

KNEE ASSESSMENT SHEET

AFFIX PATIENT LABEL HERE

Date: _____

Knee Affected _____ Left / Right

How long has your knee been bothering you? _____

Did you injure your knee? Yes / No Date of injury? _____

Please give a brief description of your knee problem and any injuries that may have occurred

What treatment have you had to date? _____

What activities does your knee limit you from doing? _____

KNEE SCORE: Please circle the single most appropriate response in each section.

LIMP

- None
- Slight and/or periodical
- Severe and/or constant

INSTABILITY

- No giving way
- Rarely
- Frequently during activity
- Occasionally in daily activities
- Often in daily activities

SWELLING

- None
- On heavy exertion
- On normal exertion
- Constant

SUPPORT

- None
- Stick, Cane or Crutch
- Weight Bearing Impossible

At every step

PAIN

- None
- Inconstant and slight
- Marked during heavy exertion
- Marked on walking more than 2 km
- Marked on walking less than 2 km
- Constant

STAIR CLIMBING

- No problems
- Slightly impaired
- One step at a time
- Impossible

LOCKING

- No locking or catching sensations
- Locks occasionally
- Locks frequently
- Locked joint

SQUATTING

- No problems
- Slightly impaired
- Not beyond 90 degrees
- Impossible

CLINICAL EXAMINATION

INDEX SIDE	<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT		
ALIGNMENT	<input type="checkbox"/> NORMAL	<input type="checkbox"/> VALGUS	<input type="checkbox"/> VARUS	
QUADRICEPS TONE	<input type="checkbox"/> NORMAL	<input type="checkbox"/> DECREASED		
LIMP	<input type="checkbox"/> NO	<input type="checkbox"/> YES		
THRUST	<input type="checkbox"/> NO	<input type="checkbox"/> VALGUS	<input type="checkbox"/> VARUS	
PATELLA ALIGNMENT	<input type="checkbox"/> NORMAL Q ANGLE	<input type="checkbox"/> INCREASED Q ANGLE		
PATELLAR TRACKING	<input type="checkbox"/> NORMAL	<input type="checkbox"/> DISLOCATION IN EXTENSION		
PATELLA APPREHENSION TEST	<input type="checkbox"/> NO	<input type="checkbox"/> YES		
PF COMPARTMENT LOADING	<input type="checkbox"/> NORMAL	<input type="checkbox"/> CREPITUS	<input type="checkbox"/> PAIN	
MEDIAL PATELLAR MOBILITY	<input type="checkbox"/> NORMAL	<input type="checkbox"/> < 1 QUADRANT	<input type="checkbox"/> ITB DEPENDANT	
EFFUSION	<input type="checkbox"/> NO	<input type="checkbox"/> YES		
EXTENSION	<input type="checkbox"/> FULL	<input type="checkbox"/> FFD	<input type="checkbox"/> LAG	
FLEXION	<input type="checkbox"/> FULL	<input type="checkbox"/> LIMITED		
MEDIAL COMPARTMENT LOADING	<input type="checkbox"/> NORMAL	<input type="checkbox"/> CREPITUS	<input type="checkbox"/> PAIN	
LATERAL COMPARTMENT LOADNG	<input type="checkbox"/> NORMAL	<input type="checkbox"/> CREPITUS	<input type="checkbox"/> PAIN	
LACHMAN	<input type="checkbox"/> NO	<input type="checkbox"/> YES		
PIVOT SHIFT	<input type="checkbox"/> NO	<input type="checkbox"/> YES		
MCMURRY	<input type="checkbox"/> MEDIAL	<input type="checkbox"/> LATERAL	<input type="checkbox"/> NIL	
MENISCAL TENDERNESS	<input type="checkbox"/> MEDIAL	<input type="checkbox"/> LATERAL	<input type="checkbox"/> NIL	
PSEUDOCST	<input type="checkbox"/> MEDIAL	<input type="checkbox"/> LATERAL	<input type="checkbox"/> NIL	
POSTERIOR DRAW	<input type="checkbox"/> GRADE I	<input type="checkbox"/> GRADE II	<input type="checkbox"/> GRADE III	<input type="checkbox"/> NIL
MCL	<input type="checkbox"/> GRADE I	<input type="checkbox"/> GRADE II	<input type="checkbox"/> GRADE III	<input type="checkbox"/> NIL
LCL	<input type="checkbox"/> GRADE I	<input type="checkbox"/> GRADE II	<input type="checkbox"/> GRADE III	<input type="checkbox"/> NIL
HIPS	<input type="checkbox"/> PAINFREE FULL ROM	<input type="checkbox"/> LIMITED ROM OR PAIN		

XRAY _____

MRI _____

PROVISIONAL DIAGNOSIS _____

MANAGEMENT PLAN _____