# Knee Evaluation
# William F. Sima, M.D.

**Name:**_____ **Date:** _____

**Which knee are you here for today?** □ Right □ Left

**Your first symptoms began**: □ Suddenly
□ Gradually

In detail please explain how you injured yourself _____
_____
_____

What did your pain first begin? _____

**<u>Previous Treatment</u>**: □ I have not received any treatment for this condition

I was evaluated by _____
Referring physician: _____

□ X-rays
□ MRI
□ Physical Therapy
□ Cortisone Injection
□ Brace
□ Surgery

**Severity of Pain**: □ Doing great □ Same as it was
□ Much better □ Worse
□ Somewhat better

**Pain:** □ Intermittent knee pain □ Constant knee pain

**Location of the Pain:**

□ Front of the knee □ Back of the knee □ Below the knee
□ Inside of the knee □ All over □ Entire leg
□ Outside of the knee □ Knee Cap

**Quality of Pain**: (check all that apply)

□ No pain □ Gnawing □ Throbbing
□ Achy □ Pressure □ Tightness
□ Burning □ Sharp □ Tired feeling
□ Dull □ Stiffness □ Other: _____

**Severity:** □ No pain today □ Moderate □ Scale of 1-10 _____
□ Severe □ Minimal

**Swelling:** □ Denies swelling □ Occasional swelling □Swelling with activity

**Sports Limitations:** □ Has no limitations
□ Participates with difficulty in: _____
□ Unable to participate in**:** _____

**Other Symptoms:**

□ Locking-unable to straighten or bend □ Clicking
□ Cracking □ Weakness
□ Popping □ Morning "stiffness"
□ Catching

**Name:**_____ **Date:** _____

**Walking Ability:**

- □ Household only
- □ 1-2 blocks
- □ 5-10 blocks
- □ Not limited

**Walking Aids:**

- □ Cane
- □ Crutches
- □ Walker
- □ Shopping cart
- □ Brace

**Medications you have tried**:

- □ Aleve
- □ Advil
- □ Motrin/Ibuprofen
- □ Tylenol
- □ Celebrex
- □ Mobic
- □ Vioxx
- □ Darvocet
- □ Percocet
- □ Naprosyn
- □ Lodine
- □ Excedrin
- □ Glucos/ Con
- □ Vicodin

**Work Status:**

- □ Full duty
- □ Light Duty
- □ Out of work
- □ Unemployed
- □ Retired
- □ Disabled
- □ Homemaker

**Stiffness:**

The following question concerns the amount of joint stiffness you have experienced during the **last week** in your knee. Stiffness is a sensation of restriction or slowness in the ease with which you move your knee joint.

1. How severe is your knee stiffness after first wakening in the morning?
   □ None □ Mild □ Moderate □ Severe □ Extreme

**Pain:**

What amount of knee pain have you experienced the **last week** during the following activities?

2. Twisting/Pivoting your knee
   □ None □ Mild □ Moderate □ Severe □ Extreme
3. Straightening knee fully
   □ None □ Mild □ Moderate □ Severe □ Extreme
4. Going up or down stairs
   □ None □ Mild □ Moderate □ Severe □ Extreme
5. Standing upright
   □ None □ Mild □ Moderate □ Severe □ Extreme

**Function, daily living**

The following questions concern your physical function. By this we mean your ability to move around and look after yourself. Please indicate the degree of difficulty you've experienced in the **last week**

6. Rising from sitting
   □ None □ Mild □ Moderate □ Severe □ Extreme
7. Bending to floor/pick up an object
   □ None □ Mild □ Moderate □ Severe □ Extreme