TABLE E-1 Primary TKA Studies with at Least a Preop/Postop Design

Reference	Measure	No. of Patients at Baseline	No. of Patients at Follow-up	No. of Knees at Baseline	No. of Knees at Follow-up	Follow-up (months)	Age (years)	Gender	Arthritis	BMI	Notes
Bachmeier et al., 2001 <sup>1</sup>	WOMAC, SF-36		108			10	72	61% Female	100% OA		Compared WOMAC and SF- 36; no control variables used; WOMAC more sensitive than SF-36
Baldwin & Rubinstein, 1996 <sup>2</sup>	HSS	300		346	301	48	67.5	58% Female			Tested only effect of bone quality
Beaupre et al., 2001 <sup>3</sup>	WOMAC, SF-36	120	93			4.5	68.4	40% Female	91% OA		RCT to test role of exercise; no effect
Bert et al., 2000, 2001 <sup>4,5</sup>	KS, SF-36	279	277			12	72	70% Female		Mean = 30	No effect of preop activity level on postop activity/demand level
Bourne et al., 1995 <sup>6</sup>	KS	100				24	70	42 Male 58 Female	100% OA		Resurfacing of patella
Brown et al., $2001^7$	KS, HSS	268	246	536		76.8	68	68% Female	89% OA 8% RA		No effect of component size asymmetry
Bullens et al., 2001 <sup>8</sup>	KS, WOMAC	108	86	126	100	58.8	67.4		67 OA 37 RA		Done to compare KS scores and satisfaction visual analog scale; poor correlation. No difference between RA and OA in KS scores but RA had better satisfaction
Clark et al., 2001 <sup>9</sup>	KS, WOMAC	143	108			36	71.4		75% OA 25% RA		RCT of posterior-stabilized vs. cruciate-retaining implants; no significant difference
Cloutier et al., 2001 <sup>10</sup>	KS	130	89	163	107	120	67	34 Male 96 Female	122 OA 41 RA		Cruciate ligament retention
Cohen et al., 1997 <sup>11</sup>	KS	186		272		6	69.5	71 Male 115 Female	148 OA 22 RA	Mean = 177 pounds	
Deshmukh et al., 2002 <sup>12</sup>	KS	180	130			12	68.8	85 Male 95 Female		31 normal 83 overweight 64 obese 2 morbidly obese	Regression model included age, sex, side of arthritis, comorbidity, preop scores, and BMI. BMI did not adversely influence the outcome of TKA short-term
Diduch et al., 1997 <sup>13</sup>	HSS, KS	88	84	114	103	96	51	29 Male 55 Female	64% OA		
Duffy et al., 1998 <sup>14</sup>	KS	104	93	120	106	120	Cementless = 54	Cementless: 23 Male 23 Female	OA: Cementless 42 Cemented 42	Mean = 80.9 kg	Cemented had better survival
							Cemented = 65	Cemented: 23 Male 24 Female	RA: Cementless 9 Cemented 6		
Elke et al., 1995 <sup>15</sup>	KS	394		524		50.4	75.1 68.4	No difference	61 RA 415 OA		RA vs. OA: no difference
Evanich et al., 1997 <sup>16</sup>	HSS	251	169	302	212	91	66	48% Female	78% OA 17% RA		Countersunk metal-backed patellae
Ewald et al., 1999 <sup>17</sup>	KS	412	180	539	306	120-168	63		RA 151 OA 155		Kinematic arthroplasty

Fortin et al., 1999 <sup>18</sup>	SF-36, WOMAC	130	106			6	67		All had OA		2 In regression model, education and comorbidity did not predict outcomes for TKA alone but did in pooled TKA/THA
Gill & Joshi, 2001 <sup>19</sup>	KS	223	223	254	254	201.6	68	89 Male 165 Female	289 total TKAs: 254 with OA, 35 with RA. ONLY studied patients with OA		Survivorship of TKA; no further analysis. Posterior cruciate-retaining
Gill et al., 1999 <sup>20</sup>	KS	139	63	159	72	206.4	61	21 Male 42 Female	68 OA 3 RA		Total condylar TKA; survival analysis
Gioe & Bowman, 2000 <sup>21</sup>	KS, SF-36	296	195	324	213	49	$69\pm 6$	285 Male 11 Female	272 OA		RCT of tibial components; no multivariate analysis
Griffin et al., 1998 <sup>22</sup>	KS, HSS	120	56	165	73	127.2	67.8	15 Male 41 Female	51 OA	20 obese 30 nonobese	Obese showed more improvement
Harwin, 1998 <sup>23</sup>	KS, HSS	336	326	366	356	61.2	65.1	138 Male 188 Female	241 OA 109 RA		Symmetrical TKA; preop/postop comparison only. Results reported separately for OA and RA
Hasegawa et al., 2002 <sup>24</sup>	HSS	140		221		12-60	68	16 Male 124 Female	129 OA 92 RA	Mean = 53 kg	Risk factors for heterotopic ossification: knee flexion, effusion (bivariate analysis only); age, gender, arthritis, BMI not significant
Hawker et al., 1998 <sup>25</sup>	WOMAC, KS	1496	1193			24-84	72.6	70% Female	87% OA 6% RA	Mean = 28	Primary & revision: education, race, income, living environment. Correlates of pain at follow- up: preop pain, osteotomy before replacement, low SF- 36 scores for social function & emotional role function, high SF-36 score for pain, less satisfaction; none significant in multivariate analysis. Age, BMI not related to outcomes
Healy et al., 2002 <sup>26</sup>	KS, HSS	159	142	159	142	96 (no clinical pathway) 60 (clinical pathway)	69.9		100% OA	Mean = 84.5 kg	Clinical pathway vs. no clinical pathway. Clinical pathways reduced hospital cost for TKA without affecting short-term patient outcome
Heck et al., 1998 <sup>27</sup>	KS, WOMAC, SF-36	291	268	330		24	70.2	109 Male 182 Female	100% OA	Mean = 30.2	Logistic regression found maximal improvement in SF- 36 physical component score for subjects who had surgery at institutions performing ≥50 TKA/year, had a better mental health status at baseline, and were treated with posterior cruciate- sparing device

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Hsu et al., 1998 <sup>28</sup>	HSS	113	113	140	140	57.6	62.6	73% Female	135 OA 5 RA		Tested hybrid prosthesis: uncemented femur/cemented tibia; decreased pain, increased muscle strength
Hube et al., 2002 <sup>29</sup>	KS	221		297	276	36.2	66.3 (33-81)	123 Male 153 Female	261 OA 33 RA 3 infection		Midvastus approach; preop/postop comparison only
Ikejiani et al., 2000 <sup>30</sup>	HSS	185	185	185	185	78	67	79 Male 106 Female	OA	Weight recorded	Patellar resurfacing; preop/postop comparison
Indelli et al., $2002^{31}$	KS	91	85	100	92	90	69 (57-85)	13 Male 72 Female	All with OA		Prospective; preop/postop comparison
Jenny & Jenny, 1998 <sup>32</sup>	KS	125	125	125	125	30	69	39 Male 86 Female			Anterior cruciate ligament- retaining vs. replacing prostheses; preop/postop comparison
Jones et al., 2001 <sup>33</sup>	WOMAC, SF-36	257	257	257	257	6	70.7	63% Female	93% OA	Mean = 31.4	Education, age, gender, BMI, prior joint surgery, living arrangement, comorbidity included in regression model. Age not associated with improvement in WOMAC. Gains in WOMAC & SF-36 scores but not significant
Jordan et al., 1997 <sup>34</sup>	KS	375		473	410	56.4	68	113 Male 261 Female	427 OA 45 RA	Weight recorded	Cementless meniscal bearing TKAs; preop/postop comparison
Kiebzak et al., 2002 <sup>35</sup>	SF-36	415				24		234 Female			American Society of Anesthesiologists (ASA) grade, number of comorbidities analyzed; Improvements in SF-36 greater for men (except for role emotional). Only 54 used in analysis
Konig et al., 1997, 1998, 2000 <sup>36-38</sup>	KS	357	294	399	329	56.4	69.4	56 Male 238 Female	278 OA 34 RA 16 other		Preop walking distance related to pain on follow-up; no predictors of KS score; KS function score predicted by preop walking distance, age, BMI, preop patient category
Larson et al., 2001 <sup>39</sup>	HSS	94	82	127	118	48	67 (41-81)	20 Male 62 Female	87 OA 30 RA	Mean = 28 (17-44) 26 obese 1 morbidly obese	Mean BMI same in patients with and without patellar complications; 50% of patients with patellar fracture or anterior knee pain obese compared with 32% without those factors; not significant.
Lin et al., 2002 <sup>40</sup>	KS	122	78			24	67.7-70		100% OA		Impact of clinical pathway; affected utilization but not outcomes
Liu & Chen, 1998 <sup>41</sup>	HSS	88		176		31	67.4	97.5% Female	82 OA 6 RA		Bilateral TKA did not result in an increase of op/postop complications

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Lombardi et al., 2001 <sup>42</sup>	HSS, KS	240	240	351	351	77	65.5	Reported	223 OA 23 RA	Reported	No difference in follow-up KS but significantly greater improvements in pain relief & outcomes in posterior- stabilized group than in posterior cruciate-retaining group
Malkani et al., 1995 <sup>43</sup>	HSS, KS,	118	84	168	119	120	64		78 OA 36 RA	Height and weight reported	All patients received Kinematic total condylar prostheses. HSS & KS scores significantly improved
Martin et al., 1997 <sup>44</sup>	KS	290	231	378	306	78	67	60 Male 171 Female	202 OA 91 RA		Follow-up knee and function scores differed significantly between groups. No difference according to whether patella resurfaced. Cemented femoral component associated with better function score
Matsueda & Gustilo, 2000 <sup>45</sup>	KS	365	291	425	336	6	68.4	90 Male 201 Female	253 OA 27 RA other 11		Compared subvastus and medial parapatellar approaches; no functional difference
Meding et al., 2001 <sup>46</sup>	KS	1888	1888	2759	2759	30	70.6	60% Female		Recorded	Preop KS and KS functional scores related to radiographic changes but not to pain score
Miyasaka et al., 1997 <sup>47</sup>	KS	83	46	108	60	169	61	85% Female	RA: 38 OA: 21	Weight recorded	Study of preop/postop valgus deformity
Mokris et al., 1997 <sup>48</sup>	KS	90	90	105	105	51	68.7	34 Male 56 Female	97 OA 6 RA		Preop/postop comparison
Mont et al., 1999 <sup>49</sup>	KS	104	101	121	118	65	70	38 Male 63 Female (62% Female)	97 OA 2 RA		Preop/postop comparison
Moskal & Diduch, 1998 <sup>50</sup>	HSS	514	488	646	617	51.6	64	69.6% Female		Mean height & weight	Tested role of postop radiographs; preop/postop comparison
O'Rourke et al., $2002^{51}$	KS, HSS	134	114	176	153	76.8	72.4	59.4% Female		Mean = 30.9	Decreased osteolysis correlated with KS. Trend toward anterior knee pain with higher BMI
Pereira et al., 1998 <sup>52</sup>	HSS		107	163		36	69	40 Male 103 Female	130 OA 8 RA		PCL-sparing associated with greater improvement than PCL- sacrificing
Ranawat et al., 1997 <sup>53</sup>	KS	118	96	150	125	58.7	70		OA vs. RA		Functional status significantly better for OA than for RA; knee score better for OA than for RA
Rand & Gustilo, 1996 <sup>54</sup>	KS	202	182	277	251	27.6	69	69 Male 113 Female	156 OA 19 RA		Inset vs. resurfacing patellar prostheses; resurfacing had better function and higher pain score

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Regner et al., 1997 <sup>55</sup>	HSS	120	88	144		81.6	61	22 Male 98 Female			Preop and postop reported by OA and RA. Revision rate not affected by age, sex, arthritis, alignment or prosthesis
Rinta-Kiikka et al., 1996 <sup>56</sup>	KS	97	89	102	94	64	67	77% Female	74 OA 16 RA	Reported	Correlates of survival: age; extension deficit, knee score, function score, pain score at last review. BMI not associated
Ritter et al., 1995 <sup>57</sup>	KS	1351		2001		3-10	69.1	65% Female	91% OA 6% RA		
Rodriguez et al., 1996 <sup>58</sup>	HSS KS	99	67	145	104	52	12.7 (5-18)	91Male 13 Female	All with RA		Patients with stage-II or IV RA
Schroder et al., 2001 <sup>59</sup>	HSS	102	52	114	58	120	78		48 OA 10 RA		Preop/postop comparison; no difference between OA and RA
Sextro et al., 2001 <sup>60</sup>	KS	118	50	168	66	188.4	65.1	72 Female	109 OA 52 RA		
Stickles et al., 2001 <sup>61</sup>	WOMAC, SF-36	4161	1011			12	69.9	637 Female	100% OA	Mean 31.2	No difference in WOMAC, SF-36 physical component score, mental component score by BMI categories in multiple regression model
Title et al., 2001 <sup>62</sup>	KS	128	128	148	148	51	63	53 Female	122 OA 24 RA		Total condylar prosthesis vs. press-fit condylar prosthesis: 2 cohorts matched for age, diagnosis, gender, and body weight
Ververeli et al., 1995 <sup>63</sup>	HSS	103	103			24	69.5	73 Female	100% OA		Continuous passive motion better than physical therapy alone
Worland et al., 1998 <sup>64</sup>	HSS	91	80	114	103	6	70.2	53 Female 27 Male	100% OA		RCT. Continuous passive motion vs. professional physical therapy. Continuous passive motion adequate rehabilitation alternative with lower costs and no differences in results vs. physical therapy
Yang et al., 2001 <sup>65</sup>	KS	90	86	113	109	36	69	13 Male 73 Female	82 OA 4 RA		

WOMAC: Western Ontario and McMaster Universities Arthritis Index HSS: Hospital for Special Surgery Score KS: Knee Society Score SF-36: Short Form-36 (from the Medical Outcomes Study) OA: osteoarthritis RA: rheumatoid arthritis BMI: body-mass index TKA: total knee arthroplasty RCT: randomized controlled trial

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