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TEAM APPROACH: NUTRITIONAL ASSESSMENT AND INTERVENTIONS IN ELECTIVE HIP AND KNEE ARTHROPLASTY http://dx.doi.org/10.2106/JBJS.RVW.21.00138

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Appendix 1. The American Society for Parenteral and Enteral Nutrition(ASPEN) and the Academy of Nutrition and Dietetics(AND) guidelines for diagnosing malnutrition⁵

	Malnutrition Second	ary to Acute	Malnutrition Seconda	ry to Chronic	Malnutrition Seconda	
	Illness or Injury		Illness		Environmental Circumstances	
Clinical	Nonsevere(Moderate)	Severe	Nonsevere(Moderate)	Severe	Nonsevere(Moderate)	Severe
Classification	Malnutrition	Malnutrition	Malnutrition	Malnutrition	Malnutrition	Malnutrition
1. Energy	<75% of estimated	≤50% of	<75% of estimated	≤75% of	<75% of estimated	≤50% of
Intake	energy need for >7	estimated	energy need for ≥1	estimated	energy need for ≥3	estimated
	days	energy need	month	energy need	months	energy need
		for ≥5 days		for ≥1		for ≥1 month
				months		
2. Weight	1-2% in 1 week	>2% in 1	5% in 1 month	>5% in 1	5% in 1 month	>5% in 1
Loss	OR	week	OR	week	OR	week
	5% in 1 month	OR	7.5% in 3 months	OR	7.5% in 3 months	OR
	OR	>5% in 1	OR	>7.5% in 3	OR	>7.5% in 3
	7.5% in 3 months	month	10% in 6 months	months	10% in 6 months	months
		OR	OR	OR	OR	OR
		>7.5% in 3	20% in 1 year	>10% in 6	20% in 1 year	>10% in 6
		months		months		months
				OR		OR
				>20% in 1		>20% in 1
				year		year
3. Body Fat	Mild	Moderate	Mild	Severe	Mild	Severe
4. Muscle	Mild	Moderate	Mild	Severe	Mild	Severe
Mass						
5. Fluid	Mild	Moderate to	Mild	Severe	Mild	Severe
Accumulation		severe				
6. *Grip	Not applicable	Measurably	Not applicable	Measurably	Not applicable	Measurably
Strength		reduced		reduced		reduced

^{*}Measured using a hand-held dynamometer that the patient squeezes as hard as they can for at least 3 seconds three separate times with each hand with a 15 second break in between each squeeze. An average score is then calculated using the measurements from both hands. The averages of each hand are compared to the age-sex-hand normal references range, with minus two standard deviations (-2SD) considered reduced grip strength.

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Appendix 2. Nutritional Risk Screening(NRS 2002) - initial screening³⁴

Step 1: Initial Screening	Yes	No
BMI <20.5 kg/m ² ?		
Has the patient lost		
weight within the past 3		
months?		
Has the patient had		
decreased dietary intake		
in the last week?		
Is the patient severely ill?		

Yes: If the answer is "Yes" to any question, then a final screening is performed. **No**: If the answer is "No" to all questions above, the patient is rescreened at weekly intervals.

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Appendix 3. Nutritional Risk Screening(NRS 2002) – final screening³⁴

Step 2: Final Screening			
Score	Impaired Nutritional Status	Severity of Disease	
0 = Absent	Normal nutritional status	Normal nutritional requirements	
1 = Mild	Weight loss >5% in 3 months	Hip fracture	
	OR	Patients with chronic diseases(cirrhosis, COPD,	
	Food intake <50-75% of normal in	hemodialysis, diabetes, oncology)	
	the prior week		
2 = Moderate	Weight loss >5% in 2 months	Major abdominal surgery	
	OR	Stroke	
	BMI 18.5-20.5 kg/m ² and impaired	Severe pneumonia	
	general condition	Hematologic malignancy	
	OR		
	Food intake 25-60% of normal in the		
	prior week		
3 = Severe	Weight loss >5% in 1 month	Head injury	
	OR	Bone marrow transplant	
	BMI <15 kg/m ² and impaired general	ICU patients(APACHE >10)	
	condition		
	OR		
	Food intake 0-25% of normal in the		
	prior week		

Score \geq 3: the patient is started on a nutritional care plan.

Score <**3**: the patient is rescreened at weekly intervals.

*if the patient is \geq 70 years, one point is added to the total score

APACHE, Acute Physiology and Chronic Health Evaluation; BMI, body mass index; COPD, chronic obstructive pulmonary disease; ICU, intensive care unit.

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Appendix 4. Initial Screening in Mini Nutritional Assessment(MNA) for the elderly³⁴

Question	Score
Has dietary intake decreased in the past 3 months	0 = severe decrease in food intake
secondary to loss of appetite, digestive issues, chewing	1 = moderate decrease in food intake
or swallowing difficulties?	2 = no decrease in dietary intake
Any involuntary weight loss over the past 3 months?	0 = weight loss > 3kg(6.6lbs)
	1 = does not know
	2 = weight loss between 1-3kg(2.2-6.6 lbs)
	3 = no weight loss
Current mobility?	0 = bed bound or chair bound
·	1 = able to get out of bed/chair, but does not go out
	2 = does go out
Any physical stress or acute disease in the past 3	0 = yes
months?	2 = no
Any neuropsychological problems?	0 = severe dementia or depression
	1 = mild dementia
	2 = no physiological issues
Body Mass Index(BMI)(weight in kg)/(height in m) ²	0 = BMI < 19
	1 = BMI 19 to < 21
	$2 = BMI \ 21 \text{ to } < 23$
	$3 = BMI \ge 23$
Screening score	•
(max = 14 points)	
12 14 points: Normal nutritional status (no need to comp	lament aggaggment)

12-14 points: Normal nutritional status(no need to complement assessment)

0-11 points: At risk of malnutrition or possibly malnourished(continue assessment)

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 $\textbf{Appendix 5.} \ \text{The Patient-Generated Subjective Global Assessment Short Form (PG-SGA SF)}^{40}$

• •	
1. Weig	ght
•] •]	ry of current and recent weight: I currently weight aboutkg I am aboutcm tall One month ago I weighed aboutkg Six months ago I weighed aboutkg
	the past two weeks my weight has: Decreased (1 point) Not changed (0 points) Increased (0 points)
2. Food	Intake
As comp	pared to normal intake, my food intake during the past month is:
	Unchanged (0 points) More than usual (0 points) Less than usual (1 points) w taking:
	Normal food but less than normal amount (1 point) Little solid food (2 points) Only liquids (3 points) Only nutritional supplements (3 points) Very little of anything (4 points) Only tube feedings or via vein (0 points)
3. Symp	otoms
I have hat that appl	ad the following issues that have kept me from eating enough during the past 2 weeks (check all ly):
	No problems eating (0 points) No appetite (3 points) Nausea (1 points) Vomiting (3 points) Diarrhea (3 points) Constipation (1 point) Dry mouth (1 point) Mouth sores (2 points)

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rage o			
☐ Smells bother me (1 point)			
☐ Things taste funny to me or have no taste at all (1 point)			
☐ Feel full quickly (1 point)			
☐ Difficulty swallowing (2 points)			
☐ Fatigue (1 point)			
☐ Pain; where? (3 points) ☐ *Other (1 point)			
			* Examples: financial situation, depression
Enumpies: Intuition, depression			
4. Activities and Function			
I would generally rate my activity over the past month as:			
□ Normal with no limitations (0 points)			
□ Not my normal self, but able to be up and about with relatively normal activities (1 point)			
☐ Not feeling up to most things, but in bed or a chair less than half of the day (2 points)			
☐ Able to do little activity and spend most of the day in bed or in a chair (3 points)			
☐ Essentially bed ridden/rarely out of bed (3 points)			
Total Score From 1-4: □			

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Appendix 6. The SARC-F Questionnaire⁵²

Strength: How much difficulty do you have in lifting and carrying 10 pounds?

None: 0 pointsSome: 1 point

• A lot or unable: 2 points

Assistance in walking: How much difficulty do you have walking across a room?

None: 0 pointsSome: 1 point

• A lot, use aids, or unable: 2 points

Rise from a chair: How much difficulty do you have transferring from a chair or bed?

None: 0 pointsSome: 1 point

• A lot or unable without help: 2 points

Climb stairs: How much difficulty do you have climbing a flight of 10 stairs?

None: 0 pointsSome: 1 point

• A lot or unable: 2 points

Falls: How many times have you fallen in the past year?

• None: 0 points

less than three falls: 1 pointFour or more falls: 2 points

A SARC-F score of ≥4 best predicts the need for a more comprehensive sarcopenia evaluation

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Appendix 7. Contents of commercial nutritional formulas afforded to the interventional cohorts for some of the studies included in **Table 5**.

Contents of the oral Commercial formula used by Gonçalves et al.⁴⁴ (2020) started 5 days preoperatively and continued 5 days postoperatively TID and Alito and de Aguilar-Nascimento et al.⁶⁷ (2016) started 5 days preoperatively TID up until 2h pre-anesthesia.

Servings Per Pack: 1 Serving Size: 178ml(Tetra)	Average Quantity per Serving
Calories	200 kcal
Total Fat*	8 g
Sodium	200 mg
Potassium	450 mg
Total Carbohydrate	15 g
Protein**	18 g
Vitamin A	
- Retinol	290 mcg
- B-Carotene	575 mcg
Vitamin C	20 mg
Calcium	270 mg
Iron	4 g
Vitamin D	3.8 mcg

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Vitamin E	39.5 μg
Vitamin K	22 mcg
Thiamin	0.4 mg
Riboflavin	0.6 mg
Niacin	5.3 mg
Vitamin B6	0.5 mg
Folic Acid	65 mcg
Vitamin B12	0.8 mcg
Biotin	10 mcg
Folate	66.7 μg
Vitamin B6	0.5 mg
Vitamin B12	1.9 μg
Biotin	24 μg
Pantothenic Acid	2.7 mg
Phosphorus	240 mg
Iodine	50 mcg
Magnesium	0.7 mg
Zinc	5 mg

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Selenium	16 mcg	
Copper	0.3 mg	
Manganese	0.7 mg	
Chromium	12 mcg	
Molybdenum	15 mcg	
Chloride	400 mg	
Choline	90 mg	
* 1.3g MCT per 178 ml		

^{** 4.2}g Arginine per 178 ml

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Commercially available formula used by Eneroth et al.⁴⁵ given postoperatively to hip fracture patients on admission to the hospital.

250ml of a commercially available solution consisting of 10% Intravenous Fat Emulsion is a sterile, non-pyrogenic fat emulsion prepared for intravenous administration as a source of calories and essential fatty acids. It is made up of 10% Soybean Oil, 1.2% Egg Yolk Phospholipids, 2.25% Glycerin, and Water for Injection. In addition, sodium hydroxide has been added to adjust the pH so that the final product pH is 8. pH range is 6 to 8.9. This is added to 750ml of another commercially available solution that includes Calcium Chloride Dihydrate, Glucose Monohydrate, Glycine, L-Alanine, L-Arginine, L-Aspartic Acid, L-Cysteine, L-Glutamic Acid, L-Histidine, L-Isoleucine, L-Leucine, L-Lysine Hydrochloride, L-Methionine, L-Phenylalanine, L-Proline, L-Serine, L-Threonine, L-Tryptophan, L-Tyrosine, L-Valine, Magnesium Chloride Heptahydrate, and Potassium Chloride

Commercially available formula used by Delmi et al.⁴⁶ given postoperatively to hip fracture patients on admission to the hospital.

Utilized 250 ml of an oral nutritional supplement that provided 254 kcal, 20 4 g protein, 29 g carbohydrate, 5-8 g lipid, 525 mg calcium, 750 IU vitamin A, 25 IU vitamin D3' vitamins E, B,, B2, B63 B12 C, nicotinamide, folate, calcium pantothenate, biotin, and minerals. Supplementation was started on admission to the orthopaedic unit and continued throughout the stay in the second(recovery) hospital. The supplement was given for a mean period of 32 days

 $\label{thm:local} Team\ Approach: \ Nutritional\ Assessment\ and\ Interventions\ in\ Elective\ Hip\ and\ Knee\ Arthroplasty\ http://dx.doi.org/10.2106/JBJS.RVW.21.00138$

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