# 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**

## 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**