KNEE EVALUATION FORM

Patient Name: ________________________________________ DOB:___________ Age:______

Last   First   Middle Initial

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:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not difficult at all</th>
<th>Minimally difficult</th>
<th>Moderately difficult</th>
<th>Extremely difficult</th>
<th>Unable to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Go up stairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Go down stairs</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kneel on the front of your knee</td>
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<tr>
<td>Squat</td>
<td></td>
<td></td>
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<tr>
<td>Sit with your knee bent</td>
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<tr>
<td>Rise from a chair</td>
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<tr>
<td>Run straight ahead</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Jump and land on your involved leg</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Stop and start quickly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Cannot perform daily activities</th>
<th>No limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
<td></td>
</tr>
<tr>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
</tbody>
</table>

CURRENT FUNCTION OF YOUR KNEE:

<table>
<thead>
<tr>
<th>Cannot perform daily activities</th>
<th>No limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
<td></td>
</tr>
<tr>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
</tbody>
</table>
# 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: 15
- Exertion (or incapable of participation): 10
- Occasionally in daily activities: 5
- Often in daily activities: 0
- 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
<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Swelling (10 points)</strong></td>
<td>None</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>On strenuous exertion</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>On ordinary exertion</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Constant</td>
<td>0</td>
</tr>
<tr>
<td><strong>Stair Climbing (10 points)</strong></td>
<td>No problems</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Slightly impaired</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>One step at a time</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Impossible</td>
<td>2</td>
</tr>
<tr>
<td><strong>Squating (5 points)</strong></td>
<td>No problems</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Slightly impaired</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Not beyond 90 degrees</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Impossible</td>
<td>0</td>
</tr>
</tbody>
</table>