

POSM/OFALS KNEE SUBJECTIVE FOLLOW-UP

MEDICAL RECORD #

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NAME: _____

EXAM DATE:

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PHYSICIANS: KP EB OTHER

FOLLOWUP PERIOD: 3 month 6 month 1 year 2 yearly

DATE OF SURGERY

		/			/				
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INJURED KNEE: Right Left Both

1. Please grade each symptom/s that you experience currently during your highest level of activity.

SYMPTOMS:

	<i>Right Knee</i>				<i>Left Knee</i>			
	<u>NONE</u>	<u>MILD</u>	<u>MODERATE</u>	<u>SEVERE</u>	<u>NONE</u>	<u>MILD</u>	<u>MODERATE</u>	<u>SEVERE</u>
1) 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
2) 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
3) Noise Sensations (popping, grinding, cracking)	<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
4) 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

2. How does your knee affect your ability to:

	<u>Not Difficult</u>	<u>Minimally Difficult</u>	<u>Moderately Difficult</u>	<u>Extremely Difficult</u>	<u>Unable to do</u>
1) Sit with knee bent	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
2) Descend Stairs	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
3) Kneel on front of knee	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
4) Rise from a chair	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
5) Running	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
6) Stop and Start quickly	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
7) Jump and land on involved leg	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

Symptoms and Functional Assessment

3. Rate the following on the scale of 10 to 1

	<u>Best</u>									<u>Worst</u>
1) Rate your current ability to perform Activities of Daily Living	<input type="radio"/> 10	<input type="radio"/> 9	<input type="radio"/> 8	<input type="radio"/> 7	<input type="radio"/> 6	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
2) Rate your current ability to perform Strenuous Work	<input type="radio"/> 10	<input type="radio"/> 9	<input type="radio"/> 8	<input type="radio"/> 7	<input type="radio"/> 6	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
3) Rate your current ability to perform Sedentary Work	<input type="radio"/> 10	<input type="radio"/> 9	<input type="radio"/> 8	<input type="radio"/> 7	<input type="radio"/> 6	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

4. **Currently**, how does your affected knee function:

normal nearly normal abnormal severely abnormal

5. If you participate in sports, are you **currently**: Not Applicable

- | | |
|-------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="radio"/> Not Limited in Sports | <input type="radio"/> Unable to participate in MAJORITY of sports |
| <input type="radio"/> Unable to participate in a FEW sports | <input type="radio"/> Unable to participate in a ALL sports |



6. If you participate in sports, your **current** activity level in sports is: Not applicable

- Sedentary Recreational Serious Recreational/Competitive Scholastic Competitive Professional/World Class

7. What is the highest level of activity you can participate non a regular basis?

	NOW	POST-OP	POST-INJECTION	POST-THERAPY
<input type="radio"/> Very strenuous activities like jumping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Strenuous activities like physical work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Moderate activities like running or jogging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Light activities like walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Unable to perform any activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. What is the highest level of activity you can perform without **giving way** your knees?

- Very Strenuous Strenuous Moderate Light Sedentary

9. During the past 4 weeks or since you re-injury, how often had you had pain?

- Never** 0 1 2 3 4 5 6 7 8 9 10 **Constant**

10. If you had pain how severe is it?

- No Pain** 0 1 2 3 4 5 6 7 8 9 10 **Worst Pain Imaginable**

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

12. How would you rate the function of your knee(s) on a scale of 0 to 10 with 0 being normal, excellent function and 10 being the inability to perform any of your usual daily activities?

Current function of your knee:

- no limitation 0 1 2 3 4 5 6 7 8 9 10 cannot perform daily activities

Prior function of your knee:

- no limitation 0 1 2 3 4 5 6 7 8 9 10 cannot perform daily activities

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

Swelling:	<input type="radio"/> None	<input type="radio"/> Mild (on severe exertion)	<input type="radio"/> Moderate (on ordinary exertion)	<input type="radio"/> Severe
Pain:	<input type="radio"/> None	<input type="radio"/> Intermittent and slight during severe exertion	<input type="radio"/> Increased during severe exertion	<input type="radio"/> Increased on or after walking more than 2km <input type="radio"/> Increased on or after walking less than 2km <input type="radio"/> Constant
Crutch Use:	<input type="radio"/> None	<input type="radio"/> 1 Crutch (stick or drutch)	<input type="radio"/> 2 Crutch (stick or crutch)	<input type="radio"/> Weight bearing impossible
Walking with a limp:	<input type="radio"/> Yes (severe or constant) <input type="radio"/> No (none) <input type="radio"/> Somewhat (slight or periodical) <input type="radio"/> Not applicable			
Locking:	<input type="radio"/> No locking and no catching sensations	<input type="radio"/> Locking frequently	<input type="radio"/> Locked Joint	<input type="radio"/> Catching but no locking sensations <input type="radio"/> Locking occasionally <input type="radio"/> Constant
Instability:	<input type="radio"/> Never giving away	<input type="radio"/> Frequently during athletics or other severe exertion	<input type="radio"/> Often in daily activities	<input type="radio"/> Occasionally in daily activities <input type="radio"/> rarely during athletics or other severe exertion <input type="radio"/> Every step
Stair Climbing:	<input type="radio"/> No problems	<input type="radio"/> Slightly Impaired	<input type="radio"/> One step at a time	<input type="radio"/> Impossible
Squatting:	<input type="radio"/> No problems	<input type="radio"/> Slightly Impaired	<input type="radio"/> Not beyond 90 deg	<input type="radio"/> Impossible

13. **Currently**, what is your rehabilitation programme that you have?

- None
 Home therapy programme prescribed by your doctor
 I see a physical therapist frequently

14. If you had a re-injury requiring medical attention, when did the injury occur?

Date: _____ Not applicable

How did the reinjury occur (*check as many as apply*)?

- No specific injury Participating in a RECREATIONAL Sport
 Auto Accident Participating in a SERIOUS RECREATIONAL/COMPETITIVE Sport
 Slip and/or Fall Participating in a SCHOLASTIC COMPETITIVE Sport
 Lifting Activity Participating in a PROFESSIONAL/WORLD CLASS Sport
 Blow to the Knee Jumping Activity
 Twisted Knee Other, PLEASE specify: _____

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



