

S.O.L.V.E.D

Modified Knee Society

Clinical Rating Score v1.2

To be completed by the PHYSICIAN

(For Internal Use Only)

Patient Study Number	Completed By: _____
	Clinic: _____
Visit Date (MM/DD/YY) ____ / ____ / ____	Visit Schedule (check appropriate box) <input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 24 mo

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 ☐ Moderate, occasional
☐ Mild or occasional ☐ Moderate, continuous
☐ Mild, stairs only ☐ Severe
☐ Mild, walking and stairs

- 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 ☐ 10-14 degrees
☐ 5-9 degrees ☐ > 14 degrees

Deductions

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

- 07. Extension lag (active)**
☐ None ☐ 10-20 degrees
☐ < 10 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 ☐ < 5 blocks
☐ > 10 blocks ☐ Housebound
☐ 5-10 blocks ☐ Unable

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

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

Deductions

- 12. Walking support**
☐ None ☐ Two canes
☐ Cane ☐ 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 ☐ NSAIDs
☐ Acetaminophen ☐ Oral steroids
☐ Narcotic analgesics ☐ 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