

KNEE FUNCTION ANALYSIS

University of Colorado – School of Medicine
 Department of Orthopedics

Examiner: _____ Date: _____

Patient Name: _____

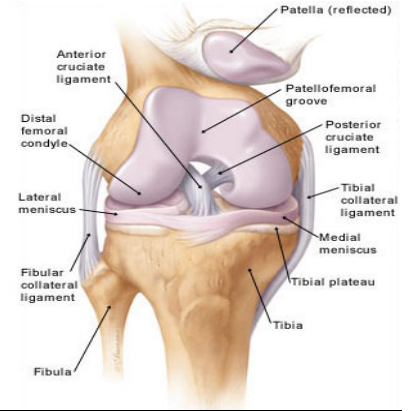
MR#: _____ DOB: _____

Indication: OA RA AVN Sepsis Traumatic

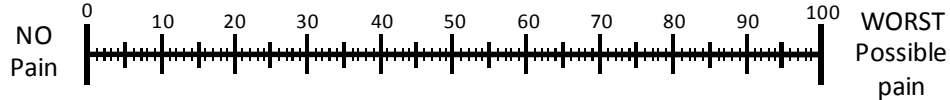
Other: _____

Knee: L R B Date of Surgery: _____

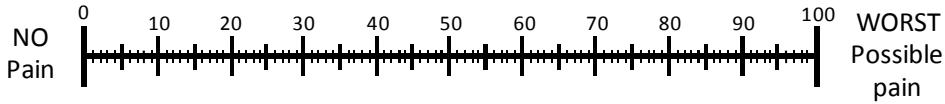
Pre-assessment 6 Wk F/U 3 Mo F/U 6 Mo F/U 1 Yr F/U



Please make a single mark to indicate your average pain level in the **RIGHT** knee, over the last few days:



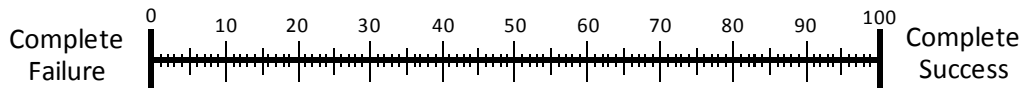
Please make a single mark to indicate your average pain level in the **LEFT** knee, over the last few days:



SYMPTOMS. Think of your knee symptoms over the last few days.					
	Never	Rarely	Sometimes	Often	Always
Do you have swelling in the knee?					
Do you hear grinding or clicking noises?					
Does your knee ever catch or hang up?					
Can you straighten the knee fully?					
Can you bend the knee fully?					
Have you felt that your knee might suddenly "give away" or let you down?					
Have you been limping when walking because of your knee?					
How often are you aware of your knee problem?					
Have you modified your lifestyle to avoid potentially damaging activities to your knee?					
How much are you troubled with lack of confidence in your knee?					
How much has knee pain interfered with your usual work?					

STIFFNESS. Think about your knee stiffness (NOT PAIN) over the last few days.					
	None	Mild	Moderate	Severe	Extreme
Upon first waking in the morning					
After sitting, lying or resting later in the day					

Please make a single mark on the line to indicate how successful you feel surgery has been (or, if you have not had surgery yet, indicate your expectations for success):



PAIN. Please describe your pain level with the following activities, over the last few days.					
	None	Mild	Moderate	Severe	Extreme
Twisting/pivoting on your knee					
Straightening knee fully					
Bending knee fully					
Walking on a flat surface					
Going up or down stairs					
At night while in bed					
Sitting or lying					
Standing upright					
Rising from prolonged sitting					

	Pain always severe	Around the house	5-15 mins	16-60 mins	>60 mins
How long can you walk before your knee pain becomes severe?					

ACTIVITIES. Think about the LEVEL OF DIFFICULTY you have experienced with each of the following activities, due to your knee.					
	None	Mild	Moderate	Severe	Extreme
Squatting					
Running					
Jumping					
Twisting/pivoting on your knee					
Kneeling					
Descending (going down) stairs					
Ascending (going up) Stairs					
Rising from sitting					
Standing					
Bending to floor					
Walking on flat surface					
Getting in/out of car					
Going Shopping					
Putting on socks/stockings					
Rising from bed					
Taking off socks/stockings					
Lying in bed					
Getting in/out of bath					
Sitting					
Getting on/off toilet					
Heavy domestic duties (mowing lawn, lifting heavy grocery bags)					
Light domestic duties (cooking, dusting, etc.)					
Washing and drying yourself					
In general, how much difficulty do you have with your knee?					

PROVIDER USE BELOW					
Timed Up and Go		s		PROM	AROM
30 s Sit-to-Stand		reps	Extension		
4 m Walk Test		s	Flexion		