

Knee Consultation & Examination

Patient _____ Today's Date _____ Date of Injury _____

NOTE: Per AMA Guides 6th Ed., Knee is defined as the region from the mid femur to the mid tibia and including all the bone, joint, ligamentous and soft-tissue structures encompassing the joint. This form applies to Left Right.

Describe how your knee injury is affecting your job performance _____

Describe how your knee injury is affecting your personal life _____

What alleviates (relieves) your knee symptoms or function? _____

What aggravates (worsens) your knee symptoms or function? _____

How *Severe* are your knee symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How *Frequent* are your knee symptoms? 0-25% 26-50% 51-75% 76-100%

Which knee symptoms do you have? Numb Tingle Pain Weak Unstable

During the past 30 days, are your knee symptoms Improving Same Worse

(For Doctor Use Only)

Patient has tenderness of Ligament Tendon Bone Soft Tissues of _____

Patient has paresthesias of Femoral (L2-3) Obturator (L3-4) Sappenous (L3-4)
Lat. Sural Cutaneous (L4-S1) Post. Femoral Cutaneous (S1,S3) Lat. Femoral Cutaneous (L2-3)

Patient's pain is Vague/non-localized Specifically in _____

	No Symptoms	Symptoms	Objective Signs	Loss of Function	LOM	Instability
Soft Tissues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscle/Tendon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ligt/Bone/Joint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Doctor's Opinions

Knee injury caused by _____ Apportionment? Yes No Date of other injury _____
 Inconsistencies? None Previous records/exam today Subjective & Objective today My Observations/History/Exam Symptoms/Studies
 Reliability of Exam Findings Today _____% Knee area is MMI today? Yes No Other Areas Examined Today? No Yes _____ Minutes