

Name: _____

Knee Evaluation☐ Verbal ConsentLow Back/ Hip Scan ☐ Clear ☐ See NotesNeurological Scan ☐ Clear ☐ See NotesSpecial Questions

- ☐ Immobilization or bracing?
☐ Snapping or clicking?
☐ Locking?
☐ Giving Out?

Structural Analysis ☐ Edema ☐ Atrophy ☐ Q-angle☐ Tib. Bowing ☐ LLD ☐ FunctionalObservations (Gait)Range of Motion/Strength

Active R / L

Passive R / L

MMT (___/5) R / L

Flexion (140°)

Extension (0°)

Tib Med Rot'n (30°)

Tib Lat Rot'n (40°)

Hip Abd (50°)

Hip Add (30°)

Hip Int Rot'n (40°)

Hip Ext Rot'n (60°)

Functional Balance (↑,↓,N,NT) R / LAccessory Movements (↑,↓,N,NT) R / L

Hamstring

Posas

Rec. Fem.

Quads

ITB

Gastroc

Adductors

Anterior Glide

Posterior Glide

Pat Inferior Glide

Pat Superior Glide

Pat Medial Glide

Pat Lateral Glide

Stability TestsValgus(ext'n/30°) ☐ Clear ☐ NTVarus(ext'n/30°) ☐ Clear ☐ NTDrawer ☐ Clear ☐ NTSag ☐ Clear ☐ NTAntMed ☐ Clear ☐ NTAntLat ☐ Clear ☐ NTPostMed ☐ Clear ☐ NTPostLat ☐ Clear ☐ NTSpecial TestsMeniscal ☐ Clear ☐ NTPlica ☐ Clear ☐ NTThomas ☐ Clear ☐ NT

Other

PalpationGirth

R / L

10 CM above Kn

Joint Line

10 CM below Kn

Signature _____

_____/_____/_____