

Dates: Record the month/day/year for “today’s date”, “date of injury”, and “date of surgery.”

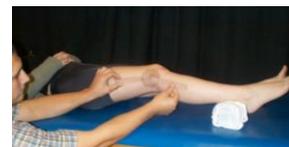
Examiner, Treater: Record whether the PT, student PT, or both performed the initial examination, and who provided the treatment.

Knee Documented: Record the knee that you are establishing as the “involved side”. If both knees are involved, you will pick the worst side.

Clinical Questions/Test and Measures: Record information for all of the questions/tests & measures listed during the initial examination only. For the comorbidities, ask the patient “Do you have or have you ever been diagnosed with any of the following disorders?” Check all that apply. The therapist may also use any medical documentation available to determine whether these co-morbidities are present.

Knee Effusion: Knee effusion will be noted comparing involved knee to uninvolved knee and marking “yes” if swelling is present and marking “No” if swelling is not present.

Extensor Lag/Contracture: It is not uncommon for people to normally exhibit some degree of knee hyperextension. Therefore, we will use whatever position is normal for knee extension as a reference position to calculate knee flexion contracture and knee extensor lag (as opposed to zero degrees). If the patient has a non-involved opposite extremity, the reference value for extensor lag and knee flexion contracture will be the opposite knees position in full extension. With opposite knees that have had ligamentous damage or other serious pathology, we will arbitrarily assign the reference value to zero. Begin by positioning the patient in supine with the ankle resting on a bolster, and measure the degree of extension on the opposite side. This will be the reference position that will be used to measure knee flexion contracture and extensor lag. Examples are illustrated in the following table. In the rare instance that the involved extremity has a position of extension that is greater than the uninvolved extremity, record zero degrees.



	Pt. with Hyperextension on opposite knee	Pt. with zero extension on the opposite side	Pt. with knee flexion contracture on the opposite side
Uninvolved measure	-10 degrees	0 degrees	10 degrees
Involved measure	10 degrees	10 degrees	10 degrees
Measure recorded	20 degrees	10 degrees	0 degrees



Extensor Lag

Patient supine and the uninvolved knee flexed to about 90 degrees, have the patient perform a straight leg raise with the involved extremity keeping the knee as straight as possible. The degree of knee extension is measured. The measure is compared to the reference value from the opposite side measure (see table above) and recorded on the patient form.



Contracture

The subject lies supine with a bolster propped under the involved ankle. They are then asked to fully relax their thigh muscles and to allow gravity to fully extend the involved knee. The degree of knee flexion is measured and recorded (see figure). The measure is compared to the reference value from the opposite side measure and recorded on the

patient form.

Bracing: If a brace is used, the date issued should be recorded as month/date/year in the space labeled “start date”, in the same way the date the patient is allowed to stop using the brace should be recorded in the space labeled “stop date.”

Quad Atrophy: Patient is positioned in supine and mark is placed 2 inches above the patella and 4 inches above the patella on the involved limb. At these distances the girth of the leg is measured using a tape measure and recorded in inches. The same thing is recorded for the uninvolved limb. If the involved limb girth is smaller than the uninvolved limb than mark the box labeled “yes.” Then write the exact inches for involved and uninvolved limb in the space provided. If the involved limb girth is the same or bigger than the uninvolved limb mark the box labeled “no.”

Interventions: Each session up to four major treatments from the list A-Q will be recorded. If more than 4 treatments are used that session, we ask that the student therapist prioritize to the 4 believed to be most beneficial to the goals of the patient.

PROM: In supine, passively flex and extend the knee and note whether there is any pain or restriction to full passive motion with overpressure. Record the measurements for flexion/extension. If motion is normal within normal limits (WNL).

NPRS (Numeric Pain Rating Scale): Subjects are asked to rate average pain that they have experienced over the last 48 hours on a scale from 0 -10. A rating of ‘0’ indicating ‘no pain’ and ‘10’ indicating pain ‘as intense as you could imagine’. Results will be recorded one time per week.

Single Hop test: The patient starts in standing position behind a line on the floor. The patient jumps on uninvolved limb forward as far as possible without falling landing on same limb. Distance hopped is recorded in centimeters. The procedure is repeated with the involved leg. Measurements are evaluated using limb symmetry index scores. This is calculated by dividing the involved leg score by the uninvolved leg score, and then multiplying by 100. The score is expressed in a percentage. ≥90% is considered WNL. Because most ACL reconstructions injuries happen when the muscles are fatigued this test will be performed at the end of treatment to increase sensitivity.

KOS-ADLS: Self-reported survey designed to assess ligamentous injuries, meniscal pathology, osteoarthritis, and patellofemoral disorders of the knee. The KOS-ADLS has 14 items and is used to rate limitations and symptoms that the patient has experience in the past two days. KOS-ADLS is scored with a Likert type scale. The items are given values ranging from 0-5, 0 being severe symptoms and limitations on activities of daily living and 5 being no symptoms or limitations. These scores are then converted to a final score with 100% being the best possible score.

Last Visit: Record the date of the last visit and/or discharge date in the boxes provided. If patient fails to come on scheduled discharge date, record the date of the last visit.

Protocol Used: Please attach specific protocol used in clinic for Post-ACL reconstruction.