

New Patient Evaluation
Lower Leg Evaluation Form
Stephen Franzino, MD

Name:

DOB:

Which leg hurts?

Right Left Both
 Right Left Equal

If both legs 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 leg prevent you from playing sports or doing daily activities? Yes No

Have you ever hurt this leg before? Yes No

If yes, when? _____ What type of injury? _____

Did your leg get better? Yes No

Have you received treatment for your leg? Yes No

Physical Therapy / Steroid Injections/Viscosupplementation Yes No

Have you had surgery on this leg? Yes No

If yes, when? _____ Procedure _____

Do medications help? Yes No

Does your leg 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 leg function? normal near normal abnormal

Do you have: catching locking grinding buckling

If you have buckling or giving way, how often? _____

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

Knee / Leg	Right	Left	Valgus		Degrees _____	
Alignment	Normal	Varus	Not healed		Medial	Lateral
Scars	None	Well-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
Tibial Crest	None	Mild		Moderate		Severe
Gerdy's Tubercle	None	Mild		Moderate		Severe
IT Band	None	Mild		Moderate		Severe
Pes Anserinus	None	Mild		Moderate		Severe
Proximal Tibia Fibula	None	Mild		Moderate		Severe
Extensor Tendons Ankle	None	Mild		Moderate		Severe
AT	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		
Crepitus Medial Compartment		Yes		No		
Crepitus Lateral Compartment		Yes		No		
ROM / Extension	Knee	Ankle				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
Patellofemoral Malignment					Grade I II III
Patella Chondromalacia					Patellofemoral Compression Syndrome
Patella Tendonitis					Patella Instability
Fracture					Prepatellar Bursitis
					Osgood-Slaughters
Loose body	Knee Strain		Hamstring Strain		OCD Lesion
RA	Gout		Pseudogout		TKA
Osteoarthritis	Medial		Lateral		Patellofemoral
Stress Fracture	_____				Shin Splints
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:

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