



## WOMAC survey

At OssKin, we are conducting a wide performance study on our Evoke knee brace with hundreds of military subjects for a duration of 12 months.

We use the Western Ontario and McMaster Osteoarthritis Index that is a health status questionnaire used around the world to assess the efficacy of an osteoarthritis treatment. The 24 questions are reported in the following pages as well as preliminary results that show very differentiating numbers.

Sex	Age	Affected side	Compartment	Grade
M	N/A	Right	N/A	N/A
M	86	Left	Medial	N/A
M	52	Right	N/A	N/A
F	69	Right	N/A	N/A
F	71	Right	N/A	N/A
M	45	B/L	N/A	N/A
M	67	Left	N/A	N/A
M	45	Left	N/A	N/A
F	82	Right	N/A	N/A
M	64	Left	Medial	N/A
F	61	Right	Medial	N/A
M	57	Left	N/A	N/A
M	N/A	N/A	N/A	N/A
M	45	Left	N/A	N/A

## WOMAC preliminary results

Six weeks after treatment, 14 patients have been evaluated with a survey to assess their pain perception after wearing the Evoke knee brace. More patients will be evaluated in the following year.

Best results come from stairs related activities as well as walking on flat surfaces

T-Tests			
Item	p	Difference before-after	
1	0.0006	1.1	1. Walking on a flat surface
2	0.0002	1.4	2. Going up and down stairs
3	0.03	0.9	3. At night while in bed, pain disturbs your sleep
4	0.002	1.1	4. Sitting or lying
5	0.005	0.9	5. Standing upright
6	0.02	0.6	6. How severe is your stiffness after first awakening in the morning?
7	0.008	0.9	7. How severe is your stiffness after sitting, lying, or resting in the day?
8	0.0001	1.4	8. Descending stairs
9	0.0008	1.2	9. Ascending stairs
10	0.002	0.9	10. Rising from sitting
11	0.04	0.6	11. Standing
12	0.04	0.6	12. Bending to the floor
13	0.0007	1.1	13. Walking on flat surfaces
14	0.04	0.7	14. Getting in and out of a car, or on or off a bus
15	0.004	1.1	15. Going shopping
16	0.01	0.6	16. Putting on your socks or stockings
17	0.04	0.6	17. Rising from the bed
18	0.01	0.6	18. Taking off your socks or stockings
19	0.08	0.4	19. Lying in bed
20	0.1	0.4	20. Getting in or out of the bath
21	0.006	0.7	21. Sitting
22	0.04	0.7	22. Getting on or off the toilet
23	0.0004	1.2	23. Performance heavy domestic duties
24	0.006	1.1	24. Performing light domestic duties
WOMAC Total		21.0	



# WOMAC Osteoarthritis Index LK3.1 (IK)

## INSTRUCTIONS TO PATIENTS

In Sections A, B, and C questions are asked in the following format. Please mark your answers by putting an “X” in one of the boxes.

### EXAMPLES:

1. If you put your “X” in the box on the far left as shown below,

none	mild	moderate	severe	extreme
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

then you are indicating that you feel **no** pain.

2. If you put your “X” in the box on the far right as shown below,

none	mild	moderate	severe	extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

then you are indicating that you feel **extreme** pain.

3. Please note:

- that the further to the right you place your “X”, the **more** pain you feel.
- that the further to the left you place your “X”, the **less** pain you feel.
- please do not** place your “X” **outside any of the boxes.**

You will be asked to indicate on this type of scale the amount of pain, stiffness or disability you have felt during the last 48 hours.

Think about your knee to be injected when answering the questions. Indicate the severity of your pain and stiffness and the difficulty you have in doing daily activities that you feel are caused by the arthritis in your knee to be injected.

Your knee to be injected has been identified for you by your health care professional. If you are unsure which knee is to be injected, please ask before completing the questionnaire.

# WOMAC Osteoarthritis Index LK3.1 (IK)

## Section A

### PAIN

Think about the pain you felt during the last 48 hours caused by the arthritis in your knee to be injected.

(Please mark your answers with an "X".)

QUESTION: How much pain have you had . . .					Study Coordinator Use Only		
1. when walking on a flat surface?	none	mild	moderate	severe	extreme	PAIN1	_____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. when going up or down stairs?	none	mild	moderate	severe	extreme	PAIN2	_____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. at night while in bed? (that is - pain that disturbs your sleep)	none	mild	moderate	severe	extreme	PAIN3	_____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. while sitting or lying down?	none	mild	moderate	severe	extreme	PAIN4	_____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. while standing?	none	mild	moderate	severe	extreme	PAIN5	_____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

# WOMAC Osteoarthritis Index LK3.1 (IK)

## Section B

### STIFFNESS

Think about the stiffness (not pain) you felt during the last 48 hours caused by the arthritis in your knee to be injected.

Stiffness is a sensation of **decreased** ease in moving your joint.

(Please mark your answers with an "X".)

<p>6. How <b>severe</b> has your stiffness been <b>after you first woke up</b> in the morning?</p> <p>none      mild      moderate      severe      extreme</p> <p><input type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/></p> <p>7. How <b>severe</b> has your stiffness been after sitting or lying down or while resting <b>later in the day</b>?</p> <p>none      mild      moderate      severe      extreme</p> <p><input type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/></p>	<p>Study Coordinator Use Only</p> <p>STIFF6      _____</p> <p>STIFF7      _____</p>
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# WOMAC Osteoarthritis Index LK3.1 (IK)

## Section C

### DIFFICULTY PERFORMING DAILY ACTIVITIES

Think about the difficulty you had in doing the following daily physical activities during the last 48 hours caused by the arthritis in your knee to be injected. By this we mean **your ability to move around and take care of yourself**.

(Please mark your answers with an "X".)

QUESTION: How much difficulty have you had . . .					Study Coordinator Use Only			
8.	when going down the stairs?	none	mild	moderate	severe	extreme	PFTN8	_____
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9.	when going up the stairs?	none	mild	moderate	severe	extreme	PFTN9	_____
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10.	when getting up from a sitting position?	none	mild	moderate	severe	extreme	PFTN10	_____
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11.	while standing?	none	mild	moderate	severe	extreme	PFTN11	_____
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12.	when bending to the floor?	none	mild	moderate	severe	extreme	PFTN12	_____
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13.	when walking on a flat surface?	none	mild	moderate	severe	extreme	PFTN13	_____
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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V3 - English for USA  
(at baseline)

# WOMAC Osteoarthritis Index LK3.1 (IK)

## DIFFICULTY PERFORMING DAILY ACTIVITIES

Think about the difficulty you had in doing the following daily physical activities during the last 48 hours caused by the arthritis in your knee to be injected. By this we mean **your ability to move around and take care of yourself**.

(Please mark your answers with an "X".)

QUESTION: How much difficulty have you had . . .					Study Coordinator Use Only	
14. getting in or out of a car, or getting on or off a bus?	none	mild	moderate	severe	extreme	PFTN14 _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. while going shopping?	none	mild	moderate	severe	extreme	PFTN15 _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. when putting on your socks or panty hose or stockings?	none	mild	moderate	severe	extreme	PFTN16 _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. when getting out of bed?	none	mild	moderate	severe	extreme	PFTN17 _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. when taking off your socks or panty hose or stockings?	none	mild	moderate	severe	extreme	PFTN18 _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. while lying in bed?	none	mild	moderate	severe	extreme	PFTN19 _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

# WOMAC Osteoarthritis Index LK3.1 (IK)

## DIFFICULTY PERFORMING DAILY ACTIVITIES

Think about the difficulty you had in doing the following daily physical activities during the last 48 hours caused by the arthritis in your knee to be injected. By this we mean **your ability to move around and take care of yourself**.

(Please mark your answers with an “ **x** ”.)

QUESTION: **How much difficulty have you had . . .**

20. when getting in or out of the bathtub?

none

mild

moderate

severe

extreme

21. while sitting?

none

mild

moderate

severe

extreme

22. when getting on or off the toilet?

none

mild

moderate

severe

extreme

23. while doing heavy household chores?

none

mild

moderate

severe

extreme

24. while doing light household chores?

none

mild

moderate

severe

extreme

Study Coordinator  
Use Only

PFTN20 \_\_\_\_\_

PFTN21 \_\_\_\_\_

PFTN22 \_\_\_\_\_

PFTN23 \_\_\_\_\_

PFTN24 \_\_\_\_\_