

**New Patient Evaluation**  
**Knee Evaluation Form**  
**Stephen Franzino, MD**

**Name:**

**DOB:**

Which knee hurts?

Right    Left                  Both  
 Right    Left                  Equal

If both knees hurt, which is worse?

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 knee prevent you from playing sports or doing daily activities?      Yes      No

Have you ever hurt this knee before?      Yes      No

If yes, when? \_\_\_\_\_ What type of injury? \_\_\_\_\_

Did your knee get better?      Yes      No

Have you received treatment for your knee?      Yes      No

Physical Therapy / Steroid Injections/Viscosupplementation      Yes      No

Have you had surgery on this knee?      Yes      No

If yes, when? \_\_\_\_\_ Procedure \_\_\_\_\_

Do medications help?      Yes      No

Does your knee swell?      Yes      No      Daily      Intermittent

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 have:      catching      locking      grinding      instability

If you have buckling or giving way, how often? \_\_\_\_\_

Do you use aids to walk?      None      Crutches      Cane      Walker      Brace

Can you walk before the pain starts?      Unlimited      < 1 block      1-5 blocks      Unable

**Physical Examination**

Knee	Right	Left				
Alignment	Normal	Varus	Valgus	Degrees _____		
Scars	None	Well-healed	Not healed	Medial	Lateral	
	Midline					
Ecchymosis	None	Mild	Moderate	Severe		
Erythema	None	Mild	Moderate	Severe		
Effusion	None	Mild	Moderate	Severe		
Tenderness						
Medial joint line	None	Mild	Moderate	Severe		
Lateral joint line	None	Mild	Moderate	Severe		
McMurray's	Yes	No				
Patella						
Superior pole	None	Mild	Moderate	Severe		
Inferior pole	None	Mild	Moderate	Severe		
Medial pole	None	Mild	Moderate	Severe		
Lateral pole	None	Mild	Moderate	Severe		
Medial Femoral Condyle	None	Mild	Moderate	Severe		
Lateral Femoral Condyle	None	Mild	Moderate	Severe		
Medial Tibial Plateau	None	Mild	Moderate	Severe		
Lateral Tibial Plateau	None	Mild	Moderate	Severe		
Tibial Tubercle	None	Mild	Moderate	Severe		
Gerdy's Tubercle	None	Mild	Moderate	Severe		
IT Band	None	Mild	Moderate	Severe		
Other areas of tenderness						
Patellar Compression Test		Negative	Mild	Moderate	Severe	
Patellar Apprehension Test		Negative	Mild	Moderate	Severe	
Patellofemoral Crepitus		Negative	Mild	Moderate	Severe	
Patellar Tilt		Yes	No			
Cremitus Medial Compartment		Yes	No			
Cremitus Lateral Compartment		Yes	No			
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°	Other _____
Lachman		Negative	Mild (1+)	Moderate (2+)	Severe (3+)	
Anterior Drawer		Negative	Mild (1+)	Moderate (2+)	Severe (3+)	
Posterior Drawer		Negative	Mild (1+)	Moderate (2+)	Severe (3+)	
Posterior Sag		Yes	No			
Pivot Shift		Yes	No			
Varus Stress		Negative	Mild (1+)	Moderate (2+)	Severe (3+)	
Valgus Stress		Negative	Mild (1+)	Moderate (2+)	Severe (3+)	
Dorsalis Pedis		Present	Absent			
Posterior Tibialis		Present	Absent			
Sensation		Normal	Abnormal			

**Radiographs**

Pending	None					
Normal						
Medial Joint Line	Normal	Mild Loss	Moderate Loss	Severe Loss		
Lateral Joint Line						
Patellofemoral Joint						
Patellar Tilt	Meniscal	Calcification	OCD	Yes	No	

MRI Results \_\_\_\_\_

**Diagnosis / Impression**

Knee Pain Unknown Etiology					Recurrent Effusion	
Medial Meniscus Tear					Lateral Meniscus Tear	
Rupture	LCL	MCL	ACL	PCL	Posterolateral Corner	Grade I II III
Patellofemoral Malignment					Patellofemoral Compression Syndrome	
Patella Chondromalacia					Patella Instability	Patella Dislocation
Patella Tendonitis					Prepatellar Bursitis	Osgood-Slaughters
Fracture						
Loose body	Knee Strain		Hamstring Strain		OCD Lesion	
RA	Gout		Pseudogout		TKA	
Osteoarthritis	Medial		Lateral		Patellofemoral	
IT Band Tendonitis			Knee Contusion		Knee Sprain	

Other \_\_\_\_\_

**Plan**

Rest	Ice	Ace wrap		Brace	Patella Strap
MRI	CT Scan				
Aspiration	Knee	Bursa			
Labs:	CBC/Uric Acid	ESR	Bone Scan	Indium Scan	
NWB Crutches		PWB Crutches		FWB	Physical Therapy
Corticosteroid Injection					
Viscosupplementation Protocol		Synvisc		Euflexxa	Hyalgan
Medication	NSAIDs	Chondroitin Sulfate		Celebrex	Ultram ER
Radiographs	Standing/Lateral/Sunrise	Lumbar Spine		AP Pelvis/Frog Leg	Lateral

**Surgery**

Arthroscopy with debridement		Loose body removal			
Medial or Lateral Meniscotomy		Meniscal Repair			
ACL Reconstruction	Allograft		Autograft		Hamstring
Chondral	ACI		Allograft		Resurface
	Patella/Trochlear		Microfracture		

Other \_\_\_\_\_

**Follow Up**      Weeks                      Months                      PRN

Referral \_\_\_\_\_

**Notes:**

**Stephen J. Franzino, MD**