KNEE FORM

Australian Orthopaedic Association
National Joint Replacement Registry

SIDE 1

Place **PATIENT DETAILS** label here
and/or
if any patient details are not available on the hospital label please complete below

Surname: .... Female: ☐ Male: ☐

First Name: .... Middle Initial: ....

Address: ....

.... Post Code: ....

Hospital Patient No: .... DOB: ....../....../.........

Medicare No: .... DVA No. ....
(If applicable)

Name of Hospital: .... State: ....

Consultant Surgeon Code: ....

Weight (kg) .... Height (cm) .... ASA ....

PLEASE COMPLETE THIS SECTION IN FULL
(If bilateral use **TWO** forms)

OPERATION DATE ..../........./........... **L** ☐ **R** ☐

PRIMARY KNEE ☐

includes primary partial or total knee replacement

UNICOMPARTMENTAL Indicate Medial ☐ Lateral ☐

DIAGNOSIS

- Osteoarthritis .... ☐
- Rheumatoid Arthritis .... ☐
- Other Inflammatory Arthritis .... ☐
- Osteonecrosis/Avascular Necrosis .... ☐
- Tumour *specify* .... ☐
  ....
- Other *specify* .... ☐
  ....

REVISION KNEE ☐

includes removal, exchange or addition of one or more components

UNICOMPARTMENTAL Indicate Medial ☐ Lateral ☐

DIAGNOSIS (Tick more than one box if applicable)

- Loosening .... ☐
- Lysis .... ☐
- Infection... ☐
- Implant Breakage *specify* Femoral ☐ Tibial ☐ Patella ☐
- Fracture *specify* .... ☐
- Other *specify* .... ☐

FEMORAL COMPONENTS

(Mark relevant box, place company labels on coloured areas or complete details by hand)

NONE ☐ FEMORAL ☐ STEM ☐

Company ....
Prosthesis Name ....
Cat/Ref No. ....
Lot No. ....

Company ....
Prosthesis Name ....
Cat/Ref No. ....
Lot No. ....

FEMORAL CEMENT NO ☐ YES ☐

See over for tibial or patella cement

CEMENT NAME: ....

(Use company label or complete details: if more than one mix is used, use only 1 label)

FEMORAL SPACERS

(Complete details by marking boxes)

NONE ☐

DISTAL FEMORAL Medial ☐ Lateral ☐

POSTERIOR CONDYLE Medial ☐ Lateral ☐

Please return form to **Locked Bag 2, Hutt St Post Office, ADELAIDE SA 5000**

Please complete Side 2

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TIBIAL COMPONENTS

(Mark relevant box, place company labels on coloured areas or complete details by hand)

NONE ☐ ALL-IN-ONE ☐ BASE PLATE ☐ INSERT ☐ STEM ☐

Company ....
Prosthesis Name ....
Cat/Ref No. ....
Lot No. ....

Company ....
Prosthesis Name ....
Cat/Ref No. ....
Lot No. ....

Company ....
Prosthesis Name ....
Cat/Ref No. ....
Lot No. ....

TIBIAL CEMENT NO ☐ YES ☐

CEMENT NAME: ....

(Use company label or complete details: if more than one mix is used, use only 1 label)

TIBIAL SPACERS

(Complete details by marking boxes)

NONE ☐ **BLOCKS** Medial ☐ Lateral ☐

WEDGES Medial ☐ Lateral ☐

SCREWS **NO** ☐ **YES** ☐ Number ....

PATELLA COMPONENT

(Mark relevant box, place company labels on coloured areas or complete details by hand)

NONE ☐ **YES** ☐

Company ....
Prosthesis Name ....
Cat/Ref No. ....
Lot No. ....

PATELLA CEMENT **NO** ☐ **YES** ☐

CEMENT NAME: ....

(Use company label or complete details: if more than one mix is used, use only 1 label)

TECHNOLOGY ASSISTED *tick all that apply*

Computer Navigated .... **NO** ☐ **YES** ☐
System used: ....
Image Derived Instrumentation (IDI)...................................... **NO** ☐ **YES** ☐
System used: ....
Robotic Assisted .... **NO** ☐ **YES** ☐
System used: ....
Pressure Sensor .... **NO** ☐ **YES** ☐
System used: ....
Other .... **NO** ☐ **YES** ☐
System used: ....

Affix label here if available:

ADDITIONAL COMMENTS (or Extra Labels)

....

ALL SECTIONS of this form MUST be COMPLETED

Thank you for completing this form - For further information contact (08) 8128 4280

Completed by .... **Date** ....../....../.........