

Date: _____

Physiotherapy Knee Assessment

MRN: _____

SURGERY: _____ NA

NAME: _____

SX DATE: _____ DC DATE: _____

DOB/AGE: _____

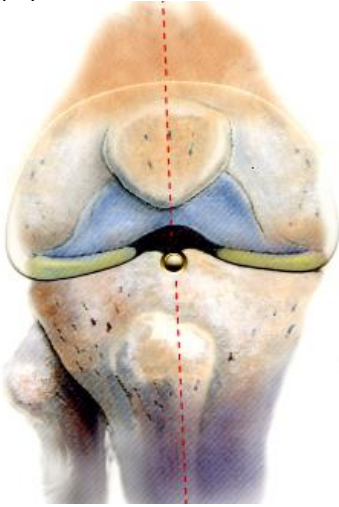
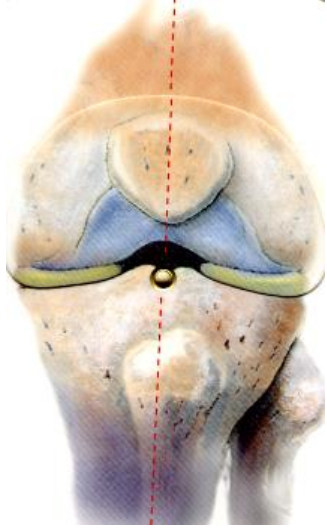
SURGEON: _____

DIAGNOSIS: _____

SX APPROACH: _____

PT: _____

COMPLICATIONS: _____

<p>Observation</p> <ul style="list-style-type: none"> - Incision/scars - Valgus/varus - Muscle wasting - Swelling <p>∇ R = L =</p> <p>— R = L =</p>	<p>(R)</p> 	<p>(L)</p> 
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Pain scale (Indicate level of knee pain) 0=No Pain, 10=Worst pain imaginable				
Date	At rest	Night	Walking	Comments (pain med use, triggers)

Date	Gait (pattern/aid)

Date	Balance (static)	Balance (dynamic)
	45 sec SLS or 4-stage balance test	Tandem walk (4 steps) or 4-squares

		Knee ROM		Hip ROM				
Date		Flex (a/p)	Ext (a/p)	Flex (a/p)	Ext (a/p)	Abd (a/p)	IR(a/p)	ER (a/p)
	R							
	L							
	R							
	L							
	R							
	L							

Strength									
Date		Quads	Hams	Hip flex.	Hip abd.	Hip ext.	Hip IR	Hip ER	Gastroc
	R								
	L								
	R								
	L								
	R								
	L								

LE Scan	
Hip/ankle/ foot	

<p>Other tests</p> <ul style="list-style-type: none"> • Lumbo-pelvic alignment • Leg lengths/ pelvic obliquity • Soft tissue flexibility (hamstrings/hip flexors) • Ligament stability (ACL/PCL/collaterals) • Patellofemoral Joint (position/tracking) • Tibiofemoral joint (tenderness/crepitus) • Neurological signs • Circulation (pulse) • Other 	
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Performance tests		
Date	30 sec CST (reps)	10 m self-paced walking speed (m/sec)