

POSM/OFALS Knee Subjective New Patient or New Injury

Medical Record #

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NAME: _____

DATE: / /

Height Weight

INJURED KNEE:

- Right
 Left
 Both Knees

PHYSICIAN:

- KP
 EB
 Other

Injury and Previous Surgery Information

1. Most recent injury date OR date of onset of symptoms: / /
How did your injury occur (check as many as apply)?

- No specific injury Blow to the Knee Participating in a Sport
 Auto Accident Twisted Knee What sport? _____
 Slip and/or Fall Jumping Activity Other, PLEASE specify: _____
 Lifting Activity

1	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>
0	<input type="radio"/>	<input type="radio"/>

2. What is your reason(s) for seeking medical attention?

- Pain Unstable knee Loss of function Weakness Stiffness Other

3. Is there a workers' compensation claim involved with your injury? Yes No

4. If you have had any knee injuries PRIOR to your most recent injury, please list below:

A) Date: / / Which Knee: Right Left Both Knees

B) Date: / / Which Knee: Right Left Both Knees

5. Have you had previous knee surgery? Yes No

If yes, how many?

RIGHT KNEE SURGERIES

LEFT KNEE SURGERIES

Please list most surgeries recent below:

A) Date: / /

Which Knee:

- Right
 Left

Procedure:

- Ligament Meniscus Cartilage
 Arthroscopy/Debridement Other

B) Date: / /

Which Knee:

- Right
 Left

Procedure:

- Ligament Meniscus Cartilage
 Arthroscopy/Debridement Other

C) Date: / /

Which Knee:

- Right
 Left

Procedure:

- Ligament Meniscus Cartilage
 Arthroscopy/Debridement Other

Sport Participation Information (if applicable)

6. Primary Sport: _____ Number of Years Played: _____

7. What level of sports did you recently participate in prior to injury?

- Recreational Part-time (1-3 per week) High School Pro-Minors
 Recreational Full-time (4-7 per week) College Pro-Majors

8. What activity level would you like to get back to?

- Sedentary Scholastic Competitive Athlete Professional Athlete
 Recreational Athlete Competitive Athlete

9. Following your injury, are you currently:

- Not Limited in Sports Unable to Participate in a MAJORITY of Sports
 Unable to Participate in a FEW Sports Unable to Participate in ALL Sports

	SPRT	YR
1	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>
0	<input type="radio"/>	<input type="radio"/>



10. Please grade each symptom that you experience currently during your highest level of activity.

Please fill out both knees

	LEFT KNEE				RIGHT KNEE			
	NONE	MILD	MODERATE	SEVERE	NONE	MILD	MODERATE	SEVERE
a) Pain	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
b) Full Giving Way	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
c) Noise Sensations	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
d) Joint Stiffness	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

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

NEVER 0 1 2 3 4 5 6 7 8 9 10 CONSTANT

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

NO PAIN 0 1 2 3 4 5 6 7 8 9 10 WORST PAIN IMAGINABLE

13. Please grade each symptom that you experience currently during your highest level of activity

- Swelling:** None Mild (on severe exertion) Moderate (on ordinary exertion) Severe (constant)
- Pain:** None Increased on or after walking more than 2 km
 Intermittent and slight during severe exertion Increased on or after walking less than 2 km
 Increased during severe exertion Constant
- Crutch Use:** None 1 Crutch (stick or crutch) 2 Crutch (stick or crutch) Weight bearing impossible
- Walk with Limp:** No (none) Somewhat (slight or periodically) Yes (severe or constant)
- Locking:** No locking or catching sensations Locking occasionally
 Catching sensations but no locking Locking frequently
- Instability:** Never giving way Occasionally in daily activities
 Rarely during athletics or other severe exertion Often in daily activities
 Frequently during athletics or other severe exertion Every step
- Stair Climbing:** No problem Slightly impaired One step at a time Impossible
- Squatting:** No problem Slightly impaired Not beyond 90 degrees Impossible

14. During the past 4 weeks or since your injury did your knee lock or catch? No Yes

15. During the past 4 weeks or since your injury how stiff or swollen was your knee?

Not at all Mildly Moderately Very Extremely

16. Answer the next 2 questions using the following definition:

Very Strenuous=activities like jumping/pivoting like 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

What is the highest level of activity you can perform without significant:

- Knee pain Very Strenuous Strenuous Moderate Light Unable
- Giving way in your knee Very Strenuous Strenuous Moderate Light Unable
- Swelling in your knee Very Strenuous Strenuous Moderate Light Unable

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

Very Strenuous Strenuous Moderate Light Unable

17. How does your knee affect your activity level?

No Affect Mildly Moderately Severely

18. Currently, how does your knee function:

Normal Nearly Normal Abnormal Severely Abnormal



