

KNEE EVALUATION
UCLA Sports Medicine

PATIENT STICKER

Chief Complaint:

History of Present Illness:

Sports/level: none recreational collegiate competitive semi-professional professional

Date of injury: _____

No specific injury

Mechanism of Injury: _____

Snap or Pop: Yes No

Swelling: Yes No

Instability Yes No

With what activities: _____

Pain:

Location: Anterior Posterior Medial Lateral

With what activities: _____

Catching: Yes No

Locking: Yes No

Prior Treatment:

NSAID	<input type="checkbox"/> Improved	<input type="checkbox"/> No Benefit	<input type="checkbox"/> Did Not Try
Ice	<input type="checkbox"/> Improved	<input type="checkbox"/> No Benefit	<input type="checkbox"/> Did Not Try
Heat	<input type="checkbox"/> Improved	<input type="checkbox"/> No Benefit	<input type="checkbox"/> Did Not Try
Brace	<input type="checkbox"/> Improved	<input type="checkbox"/> No Benefit	<input type="checkbox"/> Did Not Try
Physical Therapy	<input type="checkbox"/> Improved	<input type="checkbox"/> No Benefit	<input type="checkbox"/> Did Not Try

Previous Surgery? Yes No

If yes, specify: _____

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Physical Examination:

Head and Neck: NCAT Supple, Non-tender
 ROM: Normal Abnormal

	R	L
<u><i>General:</i></u>		
ROM		
Ext (0)	_____	_____
Flex (135)	_____	_____
<u><i>Effusion:</i></u>		
Trace	<input type="checkbox"/>	<input type="checkbox"/>
Moderate	<input type="checkbox"/>	<input type="checkbox"/>
Large	<input type="checkbox"/>	<input type="checkbox"/>
Soft tissue Swelling (where)	_____	_____

Meniscus

Joint line tenderness:

Medial

Lateral

McMurray's Test *Medial* *Medial*

 + ("click")
 irritable

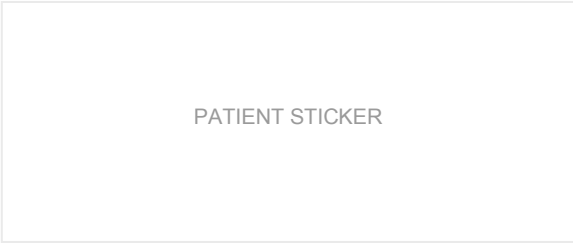
 (-)

 + ("click") *Lateral* *Lateral*
 Irritable
 (-)

	R	L
<u><i>Ligaments</i></u> (mm abn laxity)		
Ant. Drawer	_____	_____
Post. Drawer	_____	_____
Lachman's	_____	_____
End point	firm / soft	firm / soft
Varus, 0°	_____	_____
Varus, 30°	_____	_____
Valgus, 0°	_____	_____
Valgus, 30°	_____	_____
Pivot Shift:	0 (negative) 1 (glide)	0 (negative) 1 (glide)
	2 (clunk) 3 (gross)	2 (clunk) 3 (gross)
Ext Rot ("+"=>5° side to side diff.)		
+ at 30°	_____	_____
+ at 90°	_____	_____
Ext Rot/recurvatum test	+ -	+ -
<u><i>PF Pain/Instability</i></u>		
Apprehension	_____	_____
Retro Patella		
• Tenderness	_____	_____
• Crepitus	_____	_____
Q Angle	_____	_____
Patellar Tracking		
Normal	Normal	Normal
Abnormal	Abnormal	Abnormal
J sign	+ -	+ -

Patellar Mobility:

Normal
 Abnormal (Specify): _____



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Lateral Patellar Tilt:

- Normal
- Abnormal (Specify): _____

Functional:

- VMO Atrophy?
- Yes
 - No

Alignment (Standing):

- Valgus
- Varus

- Gait: Normal
- Antalgic
 - Left Right
 - Thrust
 - Left Right

Squat (pain):

- None
- Medial
- Lateral
- Anterior

Squat Walk (pain):

- None
- Medial
- Lateral
- Anterior

Neurovascular:

Pulses: Dorsalis Pedis

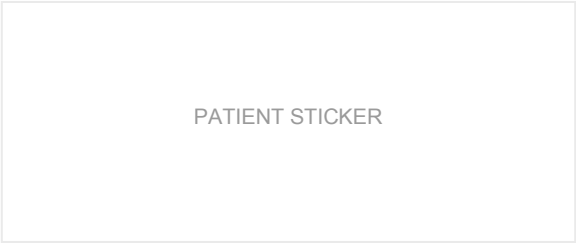
- 0
- 1+
- 2+

Posterior Tibial

- 0
- 1+
- 2+

1. Cap Refill: Normal (<2 sec.)
 Abnormal

2. Sensation Light Touch: Intact
 Diminished



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Diagnostic Studies:

Radiographs: Normal
 Abnormal (specify): _____

MRI: Normal
 Abnormal (specify): _____

Other: _____

Assessment: _____

Plan: _____

David R. McAllister, MD

Date

Time