The New Knee Society Knee Scoring System

**Giles R. Scuderi MD, Robert B. Bourne MD, FRCSC,
Philip C. Noble MD, James B. Benjamin MD,
Jess H. Lonner MD, W. N. Scott MD**

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In 1989, The Knee Society Clinical Rating System [3] was developed as a simple, but objective scoring system to rate the knee and patient's functional abilities such as walking and stair climbing before and after TKA. Since the scoring system did not include assessment of radiographs, The Knee Society endorsed a method to evaluate radiographs [2]. The Knee Society Clinical Rating System has been the most popular method of tracking and reporting outcomes after total and partial knee arthroplasty worldwide. However, the reliability, responsiveness, and validity of the original score

have been challenged. In addition, it became clear over time that there were ambiguities and deficiencies with the original Knee Society Clinical Rating System that challenged its utility and validity in our contemporary patients, who often have expectations, demands, and functional requirements that are different from those of prior generations of patients who underwent knee arthroplasty.

The Knee Society therefore embarked on a complete review of the previous system. The project started more than 3 years ago and involved Knee Society members from 18 institutions in the United States and Canada; these individuals contributed more than 500 cases of both preoperative and postoperative TKA. The magnitude of this exhaustive project involved a multidisciplinary team of arthroplasty surgeons, epidemiologists, and statisticians. The prior objective knee score was amplified from the prior Knee Society score to incorporate current knee arthroplasty clinical parameters. The functional component of the new score was developed on the basis of comprehensive inventories of the activities and observations of 101 patients at five major knee arthroplasty centers who completed a 120-item survey, which was ultimately condensed down to the current assessment tool. This assessment tool was then included in the validation process at the 18 participating centers. The final scoring system was then approved by the Knee Society Scoring Committee.

The new Knee Society Knee Scoring System is both physician and patient derived. It includes versions to be administered preoperatively (Appendix 1) and postoperatively (Appendix 2). It has an initial assessment of demographic details, including an expanded Charnley functional classification [1]. The objective knee score, completed by the surgeon, includes a VAS score of pain walking on level ground and on stairs or inclines, as well as an assessment of alignment, ligament stability, and ROM,

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G. R. Scuderi (✉), W. N. Scott
Department of Orthopedics, Insall Scott Kelly Institute,
210 East 64th Street, 4th Floor, New York, NY 10065, USA
e-mail: GScuderi@iskinstitute.com

R. B. Bourne
Division of Orthopaedic Surgery, University Hospital,
London Health Sciences Centre, University of Western
Ontario, London, ON, Canada

P. C. Noble
Barnhart Department of Orthopedic Surgery,
Baylor College of Medicine, Houston, TX, USA

J. B. Benjamin
University Orthopedic Specialists, Tucson, AZ, USA

J. H. Lonner
Rothman Institute, Philadelphia, PA, USA

along with deductions for flexion contracture or extensor lag. Patients then record their satisfaction, functional activities, and expectations. Given the diverse activity profiles of many contemporary patients, the functional component of the score was improved to include a patient-specific survey, which evaluates features such as standard activities of daily living, patient-specific sports and recreational activities, patient satisfaction, and patient expectations. Portions of the original Knee Society Clinical Rating System have been integrated into the new version to maintain the integrity of the prior version of the Knee Society score.

The new Knee Society Knee Scoring System has been developed and validated, in part, to better characterize the expectations, satisfaction, and physical activities of the younger and more diverse population of current patients undergoing TKA. The new score provides sufficient flexibility and depth to capture the diverse lifestyles and activities of our current patients. The score was validated in a thoughtful and methodical fashion confirming internal reliability and analyzed for differential item functioning [4].

The new Knee Society Scoring System is broadly applicable across sex, age, activity level, and implant type.

In conclusion, the new Knee Society Scoring System is a validated and responsive method for assessing objective and subjective outcomes after total and partial knee arthroplasty, without the ambiguities of the prior scoring system. As physicians, clinical practices, and health systems become increasingly more responsible for reporting patient outcomes, the clear value of this new scoring system will become apparent. The new scoring system is available through application on the Knee Society Web site (<http://www.kneesociety.org>).

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Appendix 1

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KNEE SOCIETY SCORE: PRE-OP

DEMOGRAPHIC INFORMATION (To be completed by patient)	
1- Today's date <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	2- Date of birth <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
Enter dates as: mm/dd/yyyy	
3- Height (ft' in") <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div>	4- Weight (lbs.) <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
5- Sex ☐ Male ☐ Female	
6- Side of this (symptomatic) knee ☐ Left ☐ Right	
If both knees will be operated on, please use a different form for each knee	
7- Ethnicity <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">☐ Native Hawaiian or other Pacific Islander</div> <div style="width: 33%;">☐ American Indian or Alaska Native</div> <div style="width: 33%;">☐ Hispanic or Latino</div> <div style="width: 33%;">☐ Arab or Middle Eastern</div> <div style="width: 33%;">☐ African American or Black</div> <div style="width: 33%;">☐ Asian</div> <div style="width: 33%;">☐ White</div> </div>	
8- Please indicate the expected date and surgeon for your knee replacement operation <div style="display: flex;"> <div style="flex: 1;"> Date <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> <div style="flex: 1;"> Name of Surgeon <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> </div>	
9- Will this be a primary or revision knee replacement? ☐ Primary ☐ Revision	
To be completed by surgeon 10- Charnley Functional Classification (Use Code Below) <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle; margin-left: 10px;"></div>	
A Unilateral Knee Arthritis B1 Unilateral TKA, opposite knee arthritic B2 Bilateral TKA	C1 TKR, but remote arthritis affecting ambulation C2 TKR, but medical condition affecting ambulation C3 Unilateral or Bilateral TKA with Unilateral or Bilateral THR

OBJECTIVE KNEE INDICATORS (To be completed by surgeon)

ALIGNMENT

1- Alignment: measured on AP standing Xray (Anatomic Alignment)

25 point max

Neutral: 2-10 degrees valgus (25 pts)
 Varus: < 2 degrees valgus (-10 pts)
 Valgus: > 10 degrees valgus (-10 pts)

INSTABILITY

2- Medial / Lateral Instability: measured in full extension

15 point max

None (15 pts)
 Little or < 5 mm (10 pts)
 Moderate or 5 mm (5 pts)
 Severe or > 5 mm (0 pts)

3- Anterior / Posterior Instability: measured at 90 degrees

10 point max

None (10 pts)
 Moderate < 5 mm (5 pts)
 Severe > 5 mm (0 pts)

JOINT MOTION

4- Range of motion (1 point for each 5 degrees)

Deductions

Flexion Contracture

1-5 degrees (-2 pts)
 6-10 degrees (-5 pts)
 11-15 degrees (-10 pts)
 > 15 degrees (-15 pts)

Minus Points

Extensor Lag

<10 degrees (-5 pts)
 10-20 degrees (-10 pts)
 > 20 degrees (-15 pts)

Minus Points

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SYMPTOMS

(To be completed by patient)

1- Pain with level walking											(10 - Score)
0	1	2	3	4	5	6	7	8	9	10	
none											severe
2- Pain with stairs or inclines											(10 - Score)
0	1	2	3	4	5	6	7	8	9	10	
none											severe
3- Does this knee feel "normal" to you?											(5 points)
☐ Always (5 pts) ☐ Sometimes (3 pts) ☐ Never (0 pts)											
Maximum total points (25 points)											

PATIENT SATISFACTION

1- Currently, how satisfied are you with the pain level of your knee while sitting?					(8 points)
☐ Very Satisfied (8 pts)	☐ Satisfied (6 pts)	☐ Neutral (4 pts)	☐ Dissatisfied (2 pts)	☐ Very Dissatisfied (0 pts)	
2- Currently, how satisfied are you with the pain level of your knee while lying in bed?					(8 points)
☐ Very Satisfied (8 pts)	☐ Satisfied (6 pts)	☐ Neutral (4 pts)	☐ Dissatisfied (2 pts)	☐ Very Dissatisfied (0 pts)	
3- Currently, how satisfied are you with your knee function while getting out of bed?					(8 points)
☐ Very Satisfied (8 pts)	☐ Satisfied (6 pts)	☐ Neutral (4 pts)	☐ Dissatisfied (2 pts)	☐ Very Dissatisfied (0 pts)	
4- Currently, how satisfied are you with your knee function while performing light household duties?					(8 points)
☐ Very Satisfied (8 pts)	☐ Satisfied (6 pts)	☐ Neutral (4 pts)	☐ Dissatisfied (2 pts)	☐ Very Dissatisfied (0 pts)	
5- Currently, how satisfied are you with your knee function while performing leisure recreational activities?					(8 points)
☐ Very Satisfied (8 pts)	☐ Satisfied (6 pts)	☐ Neutral (4 pts)	☐ Dissatisfied (2 pts)	☐ Very Dissatisfied (0 pts)	
Maximum total points (40 points)					

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PATIENT EXPECTATIONS (To be completed by patient)**What do you expect to accomplish with your knee replacement:****1- Do you expect your knee joint replacement surgery will relieve your knee pain?****(5 points)**

- ☐ no, not at all (1 pt)
- ☐ yes, a little bit (2 pts)
- ☐ yes, somewhat (3 pts)
- ☐ yes, a moderate amount (4 pts)
- ☐ yes, a lot (5 pts)

2- Do you expect your surgery will help you carry out your normal activities of daily living?**(5 points)**

- ☐ no, not at all (1 pt)
- ☐ yes, a little bit (2 pts)
- ☐ yes, somewhat (3 pts)
- ☐ yes, a moderate amount (4 pts)
- ☐ yes, a lot (5 pts)

3- Do you expect you surgery will help you perform leisure, recreational or sports activities?**(5 points)**

- ☐ no, not at all (1 pt)
- ☐ yes, a little bit (2 pts)
- ☐ yes, somewhat (3 pts)
- ☐ yes, a moderate amount (4 pts)
- ☐ yes, a lot (5 pts)

Maximum total points (15 points)

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FUNCTIONAL ACTIVITIES (To be completed by patient)**WALKING AND STANDING (30 points)****1 - Can you walk without any aids (such as a cane, crutches or wheelchair)? (0 points)**☐ Yes ☐ No**2 - If no, which of the following aid(s) do you use? (-10 points)**☐ wheelchair (-10 pts) ☐ walker (-8 pts) ☐ crutches (-8 pts) ☐ two canes (-6 pts)☐ one crutch (-4 pts) ☐ one cane (-4 pts) ☐ knee sleeve / brace (-2 pts)☐ other

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3 - Do you use these aid(s) because of your knees? (0 points)☐ Yes ☐ No**4 - For how long can you stand (with or without aid) before sitting due to knee discomfort? (15 points)**☐ cannot stand (0 pts) ☐ 0-5 minutes (3 pts) ☐ 6-15 minutes (6 pts)☐ 16-30 minutes (9 pts) ☐ 31-60 minutes (12 pts) ☐ more than an hour (15 pts)**5 - For how long can you walk (with or without aid) before stopping due to knee discomfort? (15 points)**☐ cannot walk (0 pts) ☐ 0-5 minutes (3 pts) ☐ 6-15 minutes (6 pts)☐ 16-30 minutes (9 pts) ☐ 31-60 minutes (12 pts) ☐ more than an hour (15 pts)**Maximum points (30 points)**

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STANDARD ACTIVITIES (30 points)

How much does your knee bother you during each of the following activities?

no bother	slight	moderate	severe	very severe	cannot do (because of knee)	I never do this
5	4	3	2	1	0	

1 - Walking on an uneven surface

☐	☐	☐	☐	☐	☐	☐
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2 - Turning or pivoting on your leg

☐	☐	☐	☐	☐	☐	☐
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3 - Climbing up or down a flight of stairs

☐	☐	☐	☐	☐	☐	☐
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4 - Getting up from a low couch or a chair without arms

☐	☐	☐	☐	☐	☐	☐
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5 - Getting into or out of a car

☐	☐	☐	☐	☐	☐	☐
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

6 - Moving laterally (stepping to the side)

☐	☐	☐	☐	☐	☐	☐
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Maximum points (30 points)

ADVANCED ACTIVITIES (25 points)

1 - Climbing a ladder or step stool

☐	☐	☐	☐	☐	☐	☐
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

2 - Carrying a shopping bag for a block

☐	☐	☐	☐	☐	☐	☐
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

3 - Squatting

☐	☐	☐	☐	☐	☐	☐
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

4 - Kneeling

☐	☐	☐	☐	☐	☐	☐
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5 - Running

☐	☐	☐	☐	☐	☐	☐
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Maximum points (25 points)

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DISCRETIONARY KNEE ACTIVITIES (15 points)

Please check 3 of the activities below that you consider *most important* to you.

(Please do not write in additional activities)

Recreational Activities

- ☐ Swimming
- ☐ Golfing (18 holes)
- ☐ Road Cycling (>30mins)
- ☐ Gardening
- ☐ Bowling
- ☐ Racquet Sports (Tennis, Racquetball, etc.)
- ☐ Distance Walking
- ☐ Dancing / Ballet
- ☐ Stretching Exercises (stretching out your muscles)

Workout and Gym Activities

- ☐ Weight-lifting
- ☐ Leg Extensions
- ☐ Stair-Climber
- ☐ Stationary Biking / Spinning
- ☐ Leg Press
- ☐ Jogging
- ☐ Elliptical Trainer
- ☐ Aerobic Exercises

Please copy all 3 checked activities into the empty boxes below.

How much does your knee bother you during each of these activities?

Activity
(Please write the 3 activities
from list above)

no bother	slight	moderate	severe	very severe	cannot do (because of knee)
5	4	3	2	1	0

1.

☐☐☐☐☐☐

2.

☐☐☐☐☐☐

3.

☐☐☐☐☐☐

Maximum points (15 points)

Maximum total points (100 points)

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Appendix 2

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KNEE SOCIETY SCORE: POST-OP

DEMOGRAPHIC INFORMATION (To be completed by patient)			
1- Today's date <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		2- Date of birth <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
Enter dates as: mm/dd/yyyy			
3- Height (ft' in") <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div>		4- Weight (lbs.) <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
5- Sex ☐ Male ☐ Female			
6- Side of this (surgically treated) knee ☐ Left ☐ Right			
If both knees have been operated on, please use a different form for each knee			
7- Ethnicity <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">☐ Native Hawaiian or other Pacific Islander</div> <div style="width: 50%;">☐ American Indian or Alaska Native</div> <div style="width: 50%;">☐ Hispanic or Latino</div> <div style="width: 50%;">☐ Arab or Middle Eastern</div> <div style="width: 50%;">☐ African American or Black</div> <div style="width: 50%;">☐ Asian</div> <div style="width: 50%;">☐ White</div> </div>			
8- Please indicate date and surgeon for your knee replacement operation <div style="display: flex;"> <div style="flex: 1;"> Date <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> <div style="flex: 1;"> Name of Surgeon <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> </div>			
Enter dates as: mm/dd/yyyy			
9- Was this a primary or revision knee replacement? ☐ Primary ☐ Revision			
To be completed by surgeon 10- Charnley Functional Classification (Use Code Below) <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle; margin-left: 10px;"></div>			
A Unilateral Knee Arthritis B1 Unilateral TKA, opposite knee arthritic B2 Bilateral TKA		C1 TKR, but remote arthritis affecting ambulation C2 TKR, but medical condition affecting ambulation C3 Unilateral or Bilateral TKA with Unilateral or Bilateral THR	

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OBJECTIVE KNEE INDICATORS (To be completed by surgeon)**ALIGNMENT****1- Alignment: measured on AP standing Xray (Anatomic Alignment)****25 point max**

Neutral: 2-10 degrees valgus (25 pts)
 Varus: < 2 degrees valgus (-10 pts)
 Valgus: > 10 degrees valgus (-10 pts)

INSTABILITY**2- Medial / Lateral Instability: measured in full extension****15 point max**

None (15 pts)
 Little or < 5 mm (10 pts)
 Moderate or 5 mm (5 pts)
 Severe or > 5 mm (0 pts)

3- Anterior / Posterior Instability: measured at 90 degrees**10 point max**

None (10 pts)
 Moderate < 5 mm (5 pts)
 Severe > 5 mm (0 pts)

JOINT MOTION**4- Range of motion (1 point for each 5 degrees)**

Deductions**Flexion Contracture**

1-5 degrees (-2 pts)
 6-10 degrees (-5 pts)
 11-15 degrees (-10 pts)
 > 15 degrees (-15 pts)

Minus Points

Extensor Lag

<10 degrees (-5 pts)
 10-20 degrees (-10 pts)
 > 20 degrees (-15 pts)

Minus Points

SYMPTOMS**(To be completed by patient)**

1- Pain with level walking											(10 - Score)
0	1	2	3	4	5	6	7	8	9	10	
none severe											<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>
2- Pain with stairs or inclines											(10 - Score)
0	1	2	3	4	5	6	7	8	9	10	
none severe											<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>
3- Does this knee feel "normal" to you?											(5 points)
☐ Always (5 pts) ☐ Sometimes (3 pts) ☐ Never (0 pts)											<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>
Maximum total points (25 points)											<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>

PATIENT SATISFACTION

1- Currently, how satisfied are you with the pain level of your knee while sitting?					(8 points)
☐ Very Satisfied (8 pts)	☐ Satisfied (6 pts)	☐ Neutral (4 pts)	☐ Dissatisfied (2 pts)	☐ Very Dissatisfied (0 pts)	
2- Currently, how satisfied are you with the pain level of your knee while lying in bed?					(8 points)
☐ Very Satisfied (8 pts)	☐ Satisfied (6 pts)	☐ Neutral (4 pts)	☐ Dissatisfied (2 pts)	☐ Very Dissatisfied (0 pts)	
3- Currently, how satisfied are you with your knee function while getting out of bed?					(8 points)
☐ Very Satisfied (8 pts)	☐ Satisfied (6 pts)	☐ Neutral (4 pts)	☐ Dissatisfied (2 pts)	☐ Very Dissatisfied (0 pts)	
4- Currently, how satisfied are you with your knee function while performing light household duties?					(8 points)
☐ Very Satisfied (8 pts)	☐ Satisfied (6 pts)	☐ Neutral (4 pts)	☐ Dissatisfied (2 pts)	☐ Very Dissatisfied (0 pts)	
5- Currently, how satisfied are you with your knee function while performing leisure recreational activities?					(8 points)
☐ Very Satisfied (8 pts)	☐ Satisfied (6 pts)	☐ Neutral (4 pts)	☐ Dissatisfied (2 pts)	☐ Very Dissatisfied (0 pts)	
Maximum total points (40 points)					<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>

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PATIENT EXPECTATION (To be completed by patient)**Compared to what you expected before your knee replacement:****1- My expectations for pain relief were...****(5 points)**

- ☐ Too High- "I'm a lot worse than I thought" (1 pt)
- ☐ Too High- "I'm somewhat worse than I thought" (2 pts)
- ☐ Just Right- "My expectations were met" (3 pts)
- ☐ Too Low- "I'm somewhat better than I thought" (4 pts)
- ☐ Too Low- "I'm a lot better than I thought" (5 pts)

2- My expectations for being able to do my normal activities of daily living were...**(5 points)**

- ☐ Too High- "I'm a lot worse than I thought" (1 pt)
- ☐ Too High- "I'm somewhat worse than I thought" (2 pts)
- ☐ Just Right- "My expectations were met" (3 pts)
- ☐ Too Low- "I'm somewhat better than I thought" (4 pts)
- ☐ Too Low- "I'm a lot better than I thought" (5 pts)

3- My expectations for being able to do my leisure, recreational or sports activities were...**(5 points)**

- ☐ Too High- "I'm a lot worse than I thought" (1 pt)
- ☐ Too High- "I'm somewhat worse than I thought" (2 pts)
- ☐ Just Right- "My expectations were met" (3 pts)
- ☐ Too Low- "I'm somewhat better than I thought" (4 pts)
- ☐ Too Low- "I'm a lot better than I thought" (5 pts)

Maximum total points (15 points)

FUNCTIONAL ACTIVITIES (To be completed by patient)

WALKING AND STANDING (30 points)

1 - Can you walk without any aids (such as a cane, crutches or wheelchair)? **(0 points)**

☐ Yes ☐ No

2 - If no, which of the following aid(s) do you use? **(-10 points)**

☐ wheelchair (-10 pts) ☐ walker (-8 pts) ☐ crutches (-8 pts) ☐ two canes (-6 pts)

☐ one crutch (-4 pts) ☐ one cane (-4 pts) ☐ knee sleeve / brace (-2 pts)

☐ other

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3 - Do you use these aid(s) because of your knees? **(0 points)**

☐ Yes ☐ No

4 - For how long can you stand (with or without aid) before sitting due to knee discomfort? **(15 points)**

☐ cannot stand (0 pts) ☐ 0-5 minutes (3 pts) ☐ 6-15 minutes (6 pts)

☐ 16-30 minutes (9 pts) ☐ 31-60 minutes (12 pts) ☐ more than an hour (15 pts)

5 - For how long can you walk (with or without aid) before stopping due to knee discomfort? **(15 points)**

☐ cannot walk (0 pts) ☐ 0-5 minutes (3 pts) ☐ 6-15 minutes (6 pts)

☐ 16-30 minutes (9 pts) ☐ 31-60 minutes (12 pts) ☐ more than an hour (15 pts)

Maximum points (30 points)

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STANDARD ACTIVITIES (30 points)

How much does your knee bother you during each of the following activities?

no bother	slight	moderate	severe	very severe	cannot do (because of knee)	I never do this
5	4	3	2	1	0	

1 - Walking on an uneven surface

☐	☐	☐	☐	☐	☐	☐
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2 - Turning or pivoting on your leg

☐	☐	☐	☐	☐	☐	☐
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3 - Climbing up or down a flight of stairs

☐	☐	☐	☐	☐	☐	☐
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4 - Getting up from a low couch or a chair without arms

☐	☐	☐	☐	☐	☐	☐
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5 - Getting into or out of a car

☐	☐	☐	☐	☐	☐	☐
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6 - Moving laterally (stepping to the side)

☐	☐	☐	☐	☐	☐	☐
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Maximum points (30 points)

ADVANCED ACTIVITIES (25 points)

1 - Climbing a ladder or step stool

☐	☐	☐	☐	☐	☐	☐
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2 - Carrying a shopping bag for a block

☐	☐	☐	☐	☐	☐	☐
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3 - Squatting

☐	☐	☐	☐	☐	☐	☐
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4 - Kneeling

☐	☐	☐	☐	☐	☐	☐
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5 - Running

☐	☐	☐	☐	☐	☐	☐
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Maximum points (25 points)

DISCRETIONARY KNEE ACTIVITIES (15 points)

Please check 3 of the activities below that you consider *most important* to you.

(Please do not write in additional activities)

Recreational Activities

- ☐ Swimming
- ☐ Golfing (18 holes)
- ☐ Road Cycling (>30mins)
- ☐ Gardening
- ☐ Bowling
- ☐ Racquet Sports (Tennis, Racquetball, etc.)
- ☐ Distance Walking
- ☐ Dancing / Ballet
- ☐ Stretching Exercises (stretching out your muscles)

Workout and Gym Activities

- ☐ Weight-lifting
- ☐ Leg Extensions
- ☐ Stair-Climber
- ☐ Stationary Biking / Spinning
- ☐ Leg Press
- ☐ Jogging
- ☐ Elliptical Trainer
- ☐ Aerobic Exercises

Please copy all 3 checked activities into the empty boxes below.

How much does your knee bother you during each of these activities?

Activity (Please write the 3 activities from list above)	no bother	slight	moderate	severe	very severe	cannot do (because of knee)	
	5	4	3	2	1	0	
1. <input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>
2. <input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>
3. <input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>
Maximum points (15 points)							<input type="text"/>

Maximum total points (100 points)

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