



*For CIHI use only*

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Unique Identifier

# CANADIAN JOINT REPLACEMENT REGISTRY

## Knee Replacement Data Collection Form

*Addressograph*

Hospital Name \_\_\_\_\_

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Surgeon First Name

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Surgeon Last Name

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Patient First Name

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Patient Last Name

Gender  Male  Female

Provincial Health Card Number 

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Province Code

Birthdate 

Y	Y	Y	Y

M	M	M

D	D

Home Postal Code 

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e.g. 2012 APR 05

Hospital Chart Number 

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Surgery Date 

Y	Y	Y	Y

M	M	M

D	D

**Please Complete This Form by Checking (✓) the Appropriate Box(es)**

<b>Side (Location)</b>	Unilateral: <input type="checkbox"/> Left <input type="checkbox"/> Right	<i>If bilateral, complete ONE form PER SIDE</i> Bilateral: <input type="checkbox"/> Left <input type="checkbox"/> Right
<b>Type of Replacement</b>	<b>Check ONE only</b> <input type="checkbox"/> Primary <input type="checkbox"/> Revision	
<b>Type of Primary Procedure</b>	<b>Check ONE only</b> <input type="checkbox"/> Total knee arthroplasty (TKA), including patella <input type="checkbox"/> Unicompartmental arthroplasty (UKA), lateral <input type="checkbox"/> Total knee arthroplasty (TKA), excluding patella <input type="checkbox"/> Patellofemoral arthroplasty (PFA) <input type="checkbox"/> Unicompartmental arthroplasty (UKA), medial <input type="checkbox"/> Other	
<b>Diagnosis Grouping</b> (for Primary Procedure Only)	<b>Check MOST RESPONSIBLE diagnosis for involved knee (check ONE only)</b> <input type="checkbox"/> Degenerative arthritis (e.g. OA) <input type="checkbox"/> Tumour (primary and metastatic, including synovial) <input type="checkbox"/> Inflammatory arthritis (e.g. RA, AS, SLE) <input type="checkbox"/> Fracture (femur or tibia) <input type="checkbox"/> Osteonecrosis (e.g. AVN) <input type="checkbox"/> Other <input type="checkbox"/> Infection	
<b>Reason for Revision</b> (for Revision Procedure Only)	<b>Check MOST RESPONSIBLE reason for revision to involved knee (check ONE only)</b> <input type="checkbox"/> Aseptic loosening <input type="checkbox"/> Pain of unknown origin <input type="checkbox"/> Bearing wear (e.g. poly wear) <input type="checkbox"/> Patella maltracking or instability <input type="checkbox"/> Osteolysis <input type="checkbox"/> Peri-prosthetic fracture (femur or tibia) <input type="checkbox"/> Instability (e.g. dislocation, excludes patella instability) <input type="checkbox"/> Implant fracture (any component) <input type="checkbox"/> Infection—single-stage revision <input type="checkbox"/> Implant dissociation (e.g. stem from tibial tray) <input type="checkbox"/> Infection—stage 1 of two-stage revision <input type="checkbox"/> Arthritis in previously unresurfaced compartment (e.g. patellofemoral, medial or lateral compartment) <input type="checkbox"/> Infection—stage 2 of two-stage revision <input type="checkbox"/> Stiffness <input type="checkbox"/> Other	

**Sticker(s) for Femoral Component**

**Sticker(s) for Tibial Component (Including "All Poly" Tibias)**

**Sticker(s) for Tibial Insert**

**Sticker(s) for Patellar Component**

**Sticker(s) for Cement**

**DO NOT FAX OR MAIL FORMS. Contact CJRR at [cjrr@cihi.ca](mailto:cjrr@cihi.ca) or 416-481-2002.**