

# Knee Evaluation

**Name:** \_\_\_\_\_ **Sport:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**BP:** \_\_\_\_\_ **HR:** \_\_\_\_\_ **Practice** \_\_\_\_\_ **Game** \_\_\_\_\_ **Evaluator:** \_\_\_\_\_

## HISTORY

- a. Do you remember a specific episode of trauma? If yes, when and please describe. \_\_\_\_\_  
 If no, do you remember when you began to feel the discomfort? How long? \_\_\_\_\_  
 Has it progressively gotten worse? \_\_\_\_\_
- b. Have you ever had any other injuries to this body part, knee or patella. If yes, then when and how many times? \_\_\_\_\_  
 Did you recover? Is it worse than before? \_\_\_\_\_
- c. Did you hear or feel a pop/ have a sense of giving away? \_\_\_\_\_
- d. Do you feel any crepitus/grinding/popping? \_\_\_\_\_  
 Does your knee lock up on occasions? \_\_\_\_\_
- e. Do you ever have swelling or puffing around the knee joint? \_\_\_\_\_
- f. Can you put your finger on the point that gives you the most pain? \_\_\_\_\_
- g. At the time of your injury, describe the pain? \_\_\_\_\_  
 Dull, diffuse, burning throbbing, aching, sharp, knife-like? \_\_\_\_\_
- h. Do you have pain or discomfort walking up stairs? \_\_\_\_\_  
 Do you have pain or discomfort walking down stairs \_\_\_\_\_  
 Do you have pain slowing down from a run or fast walk? \_\_\_\_\_
- i. Has the pain changed? Yes or no? \_\_\_\_\_ How? \_\_\_\_\_ Timespan \_\_\_\_\_  
 Rate it on a scale of 0 to 10 (with 0 being none and 10 being excruciating) \_\_\_\_\_
- j. What have you done since the injury? \_\_\_\_\_
- k. What makes the pain worse/what makes it better? \_\_\_\_\_
- l. Does pain wake you up at night? \_\_\_\_\_
- m. Do you have stiffness in your knee in the morning, after awakening? \_\_\_\_\_
- n. Do you have pain in any other parts of the body? Is it referred? \_\_\_\_\_
- o. Were you taped or wrapped? \_\_\_\_\_
- p. What type of shoe were you wearing? \_\_\_\_\_ Did your shoes have a cleat? \_\_\_\_\_
- q. Do you wear any type of foot support? \_\_\_\_\_ How long have you worn them? \_\_\_\_\_
- r. Have you made a change in terrain/training regimen? \_\_\_\_\_

## OBSERVATION

- a. Condition of athlete? (Excellent - Good - Fair - Poor) \_\_\_\_\_
- b. Observe weight-description: \_\_\_\_\_
- c. Observe gait? (Non-weight bearing - Partial weight bearing - Full weight bearing) \_\_\_\_\_
- d. Observe Limp? (Pronounced - Mild - Slight - Unable to bear weight) \_\_\_\_\_
- e. Gross deformity-description: \_\_\_\_\_
- f. Swelling? (Hemarthrosis - moderate - mild effusion) \_\_\_\_\_
- g. Discoloration? (echymosis and location) \_\_\_\_\_
- h. Supinated/pronated feet? (Positive - Negative) description \_\_\_\_\_
- i. Heel cord tightness? (Positive - Negative) description \_\_\_\_\_
- j. Hamstring tightness? (Positive - Negative) description \_\_\_\_\_
- k. Patella Alignment? patella alta \_\_\_\_\_ patella baja \_\_\_\_\_ patella lateral \_\_\_\_\_
- l. Quadriceps: VMO dysplasia \_\_\_\_\_
- m. Girth Measurements? Involved: \_\_\_\_\_ 3" \_\_\_\_\_ 6" \_\_\_\_\_ 9" Non Involved \_\_\_\_\_ 3" \_\_\_\_\_ 6" \_\_\_\_\_ 9"
- n. Tibial Torsion? yes/no \_\_\_\_\_ (Bi lateral \_\_\_\_\_ Unilateral \_\_\_\_\_)
- o. Varus knee? yes/no \_\_\_\_\_ Valgus knee? yes/no \_\_\_\_\_
- p. Recurvatum? yes/no \_\_\_\_\_ (Bi Lateral \_\_\_\_\_ Unilateral \_\_\_\_\_)
- q. Angle of Patella: \_\_\_\_\_ right \_\_\_\_\_ left

## PALPATION

### RULE OUT A FRACTURE

(POSITIVE - NEGATIVE)	COMPRESSION _____		PERCUSSION _____		DISTRACTION _____			
	Tender	Crepits	Tender	Crepitus	Tender	Crepitus		
1. vastus medialis	yes/no	yes/no	2. rectus femoris	yes/no	yes/no	3. patella	yes/no	yes/no
4. superior medial pol	yes/no	yes/no	5. superior lateral pole	yes/no	yes/no	6. inferior pole	yes/no	yes/no
7. tibial tuberosity	yes/no	yes/no	8. infrapatellar tendon	yes/no	yes/no	9. medial tibial plateau	yes/no	yes/no
10. medial meniscus	yes/no	yes/no	11. medial femoral con.	yes/no	yes/no	12. medial collateral ligament	yes/no	yes/no
13. adductor musculature	yes/no	yes/no	14. lateral tibial plateau	yes/no	yes/no	15. lateral meniscus	yes/no	yes/no
16. lateral meniscus	yes/no	yes/no	17. lateral joint line	yes/no	yes/no	18. head of the fibula	yes/no	yes/no
19. lateral collateral lig.	yes/no	yes/no	20. abductor musculature	yes/no	yes/no	21. biceps femoris	yes/no	yes/no
22. semitendinosus	yes/no	yes/no	23. semimembranosus	yes/no	yes/no	24. popliteal fossa	yes/no	yes/no
25. gastrocnemius	yes/no	yes/no						

# ASSESSING MOTION

	General ROM	Goniometer	End Feel	Muscle Testing w/Gravity w/out Gravity	Muscle testing w/out Gravity
Flexion (0-135)	_____	_____	_____	_____	_____
Extension	_____	_____	_____	_____	_____

## RATINGS

<b>General ROM</b>	(Painfull-Limited-Full)
<b>Goniometer</b>	(Percentage of Angle)
<b>End Feel</b>	Normal (Bony - Soft Tissue Apposition - Soft Tissue Stretch - Capsular Stretch)
	Abnormal (Hard - Soft- Firm - Springy Block - Empty - Spasm)
<b>Muscle Testing w/Gravity</b>	(5 4 4- 3+ 3 3- 2+)
<b>Muscle Testing w/out Gravity</b>	(2 2- 1+ 1 0)

## STRESS TESTS

(+1 + 2 +3)

Patella Tend/Lig. Length Test	L_____ R_____	Patellar Apprehension Test	L_____ R_____	Patella Tap Test	L_____ R_____
Q Angle Test	L_____ R_____	Medial/Lateral Grind Test	L_____ R_____	Bounce Home Test	L_____ R_____
Patellar Grind Test	L_____ R_____	Renne Test	L_____ R_____	Noble Test	L_____ R_____
Hughston's Plica Test	L_____ R_____	Godfrey 90/90	L_____ R_____	Posterior Sag Test	L_____ R_____
Reverse Pivot Shift Test	L_____ R_____	Anterior Lachman Test	L_____ R_____	Anterior Drawer Test	L_____ R_____
Slocum Test IR	L_____ R_____	Slocum Test ER	L_____ R_____	Pivot Shift Test	L_____ R_____
Posterior Drawer Test	L_____ R_____	Posteromedial Drawer Test	L_____ R_____	Posteriorlateral Drawer	L_____ R_____
Posterior Lachman Test	L_____ R_____	External Rotation Recurvatum	L_____ R_____	Valgus Stress Test	L_____ R_____
Varus Stress Test	L_____ R_____	Jerk Test	L_____ R_____	McMurray Test	L_____ R_____
Apley Compression Test	L_____ R_____				

## NEUROLOGICAL EXAM

(POSITIVE - NEGATIVE)

NERVE ROOT LEVEL	SENSORY TESTING	MOTOR TESTING	REFLEX TESTING
L2	_____	_____	_____
L3	_____	_____	_____
L4	_____	_____	_____
L5	_____	_____	_____
S1	_____	_____	_____

## CIRCULATORY EXAM

(POSITIVE - NEGATIVE)

Popliteal Pulse \_\_\_\_\_

## FUNCTIONAL TESTS

- Weight bearing \_\_\_\_\_
- Stand on injured extremity \_\_\_\_\_
- Walk \_\_\_\_\_
- Hop on both feet \_\_\_\_\_
- Hop on injured extremity \_\_\_\_\_
- Straight line jog \_\_\_\_\_
- Full speed run to a dead stop \_\_\_\_\_
- Carioca to left/right \_\_\_\_\_
- Large figure-8 and make progressively smaller and faster \_\_\_\_\_
- Full sprint with 90 degree cuts \_\_\_\_\_
- Sports specific movements \_\_\_\_\_
- All movements pain free/ no limp \_\_\_\_\_

## NOTES

Impression: \_\_\_\_\_

Referral: Emergency \_\_\_\_\_

Room \_\_\_\_\_

Physician's Office \_\_\_\_\_

Acute Management: Crutches \_\_\_\_\_ Posterior Splint \_\_\_\_\_ Compression Bandage \_\_\_\_\_ Air Caist \_\_\_\_\_ Vacuum Splint \_\_\_\_\_ Speedi Splint \_\_\_\_\_

X-rays: Anterior/Posterior view \_\_\_\_\_

Lateral view \_\_\_\_\_

Mortis view \_\_\_\_\_

Anterior/Posterior view with stress \_\_\_\_\_