UKKOR

Improving patient outcomes in knee osteotomy

Welcome to the UK Knee Osteotomy Registry

As you will be particularly aware, knee osteotomies are procedures to realign your leg close to the knee joint. They are often performed in the younger, (more) athletic population. This registry has been designed by knee surgeons to further our understanding of knee osteotomy outcomes. It will allow us to monitor the various techniques and devices we use to establish the most effective methods. The registry now has a website (www.ukkor.co.uk) which you can access for more information.

The registry is run by a steering committee of knee osteotomy surgeons with support from the British Association for Surgery of the Knee (BASK) and the British Orthopaedic Association (BOA). All pre and post-operative data will be recorded online by a specialist software Company (Bluespier) on a specifically designed database (Amplitude). All patient data will be stored securely on a server which has the required European certification (ISO 27001:2005) for data transfer and storage. Bluespier were appointed due to their previous expertise in this field and they have got clearance from the Information Commissioner to obtain, process and store patient specific data.

In order to record your 'outcome' we would need you to complete questionnaires about your general health and knee function. In future your outcome scores will be collected online and you will receive a prompt to do so by email. This online evaluation will reduce the need for you to attend outpatient clinics for your follow up. This will occur prior to surgery and at later stages during your recovery. We apologise for the burden of the questionnaires - but this information is essential to demonstrate efficacy.

Certain key pieces of personal information – for example, date of birth, address and NHS number – are required to ensure that we attribute all data appropriately and accurately. Your personal identity and information will only be available to the treating consultant and his surgical team. Selected support staff will also have restricted access to the database to enter basic administrative details. Access to your information is specifically restricted to those who will be treating you and confidentiality will be preserved at all times.

Progression of joint degeneration (further arthritis) may occur in the years following knee osteotomy. The final outcome (of osteotomy surgery) is still not clear to us and for that reason we will retain all recorded information indefinitely in order that we may also learn more about the 'final' result.

The outcome results from this registry will drive research for presentation at medical meetings and publications in the medical literature. This will be done in a form that prevents identification of the patients who have participated.

Patient Consent Form

We hope that you will agree to complete these online outcome scores and allow us to manage your data appropriately in this registry.

We will assume your consent to the above if you enter the details below:

Name: _____

Your DOB (DD/MM/YYYY): _____

Todays date (DD/MM/YYYY): _____

Signature: _____

Email Address: _____

Mobile number: _____

Home Address: _____

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Produced by UKKOR Steering Committee

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Please complete this page both before and after your surgery

Which knee do these answer relate to ?

- Left ☐
- Right ☐

At the time of your surgery were / are you:

- A smoker ?
- Diabetic ?
- Normally Fit & Well ?
- Do / Did you have other medical problems?

If you know these details....

- Your height ?
- Your weight ?

Were you fitted with an off - loader brace prior to surgery ?

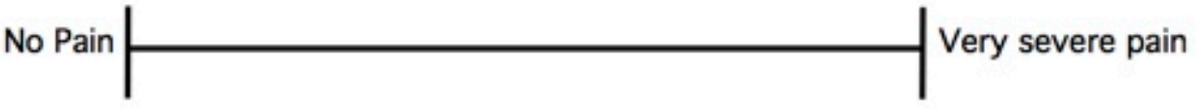
Did this reduce your pain ?

Todays Date:

Time of Day:

How severe is your knee pain at present ?

Place a vertical mark on the line below to indicate how bad you feel your pain is now.



Please complete this page if you have had your surgery

Did you experience any of the following problems after your operation ?

- ☐ Wound problems
- ☐ Bleeding
- ☐ Blood clots
- ☐ Urinary symptoms
- ☐ Allergy / drug reaction

Have you been readmitted to hospital with your knee problem ?

Have you had another operation on your knee since your osteotomy ?

Has your plate been removed ?

How would you describe the results of your operation ?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

Overall, how are the problems now in your knee compared to before the operation ?

- ☐ Much Better
- ☐ A little better
- ☐ About the same
- ☐ A little worse
- ☐ Much worse

Would you have the operation again ?

What was your satisfaction (0 -10) ?

What was the worst thing about the operation ?

What was the best thing about the operation?

Pre-op occupation ?

Post-op occupation ?

Time off work (months) ?

Pre-op sports participation ?

Post op - sports participation ?

Time to return to sport (months) ?

Under each heading, please tick the ONE box that best describes your health TODAY

MOBILITY

I have no problems in walking about ❑
I have slight problems in walking about ❑
I have moderate problems in walking about ❑
I have severe problems in walking about ❑
I am unable to walk about ❑

SELF-CARE

I have no problems washing or dressing myself ❑
I have slight problems washing or dressing myself ❑
I have moderate problems washing or dressing myself ❑
I have severe problems washing or dressing myself ❑
I am unable to wash or dress myself ❑

USUAL ACTIVITIES *(e.g. work, study, housework, family or leisure activities)*

I have no problems doing my usual activities ❑
I have slight problems doing my usual activities ❑
I have moderate problems doing my usual activities ❑
I have severe problems doing my usual activities ❑
I am unable to do my usual activities ❑

PAIN / DISCOMFORT

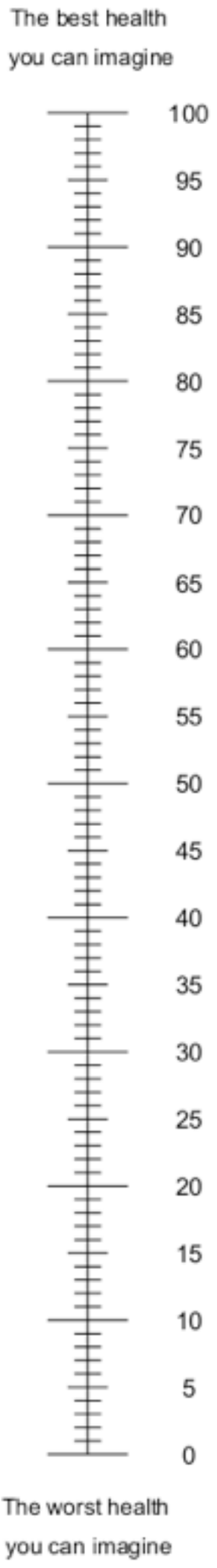
I have no pain or discomfort ❑
I have slight pain or discomfort ❑
I have moderate pain or discomfort ❑
I have severe pain or discomfort ❑
I have extreme pain or discomfort ❑

ANXIETY / DEPRESSION

I am not anxious or depressed ❑
I am slightly anxious or depressed ❑
I am moderately anxious or depressed ❑
I am severely anxious or depressed ❑
I am extremely anxious or depressed ❑

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
  0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY = ☐



Oxford Knee Score (maximum 48)

During the past four weeks....

1. How would you describe the pain you **usually** have from your knee ?

- ☐ none 4
- ☐ very mild 3
- ☐ mild 2
- ☐ moderate 1
- ☐ severe 0

2. Have you had any trouble washing and drying yourself (all over) **because of your knee** ?

- ☐ no trouble at all 4
- ☐ very little trouble 3
- ☐ moderate trouble 2
- ☐ extreme difficulty 1
- ☐ impossible to do 0

3. Have you had any trouble getting in and out of a car, or using public transport **because of your knee** ? (whichever you tend to use)

- ☐ no trouble at all 4
- ☐ very little trouble 3
- ☐ moderate trouble 2
- ☐ extreme difficulty 1
- ☐ impossible to do 0

4. For how long are you able to walk before the **pain from your knee** becomes **severe** ? (with or without a stick)

- ☐ no pain, therefore walking > 30 minutes 4
- ☐ 16 - 30 minutes 3
- ☐ 5 - 15 minutes 2
- ☐ around the house only 1
- ☐ not able to walk at all - pain is too severe 0

5. After a meal (sat at a table), how painful has it been for you to stand up from a chair **because of your knee** ?

- ☐ not at all painful 4
- ☐ slightly painful 3
- ☐ moderately painful 2
- ☐ very painful 1
- ☐ unbearable 0

6. Have you been limping when walking, **because of your knee** ?

- ☐ rarely / never 4
- ☐ sometimes or just at first 3
- ☐ often, not just at first 2
- ☐ most of the time 1
- ☐ all of the time 0

7. **Could** you kneel down and get up again afterwards ?

- ☐ yes, easily 4
- ☐ with little difficulty 3
- ☐ with moderate difficulty 2
- ☐ with extreme difficulty 1
- ☐ no, impossible 0

8. Are you troubled by **pain from your knee** at night in bed ?

- ☐ not at all 4
- ☐ only one or two nights 3
- ☐ some nights 2
- ☐ most nights 1
- ☐ every night 0

9. How much has the **pain from your knee** interfered with your usual work ? (including housework)

- ☐ not at all 4
- ☐ a little bit 3
- ☐ moderately 2
- ☐ greatly 1
- ☐ totally 0

10. Have you felt your knee might suddenly “give way” or let you down ?

- ☐ rarely / never 4
- ☐ sometimes or just at first 3
- ☐ often, not just at first 2
- ☐ most of the time 1
- ☐ all of the time 0

11. **Could** you do household shopping **on your own** ?

- ☐ yes, easily 4
- ☐ with little difficulty 3
- ☐ with moderate difficulty 2
- ☐ with extreme difficulty 1
- ☐ no, impossible 0

12. **Could** you walk down a flight of stairs ?

- ☐ yes, easily 4
- ☐ with little difficulty 3
- ☐ with moderate difficulty 2
- ☐ with extreme difficulty 1
- ☐ no, impossible 0

OKS - Activity and Participation Questionnaire (maximum 32)

Please consider these statements when thinking about the past four weeks....

1. It is a problem for me to do activities (e.g. sports, dancing, walking) to the level I want, **because of my knee**

- ☐ strongly agree 0
- ☐ tend to agree 1
- ☐ neither agree nor disagree 2
- ☐ tend to disagree 3
- ☐ strongly disagree 4

2. It is a problem for me to carry heavy things (e.g. items at work, shopping or a child), **because of my knee**

- ☐ strongly agree 0
- ☐ tend to agree 1
- ☐ neither agree nor disagree 2
- ☐ tend to disagree 3
- ☐ strongly disagree 4

3. I need to modify my work or everyday activities, **because of my knee**

- ☐ strongly agree 0
- ☐ tend to agree 1
- ☐ neither agree nor disagree 2
- ☐ tend to disagree 3
- ☐ strongly disagree 4

4. I need to plan carefully before going out for the day, **because of my knee** (e.g. taking painkillers, using a knee brace or checking that there will be places to sit down)

- ☐ strongly agree 0
- ☐ tend to agree 1
- ☐ neither agree nor disagree 2
- ☐ tend to disagree 3
- ☐ strongly disagree 4

5. It is a problem for me to fully take part in activities with friends and family, **because of my knee**

- ☐ strongly agree 0
- ☐ tend to agree 1
- ☐ neither agree nor disagree 2
- ☐ tend to disagree 3
- ☐ strongly disagree 4

6. It is a problem for me to walk at the pace I would like, **because of my knee**

- ☐ strongly agree 0
- ☐ tend to agree 1
- ☐ neither agree nor disagree 2
- ☐ tend to disagree 3
- ☐ strongly disagree 4

7. It is a problem for me to twist or turn, as **my knee** may give way or be painful

- ☐ strongly agree 0
- ☐ tend to agree 1
- ☐ neither agree nor disagree 2
- ☐ tend to disagree 3
- ☐ strongly disagree 4

8. It is a problem for me that I need to take longer to do everyday activities, **because of my knee**

- ☐ strongly agree 0
- ☐ tend to agree 1
- ☐ neither agree nor disagree 2
- ☐ tend to disagree 3
- ☐ strongly disagree 4

The Self-Administered Comorbidity Questionnaire

The following is a list of common problems. Please indicate if you currently have the problem in the first column. If you do not have the problem, skip to next problem.

If you do have the problem, please indicate in the second column if you receive medications or some other type of treatment for the problem.

In the third column indicate if the problem limits any of your activities.

Finally, indicate all medical conditions that are not listed under "other medical problems" at the end of the page.

	Do you have the problem?		**Do you receive treatment for it?**		**Does it limit your activities?**	
PROBLEM	No (0)	Yes (1)	No (0)	Yes (1)	No (0)	Yes (1)
Heart disease	N	Y	N	Y	N	Y
High blood pressure	N	Y	N	Y	N	Y
Lung disease	N	Y	N	Y	N	Y
Diabetes	N	Y	N	Y	N	Y
Ulcer or stomach disease	N	Y	N	Y	N	Y
Kidney disease	N	Y	N	Y	N	Y
Liver disease	N	Y	N	Y	N	Y
Anemia or other blood disease	N	Y	N	Y	N	Y
Cancer	N	Y	N	Y	N	Y
Depression	N	Y	N	Y	N	Y
Osteoarthritis, degenerative arthritis	N	Y	N	Y	N	Y
Back pain	N	Y	N	Y	N	Y
Rheumatoid arthritis	N	Y	N	Y	N	Y
Other medical problems (please write in)						
_____	N	Y	N	Y	N	Y
_____	N	Y	N	Y	N	Y

KOOS KNEE SURVEY

Today's date: _____/_____/_____ Date of birth: _____/_____/_____

Name: _____

INSTRUCTIONS: This survey asks for your view about your knee. This information will help us keep track of how you feel about your knee and how well you are able to perform your usual activities.
Answer every question by ticking the appropriate box, only one box for each question. If you are unsure about how to answer a question, please give the best answer you can.

Symptoms

These questions should be answered thinking of your knee symptoms during the **last week**.

S1. Do you have swelling in your knee?

Never	Rarely	Sometimes	Often	Always
☐	☐	☐	☐	☐

S2. Do you feel grinding, hear clicking or any other type of noise when your knee moves?

Never	Rarely	Sometimes	Often	Always
☐	☐	☐	☐	☐

S3. Does your knee catch or hang up when moving?

Never	Rarely	Sometimes	Often	Always
☐	☐	☐	☐	☐

S4. Can you straighten your knee fully?

Always	Often	Sometimes	Rarely	Never
☐	☐	☐	☐	☐

S5. Can you bend your knee fully?

Always	Often	Sometimes	Rarely	Never
☐	☐	☐	☐	☐

Stiffness

The following questions concern the amount of joint stiffness you have experienced during the **last week** in your knee. Stiffness is a sensation of restriction or slowness in the ease with which you move your knee joint.

S6. How severe is your knee joint stiffness after first wakening in the morning?

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

S7. How severe is your knee stiffness after sitting, lying or resting **later in the day**?

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

Pain

P1. How often do you experience knee pain?

Never	Monthly	Weekly	Daily	Always
☐	☐	☐	☐	☐

What amount of knee pain have you experienced the **last week** during the following activities?

P2. Twisting/pivoting on your knee

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

P3. Straightening knee fully

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

P4. Bending knee fully

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

P5. Walking on flat surface

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

P6. Going up or down stairs

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

P7. At night while in bed

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

P8. Sitting or lying

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

P9. Standing upright

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

Function, daily living

The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

A1. Descending stairs

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A2. Ascending stairs

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

A3. Rising from sitting

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A4. Standing

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A5. Bending to floor/pick up an object

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A6. Walking on flat surface

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A7. Getting in/out of car

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A8. Going shopping

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A9. Putting on socks/stockings

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A10. Rising from bed

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A11. Taking off socks/stockings

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A12. Lying in bed (turning over, maintaining knee position)

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A13. Getting in/out of bath

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A14. Sitting

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A15. Getting on/off toilet

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

A16. Heavy domestic duties (moving heavy boxes, scrubbing floors, etc)

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A17. Light domestic duties (cooking, dusting, etc)

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

Function, sports and recreational activities

The following questions concern your physical function when being active on a higher level. The questions should be answered thinking of what degree of difficulty you have experienced during the **last week** due to your knee.

SP1. Squatting

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

SP2. Running

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

SP3. Jumping

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

SP4. Twisting/pivoting on your injured knee

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

SP5. Kneeling

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

Quality of Life

Q1. How often are you aware of your knee problem?

Never	Monthly	Weekly	Daily	Constantly
☐	☐	☐	☐	☐

Q2. Have you modified your life style to avoid potentially damaging activities to your knee?

Not at all	Mildly	Moderately	Severely	Totally
☐	☐	☐	☐	☐

Q3. How much are you troubled with lack of confidence in your knee?

Not at all	Mildly	Moderately	Severely	Extremely
☐	☐	☐	☐	☐

Q4. In general, how much difficulty do you have with your knee?

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

Thank you very much for completing all the questions in this questionnaire.