(For Internal Use Only)

| Patient Study Number | Completed By:_____<br>Clinic:_____ |
|---|---|
| Visit Date (MM/DD/YY)<br>__ __ / __ __ / __ __ | Visit Schedule *(check appropriate box)*<br>☐ 3 mo ☐ 6 mo<br>☐ 12 mo ☐ 24 mo |

# *I.M.P.R.E.S.S*
## *Modified Knee Society Clinical Rating Score v1.2*
**To be completed by the PHYSICIAN**

**Directions:** *Answer every question by filling in the correct circle or writing in the information. If you need to change an answer, completely erase or cross out the incorrect mark, initial, and fill in the correct information.* **Mark only one answer for each question unless otherwise instructed. Shade circles like this: ●**

**01. Which knee is being evaluated?** *(Mark only one)*
- ○ Left
- ○ Right

**Pain**

**02. Pain intensity**
- ○ None
- ○ Mild or occasional
- ○ Mild, stairs only
- ○ Mild, walking and stairs
- ○ Moderate, occasional
- ○ Moderate, continuous
- ○ Severe

**03. Range of motion**
*(Report hyperextension in negative degrees)*

a. Extension |___|___|___|°

b. Flexion |___|___|___|°

**Stability** *(Maximum movement in any position)*

**04. Anteroposterior stability**
- ○ < 5 mm
- ○ 5-10 mm
- ○ > 10 mm

**05. Mediolateral stability**
- ○ < 5 degrees
- ○ 5-9 degrees
- ○ 10-14 degrees
- ○ > 14 degrees

**Deductions**

**06. Flexion contracture (passive)**
- ○ 0-4 degrees
- ○ 5-9 degrees
- ○ 10-15 degrees
- ○ 16-20 degrees
- ○ > 20 degrees

**07. Extension lag (active)**
- ○ None
- ○ < 10 degrees
- ○ 10-20 degrees
- ○ > 20 degrees

**08. Anatomic Alignment** *(Specify degrees)*

| Varus | | | | | Neutral | | | | | | Valgus | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| <1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | >14 |

**Function**

**09. Walking ability**
- ○ Unlimited
- ○ > 10 blocks
- ○ 5-10 blocks
- ○ < 5 blocks
- ○ Housebound
- ○ Unable

**10. Ability to climb stairs**
- ○ Normal up and down
- ○ Normal up, down with rail
- ○ Up and down with rail
- ○ Up with rail, unable to go down
- ○ Unable

**11. Are there other factors, besides the evaluated knee, that limits patient function?**
- ○ Yes *(Specify below)*
- ○ No

_____

**Deductions**

**12. Walking support**
- ○ None
- ○ Cane
- ○ Two canes
- ○ Crutches, walker or other

**13a. Is the evaluated knee the primary reason for support?**
- ○ Yes
- ○ No *(Specify)*:_____

**14. What is the status of the contralateral knee?**
- ○ Normal
- ○ Arthritis limits function
- ○ TKA, but does not limit function
- ○ TKA limits function

**15. What medications are currently being taken by the patient for pain?** *(Mark all that apply)*
- ○ None
- ○ Acetaminophen
- ○ Narcotic analgesics
- ○ NSAIDs
- ○ Oral steroids
- ○ Other *(Specify below)*

_____

**16. What is the patient's weight bearing status for the affected limb(s)?**
- ○ Full weight bearing
- ○ Partial weight bearing
- ○ Non-weight bearing

**17. Is the range of motion limited by soft tissues?**
- ○ Yes
- ○ No



Modified from Insall JN, et. al., Clinical Orthopaedics and Related Research. 248:13-14, 1989