

APPENDIX 1**THE KNEE SOCIETY KNEE SCORE**

Pain		Points
None		50
Mild or Occasional		45
Stairs only		40
Walking and stairs		30
Moderate		
Occasional		20
Continual		10
Severe		0
Range of Motion		Points
(5°=1 point)		25
Stability		Points
Anteroposterior	<5 mm	10
	5-10 mm	5
	10 mm	0
Mediolateral	<5°	15
	6°-9°	10
	10°-14°	5
	15°	0
Flexion Contracture		
5°-10°		-2
10°-15°		-5
16°-20°		-10
>20°		-15
Extension Lag		
<10°		-5
10°-20°		-10
>20°		-15
Alignment		
5°-10°		0
0°-4°		3 points each degree
11°-15°		3 points each degree
> 15°		20

Patient Code:

Measurement No: **1** **2**

None	50
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Stairs only	40
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Walking and stairs	30
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Occasional	20
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Continual	10
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Severe	0
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(5°=1 point) 25

Anteroposterior	<5 mm	10
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5-10 mm 5

10 mm 0

Mediolateral	$<5^\circ$	15
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6°-9° 10

10°-14° 5

15° 0

Subtotal

Flexion Contracture

5°-10° -2

10°-15° -5

16°-20° -10

>20° -15

Extension Lag

$<10^\circ$	-5
$10^\circ-20^\circ$	-10
$>20^\circ$	-15

Alignment

$5^\circ-10^\circ$	0
$0^\circ-4^\circ$	3 points each degree
$11^\circ-15^\circ$	3 points each degree
$> 15^\circ$	20

Subtotal

APPENDIX 3**PATIENT INFORMATION AND CONSENT FORM**

Good Day,

I am Sudhakar Gopal, from the department of physiotherapy at the University of the Witwatersrand, investigating the reliability of the Knee Society Knee Score which is used to assess the knee joint.

What is the need for this study?

We have to measure your improvement after your knee surgery. Knee Society Knee Score is one among the various outcome measures used by physiotherapist to examine the knee joint. We don't know whether it will be consistent in its results when used at Johannesburg Hospital. So it will be grateful if you participate in this study which will examine the reliability of the Knee Society Knee Score.

What do we expect from the participants in the study?

If you agree to participate in the study, we (me and another physiotherapist) will measure how much you can bend and straighten your operated knee, and also check whether it is straight or not. We both will be doing this twice on you so that it will be four times in total on the same day. These are routine measurements taken by doctors and physiotherapists after surgery, and none of the procedures will hurt you. It will not take more than 40 minutes for us to complete.

Will I loose my place in the queue for my consultation due to this procedure?

No. Your place will be secured and we will take you to the doctor for your consultation once your first measurements are taken after your X-rays are done. The second measurements will be taken only when you are done with the doctor.

Is it compulsory to participate in the study?

No. It is your wish to participate in the study and you don't have to give any reason for not participating.

Are there any benefits to the participants?

Even though there are no direct benefits to the participants, the study provides with a good measurement tool for the physiotherapist to serve the patients with the same condition in future.

What about confidentiality?

Confidentiality will be maintained by the use of codes instead of names on all results. Only the two researches will have the list of names and codes.

If you have any quires, more information may be obtained from **Sudhakar Gopal and Wendy Ann-Wood at telephone no: 011 717 3725.**

If you are happy to participate in the study, please read and sign the attached consent form.

Consent Form

I agree to take part in the study being conducted by Sudhakar Gopal, at the Arthroplasty clinic in Johannesburg Hospital.

Name:

Signature:

Date:

APPENDIX 4

ETHICAL CLEARANCE CERTIFICATE

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

R14/49 Gopal

CLEARANCE CERTIFICATE

PROTOCOL NUMBER M060310

PROJECT

Intra-Rater and Inter Rater Reliability of
the Knee Society Knee Score Post Total
Knee Arthroplasty at Johannesburg Hospital

INVESTIGATORS

S Gopal

DEPARTMENT

Physiotherapy Department

DATE CONSIDERED

06.03.31

DECISION OF THE COMMITTEE*

Approved unconditionally

Unless otherwise specified this ethical clearance is valid for 5 years and may be renewed upon application.

DATE 06.04.25

CHAIRPERSON 
(Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable

cc: Supervisor : Mrs WA Wood

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10005, 10th Floor, Senate House, University.

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. I agree to a completion of a yearly progress report.

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

APPENDIX 5

LETTER OF PERMISSION FROM THE HOSPITAL

Private bag X39, Johannesburg 2000, South Africa
Tel: +27 (0) 11 488 4911, Fax: +27 (0) 11 643 1612
www.johannesburghospital.org



PERMISSION FOR RESEARCH

NAME OF RESEARCHER SUDHAKAR GOPAL

TITLE OF RESEARCH PROJECT INTRA- AND INTER-RATER RELIABILITY OF
THE KNEE SOCIETY KNEE SCORE, POST TOTAL KNEE
ARTHROPLASTY AT JOHANNESBURG HOSPITAL

METHODOLOGY (briefly or include a protocol) REFER TO PROTOCOL ATTACHED

CONFIDENTIALITY OF PATIENTS MAINTAINED YES

COST TO THE HOSPITAL NONE

APPROVAL OF HEAD OF DEPARTMENT _____

APPROVAL OF CRHS OF WITS UNIVERSITY IN APPLICATION PROCESS

CLINICAL EXECUTIVE PERMISSIONS

Signature [Signature] Date 7/4/06

Subject to any restrictions Dr. D. Wojciechowski 11/04/2006