severe Extreme

P8. Sitting or lying

- None Mild Moderate Severe Extreme

P9. Standing upright

- None Mild Moderate Severe Extreme

SUBTOTAL:

FUNCTION, DAILY LIVING – The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

A1. Descending stairs

- None Mild Moderate Severe Extreme

A2. Ascending stairs

- None Mild Moderate Severe Extreme

For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

A3. Rising from sitting

- None Mild Moderate Severe Extreme

A4. Standing

- None Mild Moderate Severe Extreme

A5. Bending to floor/pick up an object

- None Mild Moderate Severe Extreme

A6. Walking on flat surface

- None Mild Moderate Severe Extreme

A7. Getting in/out of car

- None Mild Moderate Severe Extreme

A8. Going Shopping

- None Mild Moderate Severe Extreme

A9. Putting on socks/stockings

- None Mild Moderate Severe Extreme

A10. Rising from bed

- None Mild Moderate Severe Extreme

A11. Taking off socks/stockings

- None Mild Moderate Severe Extreme

A12. Lying in bed (turning over, maintaining knee position)

- None Mild Moderate Severe Extreme

FUNCTION, DAILY LIVING – CONTINUED

A13. Getting in/out of bath _____

- None Mild Moderate Severe Extreme

A14. Sitting _____

- None Mild Moderate Severe Extreme

A15. Getting on/off toilet _____

- None Mild Moderate Severe Extreme

For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee

A16. Heavy domestic duties (moving heavy boxes, scrubbing floors, etc) _____

- Never Rarely Sometimes Often Always

A17. Light domestic duties (cooking, dusting, etc) _____

- Never Rarely Sometimes Often Always

SUBTOTAL:

FUNCTION, SPORTS AND RECREATIONAL ACTIVITIES – The following questions concern your physical function when being active on a higher level. The questions should be answered thinking of what degree of difficulty you have experienced during the **last week** due to your knee.

SP1. Squatting _____

- None Mild Moderate Severe Extreme

SP2. Running _____

- None Mild Moderate Severe Extreme

SP3. Jumping _____

- None Mild Moderate Severe Extreme

SP4. Twisting/pivoting on your injured knee _____

- None Mild Moderate Severe Extreme

SP5. Kneeling _____

- None Mild Moderate Severe Extreme

SUBTOTAL:

QUALITY OF LIFE**Q1. How often are you aware of your knee problem?** _____

- Never Monthly Weekly Daily Constantly

Q2. Have you modified your life style to avoid potentially damaging activities to your knee? _____

- Not at all Mildly Moderately Severely Totally

Q3. How much are you troubled with lack of confidence in your knee? _____

- Not at all Mildly Moderately Severely Extremely

Q4. In general, how much difficulty do you have with your knee? _____

- None Mild Moderately Severe Extreme

SUBTOTAL:

KNEE INJURY & OSTEOARTHRITIS OUTCOME