

KNEE PAIN FORM – POST-OPERATIVE ACL RECONSTRUCTION

Demographics

 Examined by: Licensed PT Student Both

 Treated by: Licensed PT Student Both

 Today's date: / /

 Sex: Male Female Age(yrs):

 Height (in): Student/PT measured

 Date of injury: / /

 Weight (lbs): Pt. record/ Pt. report

 Date of surgery: / /

 Knee Documented: L R

 First day of PT: / /

 Surgery (check all that apply): Bone-Pat Tend Brace Autograft Bone-Pat Tend Bone Allograft

 Achilles Tendon Allograft

 Hamstring Autograft Meniscectomy (med / lat) Meniscal repair (med / lat)

 Chondroplasty Type:
 Other:

 Location of Other Symptoms (check all that apply) Low back Buttock Thigh Leg Foot

Comorbidities:
 Student/PT measured

Smoker:
Physical Activity:
 CVD (Patient/ Family History) Patient record/Patient report

 Current Past Never

 Meets Does not meet

 Pulmonary D/O (Patient/Family History) CV Meds (including BP meds)

 DM (Patient/ Family History)

 DM Meds

 Meds for pt: Pulmonary D/O Meds

 Other Conditions

 No Co-morbidities Reported

Balance Assessments:

 Routinely tested for diagnosis? Yes No

 Degree of Patient perceived balance problem? (0=none, 10=maximal):
Forward Reach
Walking VOR test Unable

Single limb stance-----Strategy

Tandem Stance -----Strategy

 EO: sec Ankle/Hip/ Step

 EO: sec Ankle/Hip/ Step

 EC: sec Ankle / Hip/ Step

 EC: sec Ankle /Hip/Step

 Unable

 Unable

 cm

Strategy: Ankle/ Hip/ Step

 Unable

 3=normal

 2=mild impairment

 1=moderate impairment

 0-severe impairment

 Tests Identify Balance Problem? Yes No

 Balance Problem Treated? Yes No

BASELINE PHYSICAL EXAM, INTERVENTIONS & OUTCOMES

 Knee Effusion? Yes No

 Extensor Lag? Yes No

 WB status Immed Post-op: Full Partial NWB

 Quad atrophy Yes No (inches affected/inches unaffected: 4" ; 2"

 Assistive Device Post-op: Cane Crutches Walker None

 Post-op Brace: Yes (If yes, Start date ; Stop date No

 ROM limited? Yes (if yes, degrees of motion) No

	Interventions				Knee Flex (PROM)	Knee Ext (PROM; H Before a value represents Hyperextension)	NPRS (0-10) Avg over past 24 hrs	KOS (symptom within past 1-2 days)	Single Hop Test (recorded as %)
	1	2	3	4					
Initial / Wk 1									
Wk 2									
Wk 3									
Wk 4									
Wk 5									
WK 6									
D/C									

List dates that each goal below was achieved (enter month/day/year)

 Full Flexion ROM: / /

 Full Extension ROM: / /

 No Extensor Lag: / /

 Walking without assistive device: / /

 Cleared for jogging: / /

 Sports Brace Issued: Date if issued / / ; Not issued

Intervention List:

- A. Patient Education / Instruction
- B. PROM & AROM exercises
- C. Isometric strengthening exercises
- D. Progressive resistance exercises
- E. Joint mobilization
- F. Ultrasound

- G. Thermal Modalities
- H. Cryotherapy
- I. Stretching Exercises
- J. NMES (strength)
- K. Electrotherapy for pain
- L. Functional Training- ADLs

- M. Functional training- Sports
- N. Assistive Devices
- O. Gait Training

 P. Other (specify):

 R. Other (specify):

 Date of Last Visit: / /

 Duration of Care To Date (days):

Is the last visit the patient's discharge visit?

 Yes No