ACCOUNT NO.	:		
	•		

Towson Orthopaedic Associates Knee Symptom Rating Form

Patient Name			Date of Vi	sit Primary Care		nvolved Knee 3 Right 3 Left			
Directions:		KEY:		1	1				
Using the Key (a	t the right),	Scale	Description						
check the appropriate boxes		10	Normal knee,	able to do strenuous	work/sports with	jumping, hard pivoting			
on the four scales below		8		derate work/sports w	_	ing and twisting;			
which indicate th		_		s with moderate wor					
level you can reach WITHOUT		6	6 Able to do light work/sports with no running, twisting or jumping;						
having symptom	is.	4	symptoms with moderate work/sports Able to do activities of daily living; symptoms with light work/sports						
		2		otoms (frequent, limit	• •				
		0		ms (constant, not reli					
1. PAIN				. (/10			
10	8		6	4	2.				
2. SWELLING	(actual fluid in th	e knee: obvious	s puffiness)			/10			
10	8		6	4	2	0			
				_,					
3. PARTIAL GI					2	/10			
10	8		6	4	2	0			
4. FULL GIVIN	G-WAV (knee co	llance occurs w	rith actual fallir	og to the ground)		/10			
		_		4	2.				
	-			·					
	Location of Pain	☐ inner side	□ outer side	☐ front/kneecap	□ back of kn	ee 🗖 all over			
	Type of Pain	□ sharp	□ aching	□ throbbing	□ turning				
<i>PAIN</i>	Pain Occurs On	□ sitting	□ standing	□ stairs	□ squatting	□ running/jumping			
	Pain Relieved	□ by not	☐ by limiting	□ by rest/	□ pain not				
		doing sports	daily activities	medications	relieved				
	Kneecap grindir	ng? 🗖 yes 🗖 no	Knee stif	fness? 🗆 yes 🖵 r	10				
<u>CATCHING/</u>	Check one box:	•	•	it does not move					
<u>LOCKING</u>	Check one box:	□ yes □ no 1	My knee locks i	t does not move for	five or more min	utes at a time.			
				~					
	Rate the overall cond	dition of your knee o	at the present time. (Arcle one number belov	v.				
	Rate the overall cond	dition of your knee of 2 3 4	5 6	Tircle one number below 7 8 9	10				
	1	2 3 4	5 6		10				
PATIFNT	1 poor	2 3 4 fai	5 6	7 8 9					
<u>PATIENT</u> GRADE	1 poor Poor - I have sign	2 3 4 faitificant limitations	5 6 good s that affect activi	7 8 9 ties of daily living.	10 normal				
<u>PATIENT</u> <u>GRADE</u>	1 poor Poor - I have sign Fair - I have mode	2 3 4 faitificant limitations terate limitations t	5 6 good s that affect activition	7 8 9 ties of daily living, no	10 normal sports possible.				
<u> </u>	1 poor Poor - I have sign Fair - I have mode Good - I have som	2 3 4 faitificant limitations the limitations with	5 6 good s that affect activition h sports but I can	7 8 9 ties of daily living.	10 normal sports possible.				
<u> </u>	1 poor Poor - I have sign Fair - I have mode Good - I have som	2 3 4 faitificant limitations the limitations with a limitation with a limitation of the limitation of the limitation with a limitation of the limitation o	5 6 ir good s that affect activition hat affect activition h sports but I can whatever I wish (7 8 9 ties of daily living, no participate: I comperatory sport) with no pr	10 normal sports possible.				
<u> </u>	Poor - I have sign Fair - I have mode Good - I have som Normal/excellent	2 3 4 fan ificant limitations the limitations with I am able to do FOR	5 6 good s that affect activition hat affect activition h sports but I can whatever I wish (OFFICE USE	7 8 9 ties of daily living, no participate: I comperatory sport) with no pr	10 normal sports possible. nsate oblems.	total = =			

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