

Joint replacement rehabilitation during COVID-19 pandemic

Dear Patient,

The current COVID-19 pandemic has brought us all many challenges, not least to our joint replacement patients. According to our records you had your surgery just as the virus was taking hold and we are aware that the lockdown will have not only affected your access to post-surgery follow up services but also may have had an effect on other aspects of your physical and mental health.

In addition to your routine 6 month questionnaire we would be grateful if you would answer the following questions which will help us understand some of the challenges you have faced during this difficult time. Please send this form back in the same pre-paid envelope as your main questionnaire.

Royal Infirmary of Edinburgh Arthroplasty Service

- Q 1 Do you feel that the COVID-19 pandemic has limited your recovery Yes No after your joint replacement?
- Q 2 If 'Yes', was this due to: (tick as many boxes as apply)
- | | |
|--|--|
| <input type="checkbox"/> Limited access to physiotherapy | <input type="checkbox"/> Restrictions of lockdown |
| <input type="checkbox"/> Not being able to exercise | <input type="checkbox"/> Other health problems |
| <input type="checkbox"/> Lack of access to support from family and friends | <input type="checkbox"/> No face to face follow up |
- Q 3 Did you receive physiotherapy after your joint replacement? Yes No
- Q 4 Have you had concerns about your joint replacement and not been able Yes No to contact healthcare/orthopaedic services?
- Q 5 Were you diagnosed with Covid-19? Yes No
- Q 6 Did you have symptoms of COVID-19 after your joint replacement? Yes No
- Q 7 If 'Yes', which symptoms of COVID-19 did you have? (tick as many boxes as apply)
- | | | |
|---|---|---|
| <input type="checkbox"/> Loss of smell | <input type="checkbox"/> Loss of appetite | <input type="checkbox"/> Fever |
| <input type="checkbox"/> Pain in your muscles | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Dry cough |
| <input type="checkbox"/> Coughing up phlegm | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Difficulty breathing |
| <input type="checkbox"/> Sore throat | | |
- Q 8 If 'Yes' to Q6 on which date did your symptoms start? / /
- Q 9 In light of the COVID-19 pandemic, including the restrictions it has brought, Yes No in retrospect would you have had your joint replacement surgery?
- Q 10 Do you feel that your mental health has deteriorated during lockdown and Yes No social distancing?
- Q 11 Tick any that apply Do you feel depressed? Do you feel anxious?

Please turn over



Quality of life questions

Q 1. In general, would you say your health is:

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q 2. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Moderate activities such as moving a table, pushing a vacuum cleaner, bowling or playing golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Climbing several flights of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q 3. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

a. Accomplished less than you would have liked	b. Were limited in the kind of work or other activities
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Q 4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

a. Accomplished less than you would have liked	b. Did work or other activities less carefully than usual
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Q 5. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

Not at all	A little bit	Moderately	Quite a bit	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q 6. How much of the time during the past 4 weeks...

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a. Have you felt calm and peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did you have a lot of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you felt downhearted and blue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q 7. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives etc)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your help

For office use

CHI	Date of surgery	Joint
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Hip <input type="checkbox"/> Knee

