



KNEE EVALUATION

Name: _____ DOB: _____ Date: _____

Involved Knee: Right Left

History

1. When did symptoms start? _____ Explain: _____

At work At Home Sports MVA Other No specific event

2. Was there an injury? Yes No Was there a "pop"? Yes No

Fracture Torn Meniscus Knee Cap Torn Ligament: ACL / MCL
PCL / LCL

3. Have you had troubles before with this knee? Yes No If yes, explain: _____

4. Has your knee returned to normal at any time? Yes No

5. What test(s) have been done to date? None

X-rays CT scan MRI Ultrasound Other: _____

6. What treatments have been done to date? None

Omega-3 Pain Meds Synvisc/Supartz Anti-Inflammatories Glucosamine/Chondroitin
 Surgery Physiotherapy Cortisone Shots Other: Brace / Immobilizer

What was successful? _____

7. What bothers you most? (Order 1, 2, 3: 1 being "worst" etc.)

_____ Pain _____ Swelling _____ Giving Way _____ Locking _____ clicking _____ other: _____

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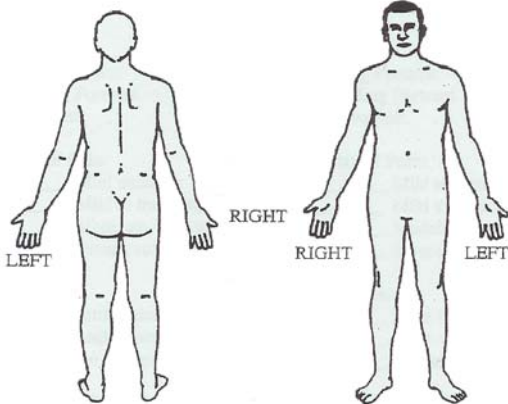


KNEE EVALUATION cont.

Name: _____ DOB: _____ Date: _____

8. Location of Pain: xxx = sharp ooo = dull <<< = ache

Please indicate any of the above on the figure to your right.



9. Does the pain move to the: Hip Y / N Leg Y / N

Foot Y / N Toes Y / N

10. Describe it: Sharp Burning Localized

Rare Radiating Generalized

Constant Frequent Occasional

With activity After Activity

11. How Bad is it: In General: 0 1 2 3 4 5 6 7 8 9 10 (worst)

At its worst: 0 1 2 3 4 5 6 7 8 9 10 (worst)

12. Does it hurt? Going Upstairs Going Downstairs Bending Squatting Kneeling Twisting

Walking: How long? _____ Running: How long? _____ Standing: How long? _____

At rest Daytime Night time 24/7

13. Does it interfere with: Routine activities Sleep Work Sports Other: _____

14. Does it get stiff? After a long car ride After watching a movie

15. Does it give out/buckle? When changing directions When on uneven ground When running

16. When does it swell? At rest With activity 24/7

17. What helps your pain? Ice Meds Brace Physical therapy

18. What do you think is wrong? _____

19. What can't you do now that you need to/want to do? _____

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