



KNEE EVALUATION FORM

Date:
Pt Name: Pt Number:
Diagnosis:
Referred by:
Visit #:
Time in: Time out: Billable units:

Patient Information:

Patient Profile:

Chief Complaint:

Account of Current Condition:

History of present injury:

Current Symptoms:

Location:

Onset:

Character:

Intensity:

Duration:

Aggravating Factors:

Alleviating Factors:

24 hour behavior:

PMH:

Medication/Allergies:

Current Function %:

Standardized Functional Questionnaire:

DASH:

Modified Oswestry:

NDI:

LEFS:

Personal and Environmental Factors:

Activity:

Occupation:

Patient Goals:

Systems Review:

Cardiopulmonary:

Neuromuscular:

Integumentary:

Musculoskeletal:

Tests and Measures:

Observation:

Joint Clearing:



ROM:

	AROM		PROM		End Feel	
	R	L	R	L	R	L
Flexion						
Extension						
Internal Rotation						
External Rotation						

Resisted Tests:

Flexibility:

Neurologic Screen:

	Sensation		Reflexes		Motor	
	R	L	R	L	R	L
L1-L2						
L3						
L4						
L5						
S1						
S2						

Special Tests:

- Valgus Stress Test:
- Varus Stress Test:
- Lachman Test:
- Posterior Sag Sign:
- Godfrey Test:
- Active Drawer Test:
- Drawer Sign:
- Lateral Pivot Shift Test:

- McMurray Test:
- Thessaly Test:
- Apprehension Test:
- McConnell Test:
- Brush/Stroke Test:
- Fluctuation Test:
- Patellar Tap Test:

Joint Mobility:

Palpation:

Functional Tests:

Today's Intervention:

Evaluation:

Summary:

Impairments:

Functional Limitations:

Response to today's intervention:

Plan of Care:

Outcomes:

STG:

LTG:

Prognosis:

Intervention Plan:

Informed Consent:



(Patient or Guardian) has been informed of all evaluation findings and treatment plans and agrees to participate in Physical Therapy services and plans as outline, including the given HEP.

Sign: _____

Date: