Mr Achan Out Patient Sports Knee Form

KNEE EVALUATION FORM

Patient Name: _____ DOB:_____ Age:_____
Last First Middle Intial

Home Telephone #_____ Date of Visit _____/_____/_____

Referring Doctor: Physician Name:_____

Physician Address:_____

_____

Physician Telephone #:_____

Primary Care or Family Physician Name:_____

Address:_____

_____

Telephone #: _____

Pharmacy Name:_____Pharmacy Telephone #_____

Type of Sport(s) _____

Level of Sports: N/A ☐ Recreational ☐ High School ☐ Collegiate ☐ Professional ☐

Medical History / Review of Systems:

Today's Date ____/____/_____

Reason for seeing the doctor today? Injured Area (Body Part):_____

Chief Complaint:_____

Date of Injury ____/____/_____Please check if no known date of injury _____

How did the injury /accident occur?_____

Any treatment or test to date, please check all that apply

____MRI ____CAT Scan ____X-ray _____Physical Therapy _____Surgery _____Other

Have you ever had the same or a similar injury? ____NO_____YES, if so when____/_____/_____

Were you out of work due to this accident/injury? ____NO _____YES

If yes, when? From:_____ To:_____

Were you seen by another physician for this injury _____NO _____YES

If yes: Physician Name:_____

Physician Address:_____

_____

Physician Telephone #:_____

IKDC Subjective Evaluation Form (AOSSM 1999)

Symptoms:

1. What is the highest level of activity that you can perform without significant knee pain?

- ☐ Very strenuous activities like jumping or pivoting as in basketball or soccer
- ☐ Strenuous activities like heavy physical work, skiing or tennis
- ☐ Moderate activities like moderate physical work, running or jogging
- ☐ Light activities like walking, housework or yard work
- ☐ Unable to perform any of the above activities due to knee pain

2. During the past 4 weeks, or since the date of your injury, how often have you had pain?

	0	1	2	3	4	5	6	7	8	9	10	
Never	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Constant

3. If you have pain, how severe is it?

	0	1	2	3	4	5	6	7	8	9	10	
Never	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Constant

4. During the past 4 week, or since the date of injury, how stiff or swollen was your knee?

☐ Not at all ☐ Mildly ☐ Moderately ☐ Very ☐ Extremely

5. What is the highest level of activity you can perform without significant swelling in your knee?

- ☐ Very strenuous activities like jumping or pivoting as in basketball or soccer
- ☐ Strenuous activities like heavy physical work, skiing or tennis
- ☐ Moderate activities like moderate physical work, running or jogging
- ☐ Light activities like walking, housework or yard work
- ☐ Unable to perform any of the above activities due to knee swelling

6. During the past 4 weeks, or since the date of your injury, did your knee lock or catch?

☐ Yes ☐ No

7. What is the highest level of activity you can perform without significant giving way in your knee?

- ☐ Very strenuous activities like jumping or pivoting as in basketball or soccer
- ☐ Strenuous activities like heavy physical work, skiing or tennis
- ☐ Moderate activities like moderate physical work, running or jogging
- ☐ Light activities like walking, housework or yard work
- ☐ Unable to perform any of the above activities due giving way of the knee

SPORTS ACTIVITIES:

8. What is the highest level of activity you can participate in on a regular basis?

- ☐ Very strenuous activities like jumping or pivoting as in basketball or soccer
- ☐ Strenuous activities like heavy physical work, skiing or tennis
- ☐ Moderate activities like moderate physical work, running or jogging
- ☐ Light activities like walking, housework or yard work
- ☐ Unable to perform any of the above activities due to poor functioning of the knee

9. How does your knee affect your ability to:

	Not difficult at all	Minimally difficult	Moderately difficult	Extremely difficult	Unable to do
Go up stairs	☐	☐	☐	☐	☐
Go down stairs	☐	☐	☐	☐	☐
Kneel on the front of Your knee	☐	☐	☐	☐	☐
Squat	☐	☐	☐	☐	☐
Sit with your knee bent	☐	☐	☐	☐	☐
Rise from a chair	☐	☐	☐	☐	☐
Run straight ahead	☐	☐	☐	☐	☐
Jump and land on your Involved leg	☐	☐	☐	☐	☐
Stop and start quickly	☐	☐	☐	☐	☐

Function:

10. How would you rate the function of your knee on a scale of 0 to 10 with 10 being normal, excellent function and 0 being the inability to perform any of your usual daily activities?

FUNCTION PRIOR TO YOUR KNEE INJURY:

Cannot perform daily activities — No limitation

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
0	1	2	3	4	5	6	7	8	9	10

CURRENT FUNCTION OF YOUR KNEE:

Cannot perform daily activities — No limitation

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
0	1	2	3	4	5	6	7	8	9	10

Lysholm and Gilquist Scale (CORR 198, September, 1985)

Circle the number that best describes you:

Limp (5 points)	
None	5
Slight or periodical	3
Severe or constant	0
Support (5 points)	
None	5
Stick or crutch	2
Weight-bearing impossible	0
Locking (15 points)	
No locking and no catching sensation	15
Catching sensation but no locking	10
Occasional locking	6
Frequent locking	2
Locked joint on examination	0
Instability (25 points)	
Never giving away	25
Rarely during athletics or other strenuous exertion	20
Frequently during athletics or other strenuous Exertion (or incapable of participation)	15
Occasionally in daily activities	10
Often in daily activities	5
Every step	0
Pain (25 points)	
None	25
Inconstant and slight during severe exertion	20
Marked during severe exertion	15
Marked on or after walking more than 2 km (1.25 miles)	10
Marked on or after walking less than 2 km (1.25 miles)	5
Constant (with every step)	0

Swelling (10 points)	
None	10
On strenuous exertion	6
On ordinary exertion	2
Constant	0
Stair Climbing (10 points)	
No problems	10
Slightly impaired	6
One step at a time	2
Impossible	2
Squating (5 points)	
No problems	5
Slightly impaired	4
Not beyond 90 degrees	2
Impossible	0