### KNEE PAIN FORM – NON-TRAUMATIC PAIN

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Examined by:</th>
<th>Licensed PT</th>
<th>Student</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient ID:</td>
<td>Sex: Male</td>
<td>Female</td>
<td>Age (yrs):</td>
<td>Height (in):</td>
</tr>
<tr>
<td>Date of injury:</td>
<td></td>
<td></td>
<td></td>
<td>Weight (lbs):</td>
</tr>
<tr>
<td>Today’s date:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location/Diagnosis (check all that apply):</td>
<td>Anterior Knee Pain/ Patellofemoral Pain</td>
<td>Knee OA</td>
<td>Lateral Knee Pain/ ITB</td>
<td></td>
</tr>
<tr>
<td>Location of Other Symptoms (check all that apply):</td>
<td>Low back</td>
<td>Hip(s)</td>
<td>Thigh</td>
<td>Legq</td>
</tr>
</tbody>
</table>

#### Balance Assessments:

<table>
<thead>
<tr>
<th>Comorbidities:</th>
<th>Smoker:</th>
<th>Current</th>
<th>Past</th>
<th>Never</th>
<th>Physical Activity:</th>
<th>Meets</th>
<th>Does not meet</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVD (Patient/ Family History)</td>
<td>CV Meds (including BP meds)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulmonary D/O.(Patient/Family History)</td>
<td>Pulmonary D/O Meds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other Conditions:</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Meds for pt:</th>
<th>No Co-morbidities Reported</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Balance Problem:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

#### BASELINE PHYSICAL EXAM, INTERVENTIONS & OUTCOMES

**Standing:**
- Patellar mobility: Limited Medial: | No | Y | Limited Lateral: | No | N |
- Navicular Drop: Left: | mm; Right | mm
- Patellar Tenderness: Infrapatellar | No | Y | Med. Patellar | No | N |
- Supine: | |
- HS (Pop. Angle) Tight: | |
- Gastrocnemius Tightness?: | |
- Iliopsoas Tight?: | |
- PROM Painful?: | No | Y | with flexion | Y | with extension |
- PROM Restricted: | No | Y |
- Any stiffness with lumbar spring testing?: | No | Y |
- Altman’s Criteria Hip OA: | No | Y |

#### Interventions

<table>
<thead>
<tr>
<th>Interventions</th>
<th>NPRS (0-10)</th>
<th>LEFS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avg over past 24 hrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial / Wk 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wk 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wk 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wk 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wk 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wk 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D/C</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 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. Taping / Bracing (specify):
- Q. Off the shelf orthotics/ Custom orthotics (circle)
- R. Other (specify): |

<table>
<thead>
<tr>
<th>Discharge Date:</th>
<th>Number of PT Sessions:</th>
<th>Duration of Care To Date (days):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**Altman’s Criteria Knee OA:** | No | Y |

Knee Pain Form: NonTraumatic (revised 8/08) - mfds