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.

<table>
<thead>
<tr>
<th>Pergunta</th>
<th>Nunca</th>
<th>Raramente</th>
<th>Às vezes</th>
<th>Frequentemente</th>
<th>Sempre</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tem tido o joelho inchado?</td>
<td>[ ]</td>
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<tr>
<td>2. Tem sentido ranger, ouvido um estalo ou qualquer outro som quando mexe o joelho?</td>
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<tr>
<td>3. Tem sentido o joelho preso ou bloqueado quando se mexe?</td>
<td>[ ]</td>
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<tr>
<td>4. Tem conseguido esticar o joelho completamente?</td>
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<tr>
<td>5. Tem conseguido dobrar o joelho completamente?</td>
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</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Pergunta</th>
<th>Nada</th>
<th>Pouco</th>
<th>Moderadamente</th>
<th>Muito</th>
<th>Muitíssimo</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Até que ponto sente rigidez no joelho logo após acordar de manhã?</td>
<td>[ ]</td>
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<tr>
<td>7. Até que ponto sente rigidez no joelho depois de se sentar, deitar ou descansar ao fim do dia?</td>
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</tbody>
</table>
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 na seguintes actividades?

P2. Rodar/vitar-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 referimos-nos à sua capacidade de se deslocar e de cuidar de si. Por 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

A4. **Manter-se de pé**

- Nenhuma
- Pouca
- Moderada
- Muita
- Muitíssima

A5. **Dobrar-se para baixo/apanhar um objecto**

- Nenhuma
- Pouca
- Moderada
- Muita
- Muitíssima

A6. **Andar numa superfície plana**

- Nenhuma
- Pouca
- Moderada
- Muita
- Muitíssima

A7. **Entrar ou sair do carro**

- Nenhuma
- Pouca
- Moderada
- Muita
- Muitíssima

A8. **Ir às compras**

- Nenhuma
- Pouca
- Moderada
- Muita
- Muitíssima

A9. **Calçar meias/collants**

- Nenhuma
- Pouca
- Moderada
- Muita
- Muitíssima

A10. **Levantar-se da cama**

- Nenhuma
- Pouca
- Moderada
- Muita
- Muitíssima

A11. **Descalçar meias/collants**

- Nenhuma
- Pouca
- Moderada
- Muita
- Muitíssima

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

- Nenhuma
- Pouca
- Moderada
- Muita
- Muitíssima

A13. **Entrar/sair da banheira**

- Nenhuma
- Pouca
- Moderada
- Muita
- Muitíssima

A14. **Estar sentado/a**

- Nenhuma
- Pouca
- Moderada
- Muita
- Muitíssima

A15. **Sentar-se ou levantar-se da sanita**

- Nenhuma
- Pouca
- Moderada
- Muita
- Muitíssima
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.)

<table>
<thead>
<tr>
<th>Nenhuma</th>
<th>Pouca</th>
<th>Moderada</th>
<th>Muita</th>
<th>Mutissima</th>
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</table>

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

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<tr>
<th>Nenhuma</th>
<th>Pouca</th>
<th>Moderada</th>
<th>Muita</th>
<th>Mutissima</th>
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**Actividades desportivas e de lazer**

As perguntas que se seguem dizem respeito a 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

<table>
<thead>
<tr>
<th>Nenhuma</th>
<th>Pouca</th>
<th>Moderada</th>
<th>Muita</th>
<th>Mutissima</th>
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</table>

SP2. Correr

<table>
<thead>
<tr>
<th>Nenhuma</th>
<th>Pouca</th>
<th>Moderada</th>
<th>Muita</th>
<th>Mutissima</th>
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</table>

SP3. Saltar

<table>
<thead>
<tr>
<th>Nenhuma</th>
<th>Pouca</th>
<th>Moderada</th>
<th>Muita</th>
<th>Mutissima</th>
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</table>

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

<table>
<thead>
<tr>
<th>Nenhuma</th>
<th>Pouca</th>
<th>Moderada</th>
<th>Muita</th>
<th>Mutissima</th>
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SP5. Ajoelhar

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<thead>
<tr>
<th>Nenhuma</th>
<th>Pouca</th>
<th>Moderada</th>
<th>Muita</th>
<th>Mutissima</th>
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</tbody>
</table>

**Qualidade de Vida**

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

<table>
<thead>
<tr>
<th>Nunca</th>
<th>Uma vez por mês</th>
<th>Uma vez por semana</th>
<th>Todos os dias</th>
<th>Constantemente</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>De modo algum</th>
<th>Um pouco</th>
<th>Moderadamente</th>
<th>Muito</th>
<th>Completamente</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

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

<table>
<thead>
<tr>
<th>Nada</th>
<th>Um pouco</th>
<th>Moderadamente</th>
<th>Muito</th>
<th>Mutissimo</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Nenhum</th>
<th>Poucos</th>
<th>Alguns</th>
<th>Muitos</th>
<th>Mutissimos</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Obrigado por ter respondido a todas as perguntas do questionário.
KOOS *Manual scoring sheet*

Instructions:
Assign the following scores to the boxes!

<table>
<thead>
<tr>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Extreme</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

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. PAIN
   \[
   100 - \frac{\text{Total score P1-P9} \times 100}{36} = 100 - \frac{\text{____}}{36} = \text{____}
   \]

2. SYMPTOMS
   \[
   100 - \frac{\text{Total score S1-S7} \times 100}{28} = 100 - \frac{\text{____}}{28} = \text{____}
   \]

3. ADL
   \[
   100 - \frac{\text{Total score A1-A17} \times 100}{68} = 100 - \frac{\text{____}}{68} = \text{____}
   \]

4. SPORT&REC
   \[
   100 - \frac{\text{Total score SP1-SP5} \times 100}{20} = 100 - \frac{\text{____}}{20} = \text{____}
   \]

5. QOL
   \[
   100 - \frac{\text{Total score Q1-Q4} \times 100}{16} = 100 - \frac{\text{____}}{16} = \text{____}
   \]
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.

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

<table>
<thead>
<tr>
<th>WOMAC subscores</th>
<th>Original score = sum of the following items</th>
<th>Possible raw score range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>P5-P9</td>
<td>20</td>
</tr>
<tr>
<td>Stiffness</td>
<td>S6-S7</td>
<td>8</td>
</tr>
<tr>
<td>Function</td>
<td>A1-A17</td>
<td>68</td>
</tr>
</tbody>
</table>
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 □>10 mm

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

Notes:

__________________________________________________________________________________

__________________________________________________________________________________
Grading for the knee Society Score

Score 80-100  Excellent  Score 70-79  Good  Score 60-69  Fair  Score below 60  Poor


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
**SPORTS ACTIVITIES:**

8. What is the highest level of activity you can participate in on a regular basis?

- [] 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

9. How does your knee affect your ability to:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not difficult at all</th>
<th>Minimally difficult</th>
<th>Moderately Difficult</th>
<th>Extremely difficult</th>
<th>Unable to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Go up stairs</td>
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<td></td>
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<tr>
<td>b. Go down stairs</td>
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<tr>
<td>c. Kneel on the front of your knee</td>
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<tr>
<td>d. Squat</td>
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<td>e. Sit with your knee bent</td>
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<td>f. Rise from a chair</td>
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<tr>
<td>g. Run straight ahead</td>
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<td>h. Jump and land on your involved leg</td>
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<tr>
<td>i. Stop and start quickly</td>
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</table>

**FUNCTION:**

10. How would you rate the function of your knee on a scale of 0 to 10 with 10 being normal, excellent function and 0 being the inability to perform any of your usual daily activities which may include sports?

**FUNCTION PRIOR TO YOUR KNEE INJURY:**

<table>
<thead>
<tr>
<th>Cannot perform daily activities</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>No limitation</th>
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**CURRENT FUNCTION OF YOUR KNEE:**

<table>
<thead>
<tr>
<th>Cannot perform daily activities</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<th>8</th>
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<th>10</th>
<th>No limitation</th>
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### S19 IKDC Surgeon

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Patient ID</th>
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<tbody>
<tr>
<td>Study Name</td>
<td>Number</td>
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<tr>
<td>Filled in by:</td>
<td></td>
</tr>
<tr>
<td>Reviewer Name:</td>
<td></td>
</tr>
</tbody>
</table>

**Generalized Laxity:**
- Tight
- Normal
- Lax

**Alignment:**
- Obvious varus
- Normal
- Obvious valgus

**Patella Position:**
- Obvious baja
- Normal
- Obvious alta

**Patella Subluxation/Dislocation:**
- Centred
- Subluxable
- Subluxed
- Dislocated

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

<table>
<thead>
<tr>
<th>Index Side</th>
<th>Passive</th>
<th>Opposite Side</th>
<th>Passive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyperextension:</td>
<td>Can achieve neutral (0°) extension:</td>
<td>Hyperextension:</td>
<td>Can achieve neutral (0°) extension:</td>
</tr>
<tr>
<td>Fixed flexion:</td>
<td>Flexion:</td>
<td>Flexion:</td>
<td>Flexion:</td>
</tr>
<tr>
<td>Flexion:</td>
<td>Active</td>
<td>Active</td>
<td>Active</td>
</tr>
<tr>
<td>Extension lag:</td>
<td>None</td>
<td>Present</td>
<td>None</td>
</tr>
<tr>
<td>Flexion:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>Actual Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>Nearly Normal</td>
<td>Abnormal</td>
<td>Severely Abnormal</td>
<td></td>
</tr>
</tbody>
</table>

1. **Effusion**
   - None
   - Mild
   - Moderate
   - Severe

2. **Passive Motion Deficit**
   - Lack of extension
     - 3° - 5°
     - 6 to 10°
     - >10°
   - Lack of flexion
     - 0 to 5°
     - 6 to 15°
     - 16 to 25°
     - >25°

3. **Ligament Examination (manual, instrumented, x-ray)**
   - Lachman (25° flex) (134N)
     - 1 to 2mm
     - 3 to 5mm
     - 6 to 10mm
     - >10mm
   - Lachman (25° flex) manual max
     - 1 to 2mm
     - 3 to 5mm
     - 6 to 10mm
     - >10mm
   - Total AP Translation (25° flex)
     - 0 to 2mm
     - 3 to 5mm
     - 6 to 10mm
     - >10mm
   - Total AP Translation (70° flex)
     - 0 to 2mm
     - 3 to 5mm
     - 6 to 10mm
     - >10mm
   - Posterior Drawer Test (70° flex)
     - 0 to 2mm
     - 3 to 5mm
     - 6 to 10mm
     - >10mm
   - Med Joint Opening (20° flex/varus rot)
     - 0 to 2mm
     - 3 to 5mm
     - 6 to 10mm
     - >10mm
   - Lat Joint Opening (20° flex/varus rot)
     - 0 to 2mm
     - 3 to 5mm
     - 6 to 10mm
     - >10mm
   - External Rotation Test (30° flex prone)
     - 5°
     - 6 to 10°
     - 11 to 19°
     - >20°
   - External Rotation Test (90° flex prone)
     - 5°
     - 6 to 10°
     - 11 to 19°
     - >20°
   - Pivot Shift
     - Equal
     - Glide
     - ++ (clunk)
     - +++ (gross)
   - Reverse Pivot Shift
     - Equal
     - Glide
     - Gross
     - Marked

4. **Compartment Findings** (NB pain is with crepitation)
   - Crepitus Ant. Compartment
     - None
     - Moderate
     - + mild pain
     - > mild pain
   - Crepitus Med. Compartment
     - None
     - Moderate
     - + mild pain
     - > mild pain
   - Crepitus Lat. Compartment
     - None
     - Moderate
     - + mild pain
     - > mild pain

5. **Harvest Site Pathology**
   - None
   - Mild
   - Moderate
   - Severe

6. **X-ray Findings**
   - Med. Joint Space
     - None
     - Mild
     - Moderate
     - Severe
   - Lat. Joint Space
     - None
     - Mild
     - Moderate
     - Severe
   - Patellofemoral
     - None
     - Mild
     - Moderate
     - Severe
   - Ant. Joint Space (sagittal)
     - None
     - Mild
     - Moderate
     - Severe
   - Post. Joint Space (sagittal)
     - None
     - Mild
     - Moderate
     - Severe

7. **Functional Test**
   - One Leg Hop (% of opposite side)
     - > 90%
     - 89 to 76%
     - 75 to 50%
     - > 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:

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

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 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: __________________________________ Noº Processo: ________________

Joelho afectado: ________________ Data da cirurgia: ________________

**Score de Lysholm**

<table>
<thead>
<tr>
<th>Pontuação total -</th>
<th>Dor (25 pontos)</th>
<th>Claudicação (5 pontos)</th>
<th>Apoio (5 pontos)</th>
<th>Bloqueio (15 pontos)</th>
<th>Instabilidade (25 pontos)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nenhuma = 25</td>
<td>Nunca = 5</td>
<td>Nenhum = 5</td>
<td>Nenhum bloqueio ou sensação de bloqueio = 15</td>
<td>Nenhuma/nunca = 25</td>
</tr>
<tr>
<td></td>
<td>Inconstante ou leve durante exercícios intensos = 20</td>
<td>Leve ou periódica = 3</td>
<td>Bengala ou muleta = 2</td>
<td>Sensação, mas sem bloqueio = 10</td>
<td>Raramente, durante actividades desportivas ou outros exercícios intensos = 20</td>
</tr>
<tr>
<td></td>
<td>Marcada durante exercícios intensos = 15</td>
<td>Intensa e constante = 0</td>
<td>Impossível = 0</td>
<td>Bloqueio ocasional = 6</td>
<td>Frequentemente durante actividades desportivas ou outros exercícios intensos (ou incapacidade de participação) = 15</td>
</tr>
<tr>
<td></td>
<td>Marcada durante ou após caminhar mais de 2 km =10</td>
<td></td>
<td></td>
<td>Frequente = 2</td>
<td>Ocasionalmamente em AVD = 10</td>
</tr>
<tr>
<td></td>
<td>Marcada durante ou após caminhar menos de 2 km = 5</td>
<td></td>
<td></td>
<td>Articulação bloqueada ao E.O. = 0</td>
<td>Frequentemente em AVD = 5</td>
</tr>
<tr>
<td></td>
<td>Constante = 0</td>
<td></td>
<td></td>
<td></td>
<td>Em cada passo = 0</td>
</tr>
</tbody>
</table>

|                   | Edema (10 pontos) |                  |                  | Subir escadas (10 pontos) |                  |                  |                  |                  |
|                   | Nenhum = 10       |                  |                  | Sem dificuldade = 10     |                  |                  |                  |                  |
|                   | Com exercício intenso = 6 |                  |                  | Alguma dificuldade = 6   |                  |                  |                  |                  |
|                   | Com exercício comuns = 2  |                  |                  | Um degrau de cada vez = 2 |                  |                  |                  |                  |
|                   | Constante = 0     |                  |                  | Impossível = 0           |                  |                  |                  |                  |

|                   | Agachamento (5 pontos) |                  |                  |                  |                  |                  |                  |                  |
|                   | Sem dificuldade = 5   |                  |                  |                  |                  |                  |                  |                  |
|                   | Alguma dificuldade = 4 |                  |                  |                  |                  |                  |                  |                  |
|                   | Menos de 90° = 2     |                  |                  |                  |                  |                  |                  |                  |
|                   | Impossível =0       |                  |                  |                  |                  |                  |                  |                  |

Pontuação total - ________________

Score total – Excelente – 90-100; Bom – 84-90; Satisfatório – 65-83; Insatisfatório < 64

Data da observação: ________________ Médico: ________________
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
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.

**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_________

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

<table>
<thead>
<tr>
<th>Before Injury or normal status</th>
<th>Less than one time in a month</th>
<th>One time in a month</th>
<th>One time in a week</th>
<th>2 or 3 times in a week</th>
<th>4 or more times in a week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Running: running while playing a sport or jogging</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cutting: changing directions while running</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decelerating: coming to a quick stop while running</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Currently</th>
<th>Less than one time in a month</th>
<th>One time in a month</th>
<th>One time in a week</th>
<th>2 or 3 times in a week</th>
<th>4 or more times in a week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Running: running while playing a sport or jogging</td>
<td></td>
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