Patient Name:
Address:
Date of Birth:
NHS Number
Consultant/Service to whom referral will be made:

**Please send this form with the referral letter.**

## Knee replacement

Instructions for use:
Please refer to policy for full details, complete the checklist and file for future compliance audit.

| The CCG will only fund knee replacement for osteoarthritis when the following criteria have been met | Delete as appropriate | |
|---|---|---|
| Referral has been made to the Knee Pathway **AND** | Yes | No |
| **Patient meets Get Fit First criteria** i.e.<br>• Patient has a BMI of less than 30 ***OR***<br>• Patient has engaged with Get Fit First health improvement and reached target weight (lost 10% from starting weight) ***OR***<br>• If the patients completes Get Fit First health improvement but fails to achieve necessary weight loss then referral is at the discretion of the clinicians involved, however further weight loss will likely be advised and the surgeon may not operate due to increased risk.<br>**AND** | Yes | No |
| Osteoarthritis of the knee causes persistent, severe pain as defined in table 1 **AND** | Yes | No |
| Pain from osteoarthritis of the knee leads to severe loss of functional ability and reduction in quality of life as defined in table 2 **AND** | Yes | No |
| Symptoms have not adequately responded to 6 months of conservative measures* OR conservative measures are contraindicated. Documentation of dates and types of measures is required. | Yes | No |

*If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to the Individual funding request policy for further details.*

* Conservative measures =, oral NSAIDs, physiotherapy or referral to the Knee Referral Pathway and paracetamol based analgesics, intra-articular corticosteroid injections and patient education (e.g. activity / lifestyle modification). See policy for further details.

**Table 1: Classification of pain level**

| **Pain level** | |
|---|---|
| **Slight** | Sporadic pain.(May be daily but comes and goes 25% or less of the day)<br>Pain when climbing/descending stairs.<br>Allows daily activities to be carried out (those requiring great physical activity may be limited). (Able to bathe, dress, cook, and maintain house)<br>Medication, aspirin, paracetamol or NSAIDs to control pain with no/few side effects |
| **Moderate** | Occasional pain.(May be daily and occurs 50-75% of the day)<br>Pain when walking on level surfaces (half an hour, or standing).<br>Some limitation of daily activities.(Occasionally has difficulty with self-care and home maintenance)<br>Medication, aspirin, paracetamol or NSAIDs to control with no/few side effects. |
| **Intense / Severe** | Pain of almost continuous nature.(Occurs 75-100% of the day)<br>Pain when walking short distances on level surfaces (>20ft) or standing for less than half an hour or pain when resting<br>Daily activities significantly limited. (unable to maintain home, cook, bathe or dress without |

| | |
|---|---|
| | difficulty or assistance)<br>Continuous use of NSAIDs or narcotics for treatment to take effect or no response<br>Requires the use of support systems (walking stick, crutches). |

**Table 2: Functional Limitations**

| | |
|---|---|
| **Minor** | Functional capacity adequate to conduct normal activities and self-care<br>Walking capacity of more than one hour<br>No aids needed |
| **Moderate** | Functional capacity adequate to perform only a few of the normal activities and self-care<br>Walking capacity of between half and one hour<br>Aids such as a cane are needed occasionally |
| **Severe** | Largely or wholly incapacitated<br>Walking capacity of less than half hour<br>Cannot move around without aids such as a cane, a walker or a wheelchair. Help of a carer is required. |

**If the above criteria are not met, does the patient meet the following exceptions:–**

| | | |
|---|---|---|
| Patients whose pain is so severe and/or mobility is compromised that they are in immediate danger of losing their independence and that joint replacement would relieve this. (Refer through IFR) | Yes | No |
| Patients whom the destruction of their joint is of such severity that delaying surgical Correction would increase the technical difficulties of the procedure. (Refer through IFR) | Yes | No |

**Patients with co-morbidities should be optimised prior to referral for possible surgery**

| Diabetes | Hypertension | Anaemia | Sleep Apnoea |
|---|---|---|---|
| **HbA1c ≤ 70 nmol/ml** | **BP ≤ 160/100<br>Aim for 140/85 non Diabetic<br>Aim for 140/80 Diabetic** | **Hb > 13 in men<br>Hb > 12 in women** | **Referred for Sleep Studies with STOP BANG Score<br>≥ 5** |