

# Threshold for knee replacement

## Oxford Knee Score

| Clinician's name  | Patient's name   |
|---|--|
| Please answer the following 12 multiple choice question   | ons.   |
| During the past 4 weeks   |  |
| 1. How would you describe the pain you usually have in your knee?   | 7. Could you kneel down and get up again afterwards?                                       |
| ○ None  | ○ Yes, easily  |
| ⊖ Very mild   | O With little difficulty   |
| ⊖ Mild  | With moderate difficulty   |
| ⊖ Moderate  | <ul> <li>With extreme difficulty</li> </ul>  |
| ⊖ Severe  | ○ No, impossible   |
| 2. Have you had any trouble washing and drying yourself (all over) because of your knee?  | 8. Are you troubled by pain in your knee at night in bed?                                  |
| ◯ No trouble at all   | ◯ Not at all   |
| O Very little trouble   | Only one or two nights   |
| O Moderate trouble  | ◯ Some nights  |
| O Extreme difficulty  | O Most nights  |
| O Impossible to do  | ○ Every night  |
| 3. Have you had any trouble getting in and out of the car of using public transport because of your knee? (With or without a stick) | 9. How much has pain from your knee interfered with your usual work? (including housework) |
| ○ No trouble at all   | ○ Not at all   |
| O Very little trouble   | ◯ A little bit   |
| O Moderate trouble  | O Moderately   |
| O Extreme difficulty  | ⊖ Greatly  |
| O Impossible to do  | ○ Totally  |
| 4. For how long are you able to walk before the pain in you knee becomes severe? (With or without a stick)                          | IT 10. Have you felt that your knee might suddenly give away or let you down?              |
| ◯ No pain > 60 min  | ⊖ Rarely / Never   |
| ○ 16 - 60 minutes   | <ul> <li>Sometimes or just at first</li> </ul>   |
| 5 - 15 minutes  | Often, not at first  |
| <ul> <li>Around the house only</li> </ul>   | <ul> <li>Most of the time</li> </ul>   |

O Not at all - severe on walking

 $\bigcirc\,$  All the time

| 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? | 11. Could you do household shopping on your own?   |
|--|--|
| ○ Not at all painful   | ⊖ Yes, easily  |
| <ul> <li>Slightly painful</li> </ul>   | <ul> <li>With little difficulty</li> </ul>   |
| <ul> <li>Moderately pain</li> </ul>  | <ul> <li>With moderate difficulty</li> </ul>   |
| ⊖ Very painful   | ○ With extreme difficulty  |
|  | ○ No, impossible   |
|  |  |
| <ul> <li>Unbearable</li> <li>6. Have you been limping when walking, because of your knee?</li> </ul>             | 12. Could you walk down a flight of stairs?  |
| 6. Have you been limping when walking, because of your   |  |
| 6. Have you been limping when walking, because of your knee?   | 12. Could you walk down a flight of stairs?  |
| 6. Have you been limping when walking, because of your knee?   | 12. Could you walk down a flight of stairs?         O Yes, easily                              |
| 6. Have you been limping when walking, because of your knee? Rarely / never Sometimes or just at first           | 12. Could you walk down a flight of stairs?         Yes, easily         With little difficulty |

## The Oxford Knee Score is:

### Grading for the Oxford Knee Score

| Score 0 to 19  | May indicate severe knee arthritis. It is highly likely that you may well require some form of surgical intervention, contact your family physician for a consult with an Orthopaedic Surgeon.   |
|----------------|--|
| Score 20 to 29 | May indicate moderate to severe knee arthritis. See your family physician for an assessment and x-ray. Consider a consult with an Orthopaedic Surgeon.   |
| Score 30 to 39 | May indicate mild to moderate knee arthritis. Consider seeing your family physician for<br>an assessment and possible x-ray. You may benefit from non-surgical treatment, such<br>as exercise, weight loss, and /or anti-inflammatory medication |
| Score 40 to 48 | May indicate satisfactory joint function. May not require any formal treatment.  |

**Reference for Score:** Dawson J, Fitzpatrick R, Murray D, Carr A. Questionnaire on the perceptions of patients about total knee replacement. J Bone Joint Surg Br. 1998 Jan;80(1):63-9. Link

### **Reference for Grading: Link**

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