

**EXAMINATION BEFORE KNEE ARTHROPLASTY**

lastname: \_\_\_\_\_ forename : \_\_\_\_\_ birthday: / /  
 right / left sexe: M / F height: cm weight: Kg BMI = Date : / /

**COMPLAINT:**

0. coming :  sudden  progressive date of first problems: / /

1. pain :  never  occasionally  only stairs climbing  doing efforts  walking & stairs  daily permanent  day & night

2. swelling :  never  occasionally  doing efforts  permanent

3. blocage yes / no

4. patella pain  never  occasionally  mild  severe  invalid pain

5. instability yes / no  occasionally  frequently  permanently

6. stairs:  ↗ et ↘ normal  ↗ normal ↘ with railing  ↗ with , ↘ step by step  ↗ et ↘ impossible or backing

7. walking distance  unlimited  > 2 Km  1,5 à 2 Km  0,5 à 1,5 Km  < 500 m  home

8. walking help:  1 crutch  2 crutches  walker frame

**CLINICAL EXAM:**

1. aspect :  normal  inflammatory  swelling

2. motion:  
 ACTIVE: Extension : \_\_\_\_\_° Flexion : \_\_\_\_\_°  
 PASSIVE: Extension : \_\_\_\_\_° Flexion : \_\_\_\_\_°  
 flessum  recurvatum  < 10°  10° à 20°  >20°

3. ligament balance : ANT/POST:  <5mm  5 à 9mm  >10mm  
 LATÉRAL  +  ++  +++  
 MÉDIAL  +  ++  +++

4. muscles  amyotrophy: yes/no force:  normal  average  deficit

5. other joint involvement:

	safe	operation- date/type	No operated	N R
contralateral knee				
contralateral hip				
contralateral ankle				
homolateral hip				
homolateral ankle				

**PREVIOUS TREATMENTS ON THE AFFECTED KNEE**

1. médical treatments

- analgesics     anti-inflammatory non Steroid     corticoïds     narcotics
- articular injections     visco-supplémentation    Nb: \_ \_ \_ \_ date of the last one: / /
- previous Neuro-algodystrophy

2. surgical treatments

RIGHT	ACL-PCL-LCL	meniscus	fracture	TTT	PATELLA	OSTEOTOMY
type		MED/LAT				femur/tibia med/lat
date						

LEFT	ACL-PCL-LCL	meniscus	fracture	TTT	PATELLA	OSTEOTOMY
type		MED/LAT				femur/tibia med/lat
date						

comments:

**RADIOLOGY:**

	RIGHT	LEFT
FEMORO-TIBIAL AXIS		
FEMORAL EPIPHYSEAL VALGUS		
TIBIAL EPIPHYSEAL VARUS		
PATELLA CENTER +/- Arthrosis		
PATELLA SUB-LUX +/- Arthrosis		
PATELLA DISLOCAT +/-Arthrosis		
PATELLA HIGHT - index CATON		
TIBIAL SLOPE		
FEMORAL OFFSET		
CORONAL DISLOCATION		

X-Ray SHUSS: defect	NONE	< 50%	> 50%
RIGHT MEDIAL			
RIGHT LATERAL			
LEFT MEDIAL			
LEFT LATERAL			

comments:

MRI

Date: / /

OSTEO-DENSITOMÉTRY Date: / /

BIOLOGY

Date: / /

VS=

CRP=

Fbng=

BLOOD COUNT=

Hb:

CO-MORBIDITY

- heart disease     diabetes NIDDM - IDDM     deep veinous thrombosis     artéritic     obésity
- ostéoporosis     rhumatoïd disease     Previous infection : URO - DERMATO - DENTAL
- other:

DIAGNOSTIC

- primary arthrosis     post-trauma arthrosis     avascular nécrosis     inflammatory arthritis
- comments:**

SURGERY PROPOSED: ----- date: / /