

## The New Knee Society Knee Scoring System

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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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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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**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)**

<b>1- Pain with level walking</b>											<b>(10 - Score)</b>
0	1	2	3	4	5	6	7	8	9	10	
<b>none</b>						<b>severe</b>					
<b>2- Pain with stairs or inclines</b>											<b>(10 - Score)</b>
0	1	2	3	4	5	6	7	8	9	10	
<b>none</b>						<b>severe</b>					
<b>3- Does this knee feel "normal" to you?</b>											<b>(5 points)</b>
<input type="radio"/> Always (5 pts) <input type="radio"/> Sometimes (3 pts) <input type="radio"/> Never (0 pts)											

**Maximum total points (25 points)**

**PATIENT SATISFACTION**

<b>1- Currently, how satisfied are you with the pain level of your knee while sitting?</b>					<b>(8 points)</b>
<input type="radio"/> Very Satisfied (8 pts)	<input type="radio"/> Satisfied (6 pts)	<input type="radio"/> Neutral (4 pts)	<input type="radio"/> Dissatisfied (2 pts)	<input type="radio"/> Very Dissatisfied (0 pts)	
<b>2- Currently, how satisfied are you with the pain level of your knee while lying in bed?</b>					<b>(8 points)</b>
<input type="radio"/> Very Satisfied (8 pts)	<input type="radio"/> Satisfied (6 pts)	<input type="radio"/> Neutral (4 pts)	<input type="radio"/> Dissatisfied (2 pts)	<input type="radio"/> Very Dissatisfied (0 pts)	
<b>3- Currently, how satisfied are you with your knee function while getting out of bed?</b>					<b>(8 points)</b>
<input type="radio"/> Very Satisfied (8 pts)	<input type="radio"/> Satisfied (6 pts)	<input type="radio"/> Neutral (4 pts)	<input type="radio"/> Dissatisfied (2 pts)	<input type="radio"/> Very Dissatisfied (0 pts)	
<b>4- Currently, how satisfied are you with your knee function while performing light household duties?</b>					<b>(8 points)</b>
<input type="radio"/> Very Satisfied (8 pts)	<input type="radio"/> Satisfied (6 pts)	<input type="radio"/> Neutral (4 pts)	<input type="radio"/> Dissatisfied (2 pts)	<input type="radio"/> Very Dissatisfied (0 pts)	
<b>5- Currently, how satisfied are you with your knee function while performing leisure recreational activities?</b>					<b>(8 points)</b>
<input type="radio"/> Very Satisfied (8 pts)	<input type="radio"/> Satisfied (6 pts)	<input type="radio"/> Neutral (4 pts)	<input type="radio"/> Dissatisfied (2 pts)	<input type="radio"/> 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)**

**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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
2 - Turning or pivoting on your leg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
3 - Climbing up or down a flight of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
4 - Getting up from a low couch or a chair without arms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
5 - Getting into or out of a car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
6 - Moving laterally (stepping to the side)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Maximum points (30 points)</b>								<input type="text"/>

**ADVANCED ACTIVITIES (25 points)**

1 - Climbing a ladder or step stool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
2 - Carrying a shopping bag for a block	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
3 - Squatting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
4 - Kneeling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
5 - Running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Maximum points (25 points)</b>								<input type="text"/>

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Page 7/7

**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 style="width: 100%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input style="width: 50px; height: 20px;" type="text"/>
2. <input style="width: 100%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input style="width: 50px; height: 20px;" type="text"/>
3. <input style="width: 100%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input style="width: 50px; height: 20px;" type="text"/>

**Maximum points (15 points)**

**Maximum total points (100 points)**

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## Appendix 2

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Page 1/7

## KNEE SOCIETY SCORE: POST-OP

<b>DEMOGRAPHIC INFORMATION</b> (To be completed by patient)		
<b>1- Today's date</b> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>2- Date of birth</b> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Enter dates as: mm/dd/yyyy		
<b>3- Height (ft' in")</b> <input type="text"/> <input type="text"/>	<b>4- Weight (lbs.)</b> <input type="text"/> <input type="text"/> <input type="text"/>	<b>5- Sex</b> <input type="radio"/> Male <input type="radio"/> Female
<b>6- Side of this (surgically treated) knee</b> <input type="radio"/> Left <input type="radio"/> Right		If both knees have been operated on, please use a different form for each knee
<b>7- Ethnicity</b> <input type="radio"/> Native Hawaiian or other Pacific Islander <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Hispanic or Latino <input type="radio"/> Arab or Middle Eastern <input type="radio"/> African American or Black <input type="radio"/> Asian <input type="radio"/> White		
<b>8- Please indicate date and surgeon for your knee replacement operation</b>		
<b>Date</b> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Name of Surgeon</b> <input style="width: 100%;" type="text"/>	
Enter dates as: mm/dd/yyyy		
<b>9- Was this a primary or revision knee replacement?</b> <input type="radio"/> Primary <input type="radio"/> Revision		
<b>To be completed by surgeon</b>		
<b>10- Charnley Functional Classification (Use Code Below)</b>		<input style="width: 40px; height: 20px;" type="text"/>
A Unilateral Knee Arthritis	C1 TKR, but remote arthritis affecting ambulation	
B1 Unilateral TKA, opposite knee arthritic	C2 TKR, but medical condition affecting ambulation	
B2 Bilateral TKA	C3 Unilateral or Bilateral TKA with Unilateral or Bilateral THR	

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**OBJECTIVE KNEE INDICATORS (To be completed by surgeon)**

<b>ALIGNMENT</b>	
<b>1- Alignment: measured on AP standing Xray (Anatomic Alignment)</b>	<b>25 point max</b>
Neutral: 2-10 degrees valgus (25 pts)	<input style="width: 60px; height: 25px;" type="text"/>
Varus: < 2 degrees valgus (-10 pts)	
Valgus: > 10 degrees valgus (-10 pts)	

<b>INSTABILITY</b>	
<b>2- Medial / Lateral Instability: measured in full extension</b>	<b>15 point max</b>
None (15 pts)	<input style="width: 60px; height: 25px;" type="text"/>
Little or < 5 mm (10 pts)	
Moderate or 5 mm (5 pts)	
Severe or > 5 mm (0 pts)	
<b>3- Anterior / Posterior Instability: measured at 90 degrees</b>	<b>10 point max</b>
None (10 pts)	<input style="width: 60px; height: 25px;" type="text"/>
Moderate < 5 mm (5 pts)	
Severe > 5 mm (0 pts)	

<b>JOINT MOTION</b>	
<b>4- Range of motion (1 point for each 5 degrees)</b>	<input style="width: 60px; height: 25px;" type="text"/>
<b>Deductions</b>	
<b>Flexion Contracture</b>	
1-5 degrees (-2 pts)	<b>Minus Points</b> <input style="width: 60px; height: 25px;" type="text"/>
6-10 degrees (-5 pts)	
11-15 degrees (-10 pts)	
> 15 degrees (-15 pts)	
<b>Extensor Lag</b>	
<10 degrees (-5 pts)	<b>Minus Points</b> <input style="width: 60px; height: 25px;" type="text"/>
10-20 degrees (-10 pts)	
> 20 degrees (-15 pts)	

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### SYMPTOMS

(To be completed by patient)

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

### PATIENT SATISFACTION

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

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Page 4/7

**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)**



5272547316

Page 6/7

**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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
2 - Turning or pivoting on your leg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
3 - Climbing up or down a flight of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
4 - Getting up from a low couch or a chair without arms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
5 - Getting into or out of a car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
6 - Moving laterally (stepping to the side)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Maximum points (30 points)</b>								<input type="text"/>

**ADVANCED ACTIVITIES (25 points)**

1 - Climbing a ladder or step stool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
2 - Carrying a shopping bag for a block	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
3 - Squatting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
4 - Kneeling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
5 - Running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Maximum points (25 points)</b>								<input type="text"/>

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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. <input style="width: 100%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input style="width: 50px; height: 20px;" type="text"/>
2. <input style="width: 100%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input style="width: 50px; height: 20px;" type="text"/>
3. <input style="width: 100%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input style="width: 50px; height: 20px;" type="text"/>

**Maximum points (15 points)**

**Maximum total points (100 points)**

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