Knee Evaluation Form

Date:

Name: ________________________________ Age: _____ Sex: M / F MR#________________

Consultation/ referral requested by: ______________________________ Fax#: ___________________

Employer/ Case manager: ____

I . Mechanism of Injury:

1. Date of onset____________________
2. Which Knee? ☐ right ☐ left
3. Brief describe what happened:____
   ____
   ____
   ____

II. Symptoms:

1. Did you feel / hear a snap or pop? ☐ Yes ☐ No
2. Did your knee swell? ☐ Immediately ☐ 2-5 hrs ☐ Next day
3. Was there pain? ☐ Yes ☐ No If yes, intensity on VAS (0-10):_________
4. Were you able to walk? ☐ Yes ☐ No
5. Were you able to continue with work or sports? ☐ Yes ☐ No
6. Were you able to straighten / bend your knee? ☐ Yes ☐ No
7. Was there continued clicking or snapping? ☐ Yes ☐ No

III. Present complaints:

1. Location of Pain : ☐ Medial (inner side) ☐ Lateral (outer side) ☐ Anterior – patellar (front) ☐ Posterior (back) ☐ Diffuse (all over)
2. Type of Pain : ☐ Sharp ☐ Aching ☐ Throbbing ☐ Burning
3. Intensity of pain (VAS) : 1 2 3 4 5 6 7 8 9 10
4. Frequency: ☐ Intermittent ☐ Constant
5. Pain is worse with: ☐ standing ☐ walking ☐ kneeling ☐ sitting ☐ stairs ☐ jumping
6. Knee stiffness: ☐ Yes ☐ No
7. Knee cap grinding : ☐ Yes ☐ No
8. Knee locking: ☐ Yes ☐ No
9. Leg weakness ☐ Yes ☐ No
10. Leg numbness ☐ Yes ☐ No

IV. Treatment:

1. Did you see a physician? ☐ Yes ☐ No Name:__________________________
2. X-rays? ☐ Yes ☐ No ______________________________
3. MRI? ☐ Yes ☐ No ______________________________
4. Physical Therapy? ☐ Yes ☐ No ______________________________
5. Surgery? ☐ Yes ☐ No When:__________________

V. Return to work / sport? Date:__________ ☐ With restrictions ☐ Full

Knee Exam

Patient: ____________________________ Date:

	Right		Left
Appearance	______		_____
Effusion	______		_____
Deformity	______	Q angle	_____
	______	Varus / Valgus	_____
Range of motion	______	Hyperextension	_____
	___/___	Active	__ /__
	___/___	Passive	__/___
Crepitus	______		______
Palpation	______	Medial jointline	______
	______	Medial Collateral Ligament	______
	______	Pes Anserine	______
	______	Tibial tubercle	______
	______	Lateral joint line	______
	______	Lateral Collateral Ligament	______
	______	Patella	______
	______	Patella tendon	______
	______	Prone	______
Special test			
Ligamentous	______	MCL 0 deg.	______
	______	MCL 30 deg.	______
	______	Lateral Complex 0 deg.	______
	______	Lateral Complex 30 deg.	______
	______	Lachman	______
	______	Anterior Drawer	______
	______	Posterior Drawer	______
	______	Pivot shift	______
Meniscal	______	McMurray's	______
Patellofemoral	______	Grind	______
	______	Apprehension	______
Motor	______	Quadriceps	______
	______	Hamstrings	______
	______	Gastroc.	______
	______	Hip Flexors	______
Other :	_______		______
	_______		______

Diagnosis: 1. ______________________________ 2. ________________________________
3. ______________________________ 4. ________________________________

Plan: ____
____