

Knee Examination

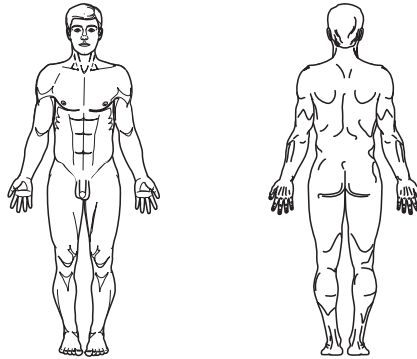
Patient Name: _____ Date: _____

Diagnosis: _____ Examiner: _____

Vital Signs: Pulse: ____ Blood Pressure: ____ / ____ L R Respiration: ____ Temperature: ____

Inspection/Palpation:

- P = Pain
- X = Trigger Points
- B = Bleeding
- S = Swelling
- C = Contusion
- L = Laceration
- H = Hot



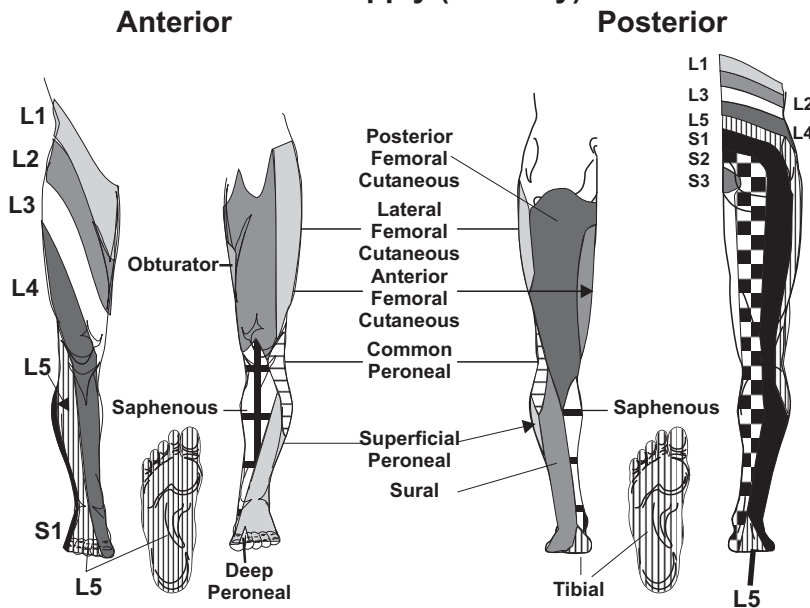
Range of Motion:

Activity	Normal	Active	Passive
Flexion	135		
Extension	0 - 15		

Muscle Testing/Myotomes:

Muscle	Strength	
	L	R
Hamstrings (L5):		
Medial		
Lateral		
Quadriceps (L2-4):		
Rectus Femoris		
Vastus Lateralis		
Vastus Medialis		
Sartorius (L2-3)		
Gracilis (L3)		
Tensor Fascia Lata (L5)		
Gluteus Min/Med (L5)		
Adductors (L4)		
Tibialis Anterior (L4)		
Tibialis Posterior (L4)		
Peroneus Long/Brev (L5)		
Peroneus Tertius (L5)		
Gastrocnemius (S1)		
Soleus (S1)		

Nerve Supply (Sensory):



Circumferential	L	R
Thigh		
Calf		

Functional Assessment	✓
Squatting	
Squatting & Bouncing	
Ascend Stairs	
Descend Stairs	
Running Straight Ahead	
Running & Twisting	
Jumping	
Jumping & Full Squatting	

Orthopedic: _____

Neurological: _____

Antalgia: _____ Special: _____