

PLEASE CHECK THE STATEMENT THAT BEST DESCRIBES THE CONDITION OF YOUR  
KNEE

- PAIN**
- 20 \_\_\_\_\_ I experience no pain in my knee.
- 16 \_\_\_\_\_ I have occasional pain with strenuous sports or heavy work. I don't think that my knee is entirely normal. Limitations are mild and tolerable.
- 12 \_\_\_\_\_ There is occasional pain in my knee with light recreational sports or moderate work.
- 8 \_\_\_\_\_ I have pain brought on by sports, light recreational activities or moderate work. Occasional pain is brought on by daily activities such as standing or kneeling.
- 4 \_\_\_\_\_ The pain I have in my knee is a significant problem with activities as simple as walking. The pain is relieved by rest. I can't participate in sports.
- 0 \_\_\_\_\_ I have pain in my knee at all times, even during walking, standing, or light work.

- Intensity: A.  Mild B.  Moderate C.  Severe
- Frequency: A.  Constant B.  Intermittent
- Location: A.  Medial (inner side) B.  Lateral (outer side) C.  Anterior (front)  
D.  Posterior (back) E.  Diffuse (all over)
- Occurs: A.  Kneel B.  Stand C.  Sit D.  Stairs
- Type: A.  Sharp B.  Aching C.  Throbbing D.  Burning

- SWELLING**
- 10 \_\_\_\_\_ I experience no swelling in my knees.
- 8 \_\_\_\_\_ I have occasional swelling in my knee with strenuous sports or heavy work.
- 6 \_\_\_\_\_ There is occasional swelling with light recreational activities or moderate work.
- 4 \_\_\_\_\_ Swelling limits my participation in sports & moderate work. Occurs infrequently with simple walking or light work. Occasionally with simple walking or light work - about 3 times a year.
- 2 \_\_\_\_\_ My knee swells after simple walking activities & light work. The swelling is relieved by rest.
- 0 \_\_\_\_\_ I have severe swelling with simple walking activities. The swelling is not relieved by rest.

- STABILITY**
- 20 \_\_\_\_\_ My knee does not give out.
- 16 \_\_\_\_\_ My knee gives out only with strenuous sports or heavy work.
- 12 \_\_\_\_\_ My knee gives out occasionally with light recreational activities or moderate work, it limits my vigorous activities, sports or heavy labor.
- 8 \_\_\_\_\_ Because my knee gives out, it limits all sports & moderate work. It occasionally gives out with walking or light work.
- 4 \_\_\_\_\_ My knee gives out frequently with simple activities such as walking. I must guard my knee at all time.
- 0 \_\_\_\_\_ I have severe problems with my knee giving out. I can't turn or twist without my knee giving out.

- Stiffness: A.  None B.  Occasional C.  Frequent
- Grinding: A.  None B.  Mild C.  Moderate D.  Severe
- Locking: A.  None B.  Occasional C.  Frequent

CONTINUED ON BACK

### **OVERALL ACTIVITY LEVEL**

- 20 \_\_\_\_\_ No limitations. I have a normal knee and I am able to do everything including strenuous sports and/or heavy labor.
- 16 \_\_\_\_\_ I can partake in sports including strenuous ones but at a lower level. I must guard my knee and limit the amount of heavy labor or sports.
- 12 \_\_\_\_\_ Light recreational activities are possible with RARE symptoms. I am limited to light work.
- 8 \_\_\_\_\_ No sports or recreational activities are possible. Walking activities are possible with RARE symptoms. I am limited to light work.
- 4 \_\_\_\_\_ Walking activities and daily living cause moderate problems and persistent symptoms.
- 0 \_\_\_\_\_ Walking and other daily activities cause severe problems.

### **WALKING**

- 10 \_\_\_\_\_ Normal, unlimited.
- 8 \_\_\_\_\_ Slight, mild problems.
- 6 \_\_\_\_\_ Moderate problem, flat surface up to half a mile.
- 4 \_\_\_\_\_ Severe problems, only 2 to 3 blocks.
- 2 \_\_\_\_\_ Severe problems, need cane or crutches.

### **STAIRS**

- 5 \_\_\_\_\_ Normal, unlimited.
- 4 \_\_\_\_\_ Slight, mild problems.
- 3 \_\_\_\_\_ Moderate problems, only 10 to 15 steps possible.
- 2 \_\_\_\_\_ Severe problems, require banister for support.
- 1 \_\_\_\_\_ Severe problems, only 1 to 5 steps with support.

### **RUNNING**

- 10 \_\_\_\_\_ Normal, unlimited, fully competitive.
- 8 \_\_\_\_\_ Slight, mild problems, run at half speed.
- 6 \_\_\_\_\_ Moderate problems, only 1 to 2 miles possible.
- 4 \_\_\_\_\_ Severe problems, only 1 to 3 blocks possible.
- 2 \_\_\_\_\_ Severe problems, only a few steps.

### **JUMPING AND TWISTING**

- 5 \_\_\_\_\_ Normal, unlimited, fully competitive.
- 4 \_\_\_\_\_ Slight, mild problems, some guarding.
- 3 \_\_\_\_\_ Moderate problems, gave up strenuous sports.
- 2 \_\_\_\_\_ Severe problems, affects all sports, always guarding.
- 1 \_\_\_\_\_ Severe problems, only light activity possible (golf/swim).

If I had to give my knee a grade from 1 to 100, with 100 being the best, I would give my knee a \_\_\_\_\_.

**KT-2000 KNEE ARTHROMETER MEASUREMENTS**

PATIENT \_\_\_\_\_ ID NUMBER \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_ SURGERY DATE \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ THERAPIST \_\_\_\_\_

**ANTERIOR DISPLACEMENT MEASUREMENT AT 20° TO 35°**

**ANTERIOR**

**POSTERIOR**

**TOTAL**

WEEK __ __/__/	N	I	I-N	N	I	I-N	AN+PN	AI+PI	I-N	WEEK __
15 LB										15 LB
20 LB										20 LB
30 LB										30 LB
MANUAL MAXIMUM										MANUAL MAXIMUM
WEEK __ __/__/	N	I	I-N	N	I	I-N	AN+PN	AI+PI	I-N	WEEK __
15 LB										15 LB
20 LB										20 LB
30 LB										30 LB
MANUAL MAXIMUM										MANUAL MAXIMUM
WEEK __ __/__/	N	I	I-N	N	I	I-N	AN+PN	AI+PI	I-N	WEEK __
15 LB										15 LB
20 LB										20 LB
30 LB										30 LB
MANUAL MAXIMUM										MANUAL MAXIMUM
WEEK __ __/__/	N	I	I-N	N	I	I-N	AN+PN	AI+PI	I-N	WEEK __
15 LB										15 LB
20 LB										20 LB
30 LB										30 LB
MANUAL MAXIMUM										MANUAL MAXIMUM

# ISOKINETIC TEST SUMMARY

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

JOINT: KNEE \_\_\_\_\_

DOS: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

S\P: \_\_\_\_\_

REFERRAL: J \_\_\_\_\_

CLINICIAN: \_\_\_\_\_

TESTER: \_\_\_\_\_

<u>MOTION</u>	<u>SPEED</u>	<u>UNINJURED</u>	<u>INJURED</u>	<u>PERCENTILE</u>
<u>EXT</u>	<u>180°/s</u>	_____	_____	_____
	<u>300°/s</u>	_____	_____	_____
PEAK TORQUE				
<u>FLEX</u>	<u>180°/s</u>	_____	_____	_____
	<u>300°/s</u>	_____	_____	_____
TOTAL WORK				
<u>EXT</u>	<u>180°/s</u>	_____	_____	_____
	<u>300°/s</u>	_____	_____	_____
<u>FLEX</u>	<u>180°/s</u>	_____	_____	_____
	<u>300°/s</u>	_____	_____	_____

SUMMARY: PEAK TORQUE/BW @ 180°/s EXT: \_\_\_\_\_

WORK/BW @ 180°/s EXT: \_\_\_\_\_

HAMS/OUADS RATIO: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

FUNCTIONAL JUMP TEST

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_

SURGERY: \_\_\_\_\_

DOS: \_\_\_\_\_

S/P: \_\_\_\_\_

HEIGHT: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

AGE: \_\_\_\_\_

SEX: \_\_\_\_\_

NON: \_\_\_\_\_

INV: \_\_\_\_\_

SINGLE LEG DISTANCE -- inches

-1-                    -2-                    -3-

NON                    \_\_\_\_\_                    \_\_\_\_\_                    \_\_\_\_\_                    AVE = \_\_\_\_\_

INV                    \_\_\_\_\_                    \_\_\_\_\_                    \_\_\_\_\_                    AVE = \_\_\_\_\_

NON - INV = \_\_\_\_\_                    PERCENTILE = \_\_\_\_\_

SINGLE LEG TIME -- seconds

-- TOTAL DISTANCE = 7yds / 21 ft. / 252"

-1-                    -2-                    -3-

NON                    \_\_\_\_\_                    \_\_\_\_\_                    \_\_\_\_\_                    AVE = \_\_\_\_\_

INV                    \_\_\_\_\_                    \_\_\_\_\_                    \_\_\_\_\_                    AVE = \_\_\_\_\_

NON - INV = \_\_\_\_\_                    PERCENTILE = \_\_\_\_\_

SINGLE LEG 3 JUMP DISTANCE

-1-                    -2-                    -3-

NON                    \_\_\_\_\_                    \_\_\_\_\_                    \_\_\_\_\_                    AVE = \_\_\_\_\_

INV                    \_\_\_\_\_                    \_\_\_\_\_                    \_\_\_\_\_                    AVE = \_\_\_\_\_

NON - INV = \_\_\_\_\_                    PERCENTILE = \_\_\_\_\_