

New Patient Evaluation
Hamstring Evaluation Form
Stephen Franzino, MD

Name: _____ **DOB:** _____

Which hamstring hurts? Right Left Both
 Do you have pain in any other joints? Yes No
 If yes which ones? _____
 How long ago did the pain start?
 1-2 weeks 3-4 weeks 5-6 weeks 2 months 3 months 4-5 months
 6 months 6-8 months 9-12 months Greater than 1 year
 Other (please specify): _____
 How did the pain start? Gradually over time Acutely
 Date of Injury _____
 Did you suffer? Fall Twisting Injury No accident or injury
 Other injury, please specify _____
 If you suffered an *acute injury* did you feel a: Pop Snap None
 Did you have immediate swelling? Yes No
 Were you able to walk immediately? Yes No
 Did you seek medical attention? Yes No
 Describe your activity level (check one)
 Strenuous activity: jumping, pivoting, hard cutting, sports (football, soccer, basketball)
 Moderate activity: heavy manual labor or sports (tennis, skiing)
 Light activity: jogging, running, and walking
 Sedentary activity: housework
 Does your hamstring prevent you from playing sports or doing daily activities? Yes No
 Have you ever hurt this hamstring before? Yes No
 If yes, when? _____ What type of injury? _____
 Did your hamstring get better? Yes No
 Have you received treatment for your hamstring? Yes No
 Physical Therapy / Steroid Injections Yes No
 Have you had hamstring on this knee? Yes No
 If yes, when? _____ Procedure _____
 Do medications help? Yes No
 Do you have morning stiffness or tightness? Yes No
 Is the pain: sharp dull achy burning constant
 Activity related (before/during/after) mild moderate severe
 What symptoms do you have now?
 No pain at rest mild pain moderate pain severe pain
 No pain w/stairs pain going up stairs pain going down stairs
 No pain w/bending pain w/bending
 No pain w/activities mild pain moderate pain severe pain
 How does your knee function? normal near normal abnormal
 Do you use aids to walk? No Crutches Cane Walker Brace
 Can you walk before the pain starts? Unlimited < 1 block 1-5 blocks Unable

Physical Examination

Scars	None	Well-healed	Not healed	Medial	Lateral
	Midline				
Ecchymosis	None	Mild	Moderate	Severe	
Erythema	None	Mild	Moderate	Severe	
Areas of tenderness	<hr/>				

ROM / Extension					Not Tested
Normal	lacks <3°	lacks 3-5°	lacks 6-10°		lacks >10°
ROM / Flexion					Not Tested
Normal	120°	110°	100°	90°	80°
Dorsalis Pedis		Present	Absent		Other _____
Posterior Tibialis		Present	Absent		
Sensation		Normal	Abnormal		

Tenderness

Iliac Crest	None	Mild	Moderate	Severe
Iliac Tubercle	None	Mild	Moderate	Severe
Greater Trochanter	None	Mild	Moderate	Severe
Pubic Tubercle	None	Mild	Moderate	Severe
PSIS	None	Mild	Moderate	Severe
Ischial Tuberosity	None	Mild	Moderate	Severe
Sacroiliac Joint	None	Mild	Moderate	Severe

Radiographs

Pending	None	Normal
MRI Results	<hr/>	

Diagnosis / Impression

Knee Pain Unknown Etiology			
Hamstring Strain	Mild	Moderate	Severe
Gap	No	Yes	
Other	<hr/>		

Plan

Rest	Ice	Ace wrap	Brace
MRI	CT Scan		
NWB Crutches		PWB Crutches	FWB
Medication	NSAIDs	Chondroitin Sulfate	Celebrex
			Physical Therapy
			Ultram ER

Follow Up	Weeks	Months	PRN
Referral	<hr/>		

Notes:

Stephen J. Franzino, MD