

# QUESTIONNAIRE FOR KNEE ARTHROPLASTY

## Patient Details

Name : Name of Hospital :  
Age/Sex : State :  
Address : Consultant Surgeon :  
Occupation :  
Height :  
Weight :

Implant Company: Smith & Nephew ☐ Depuy ☐ Biomet ☐ Stryker ☐  
DJO ☐ Other ☐ (Mention if Other)

Type Of Implant: Cruciate Retaining ☐ Posterior Stabilising ☐ Constrained ☐  
Hinge Knee ☐ Megaprosthesis ☐ Other ☐  
(Mention If other)

### Femoral Component:

Size: \_\_\_\_\_ Prothesis Name: \_\_\_\_\_

### Bone Defects (Femur):

None ☐ 1-5 mm ☐ 5-10 mm ☐ >10 mm ☐

### Femoral Spacers:

None ☐ Distal femur (Medial) ☐ Distal Femur (Lateral) ☐  
Post Condyle (Medial) ☐ Post Condyle (Lateral) ☐ Other ☐ (Mention if other)

### Bone Cement (Femur):

No ☐ Yes ☐ (If Yes) Name: \_\_\_\_\_

### Tibial Component:

Size: \_\_\_\_\_ Name: \_\_\_\_\_

### Bone Defect (Tibia):

No ☐ Yes ☐

### Tibial Spacers:

No ☐ Medial ☐ Lateral ☐  
(If Yes) None ☐ Block ☐ Screw ☐ Wedges ☐  
Bone Cement ☐ Bone Grafts ☐ Other ☐  
(Mention if other)

### Bone Cement (Tibia):

No ☐ Yes ☐ (if Yes) Name: \_\_\_\_\_

### Patella Component:

None ☐ Cemented ☐ Uncemented

### Articular Insert:

Size: \_\_\_\_\_ Name: \_\_\_\_\_

### Computer Assisted/ Navigation:

No ☐ Yes ☐ System Name: \_\_\_\_\_

### Indications:

Primary: Osteoarthritis ☐  
Rheumatoid Arthritis ☐  
Other Inflammatory Arthritis ☐  
Varus Deformity ☐  
Valgus Deformity ☐  
Dysplasia ☐  
Tumor ☐  
Other ☐ (Mention if other)

Revision: Loosening ☐  
Lysis ☐  
Dislocation ☐  
Infection ☐  
Implant Failure ☐  
Fracture ☐  
Other ☐ (Mention if other)

### Optimal Method:

Partial Arthroplasty ☐  
Cemented ☐  
Uncemented ☐  
Hybrid ☐  
Bone Grafting ☐  
Augment ☐  
Other ☐ (Mention if other)