

KNEE PROBLEM: Left Right Both

Injury Assessment (if applicable)

What was the date of your injury? ___ / ___ / ___.
Where did it occur? Home Work MVA MBA Bicycle Playing Sport - Which sport?_____.
How did it occur? Unknown Direct Blow Contact Sport Football Rugby League Overuse/Repetitive
Other _____.

Current Problem

What are the problems now?					
Pain	Swelling or lump	Stiffness	Deformity	Clicking	Catching
Limp	Grinding/crunching	Weakness	Locking	Giving Way	Swelling
Other _____.					

What previous treatment?

None	Rest	Painkillers	Anti-inflammatory	Injections	Splint/Brace
Plaster	Physio	Surgery	Other		

Pain Assessment (if applicable)

How bad on a scale of 0-10 is your pain (10 = most severe pain imaginable)?

0 1 2 3 4 5 6 7 8 9 10

Does certain activities make your pain worse?

Stair climbing Kneeling Crouching Walking Running

Other _____.

Does anything make your pain better? _____.

Functional Assessment

What tasks are you unable to perform due to your knee problem?

Walk Work duties Driving Housework Play Sport

Other _____.

General Details

Occupation Clerical Light Manual Heavy Manual Professional Unemployed Retired
Activity levels? Professional Athlete High level sportsperson Frequent sportsperson Sometimes Sporting Non-sporting
Sports Played?

Knee Examination

Look

Alignment

Effusion

Gait

Walking Aids

Move

ROM

SLR

Palpation

Pain MFC, LFC, Joint Line

Ligaments

ACL – Lachmann, Jerk

PCL – Posterior Draw –

Medial Normal Grade 1 2 3

Lateral Normal grade 1 2 3

PFJ –

Instability Quadrants, Apprehension, J sign, Tilt

Crepitus, J sign