MIDLANDS
orthopaedics, p.a.

THOMAS P. GROSS, MD

KNEE EXAM

Date _____

Referring Doctor: _____ **Age:** _____ **Patient Name:** _____ **MR#:** _____

1) **Which joint bothers you the most?** _____
2) **When does your joint hurt? (Circle)** Standing Walking Resting At Night on Stairs
3) **How long have you had this pain?** _____
4) **What activity makes your pain worse?** _____
5) **Do you have? (Circle all that apply)** Locking Popping Giving Way Grinding Swelling
6) **Pain Location: (Circle all that apply)** Front Back Inside All Over Outside
   Other: _____
7) **Pain Severity: (Circle One)** None Mild/Occasional Stairs only Walking & Stairs Moderate/Occasional Continuous Severe
8) **Limp: (Circle One)** None Slight Moderate Severe Unable to walk
9) **Walking Aids:** None Cane 2 Canes Crutches or Walker
10) **Walking: (Circle One)** Unlimited ›10 blocks 5-10 blocks ‹5 blocks Household Unable
11) **Stairs: (Circle One)** Normal up & down Normal Up; down with rail Up & Down with rail Up with rail; unable down Unable

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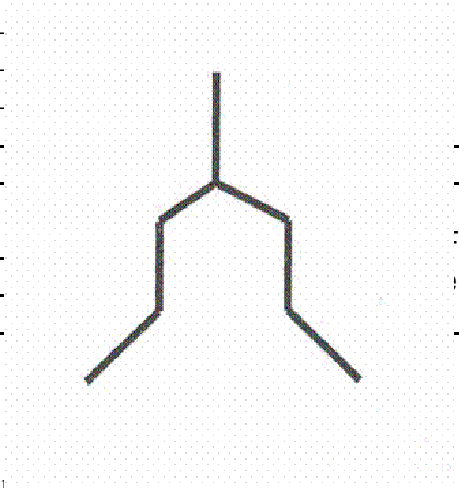
Examination:	**Right**	**Left**
Effusion	_____	_____
Erythema	_____	_____
Tenderness	_____	_____
Incision(s)	_____	_____
Passive ROM		
Extension	_____	_____
Flexion	_____	_____
Lag	_____	_____
Stability		
AP (›5mm, 5-10, ›10 mm)	_____	_____
ML (›5mm, 5-10, ›10)	_____	_____
Rot. Instability	_____	_____
Alignment		
Non-Weight bearing	_____	_____
Standing/Stress	_____	_____
NEUROVASCULAR:		
Motor: EHL	_____	_____
TA	_____	_____
QUAD	_____	_____
Pulses: DP	_____	_____
PT	_____	_____

Sensation: _____ _____

Other: _____ _____

X-Rays Brought with Patient:

What parts X-rayed: _____ ilms _____

Date: _____ Taken: _____

MOPA X-Rays Taken Today: _____ _____