



Acupuncture-Chiropractic-Massage Network - Pain Management Center, Inc.
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KNEE EXAM FOR NEW COURSE OF CARE

EXAM DATE:

PATIENT:

Claim #:

PTP:

Chart #:

PTP Diagnosis:

DOI:

VISITS PRESCRIBED: ____Chiropractic ____Acupuncture ____Massage-4-units

Expiration Date:

Symptomatic Side: ☐ R ☐ L

Mechanism of Injury:

% of time: ☐ occasional 25% ☐ intermittent 50% ☐ frequent 75% ☐ constant 90-100%

Numerical Rating:____/10

Lower Extremity Functional Scale (80/80 = Maximum Function):____/80 Questionnaire Attached

Work Status: ☐ Full Duty ☐ TPD ☐ TTD ☐ PPD ☐ PTD ☐ RETIRED

Past & Current Treatments, Medications, Orthoses:

Provocative Testing

- ☐ (-) ☐ +R ☐ +L: Meniscal Pathology: Apley Compression Test
- ☐ (-) ☐ +R ☐ +L: Meniscal Injury: Apley Distraction Test: Pain Relieved
- ☐ (-) ☐ +R ☐ +L: Ligament Injury: Apley Distraction Test: Pain Increased
- ☐ (-) ☐ +R ☐ +L: Medial Collateral Ligament (MCL): Valgus Stress Test
- ☐ (-) ☐ +R ☐ +L: Lateral Collateral Ligament (LCL): Varus Stress Test
- ☐ (-) ☐ +R ☐ +L: Patellofemoral Syndrome Or Chondromalacia: Patellar Grind (Clarke) Test
- ☐ (-) ☐ +R ☐ +L: Resisted Motion Muscle Pain: _____
- ☐ (-) ☐ +R ☐ +L: Other:

ROM TESTING

KNEE	RIGHT	LEFT	ROM PAIN
Flexion	/150°	/150°	☐ R ☐ L
Extension	/0°	/0°	☐ R ☐ L

Patient:
Date of Exam:

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Comorbidities/Prognostic Barriers

- ☐ Chronicity (≥ 3 months)
- ☐ Deconditioning/Low Physical Activity
- ☐ Widespread pain ☐ Pain Behaviors ☐ Work Psychosocial Factors ☐ Depression ☐ Anxiety
- ☐ Sleep Disturbance
- ☐ Medication Dependence
- ☐ Tobacco Use
- ☐ Overweight ☐ Diabetes ☐ Hypothyroid

Planned Therapies

- Manual ☐ Manipulation ☐ Myofascial Release ☐ Mobilization ☐ Massage ☐ Massage 4 units
- Exercise ☐ Strengthening ☐ Flexibility ☐ Cardio ☐ Proprioception ☐ Body Mechanics
- Modalities ☐ Electrical: _____ ☐ Thermal: _____
- ☐ Instrument Assisted Soft Tissue Therapy
- ☐ Acupuncture/Electroacupuncture
- ☐ Pain Education ☐ Lifestyle Advice ☐ Other: _____

Provider Name

Provider Signature

Patient:
Date of Exam:

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Lower Extremity Functional Scale

Please indicate whether you are having any difficulty with activities because of your lower limb problems by marking **one** answer for each activity listed below.

Activities	Extreme Difficulty Or Unable to Perform Activity	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
Any of your usual work, household, or school activities	☐	☐	☐	☐	☐
Your usual hobbies, recreational or sporting activities	☐	☐	☐	☐	☐
Getting into or out of the bath	☐	☐	☐	☐	☐
Walking between rooms	☐	☐	☐	☐	☐
Putting on your shoes or socks	☐	☐	☐	☐	☐
Squatting	☐	☐	☐	☐	☐
Lifting an object, like a bag of groceries from the floor	☐	☐	☐	☐	☐
Performing light activities around your Home	☐	☐	☐	☐	☐
Performing heavy activities around your Home	☐	☐	☐	☐	☐
Getting into or out of a car	☐	☐	☐	☐	☐
Walking 2 blocks	☐	☐	☐	☐	☐
Walking a mile	☐	☐	☐	☐	☐
Going up or down 10 stairs (about 1 flight of stairs)	☐	☐	☐	☐	☐
Standing for 1 hour	☐	☐	☐	☐	☐
Sitting for 1 hour	☐	☐	☐	☐	☐
Running on even ground	☐	☐	☐	☐	☐
Running on uneven ground	☐	☐	☐	☐	☐
Making sharp turns running fast	☐	☐	☐	☐	☐
Hopping	☐	☐	☐	☐	☐
Rolling over in bed	☐	☐	☐	☐	☐
		X 1 =	X 2 =	X 3 =	X 4 =

SCORE = ____/80