

WALTER R. LOWE, M.D.
FOLLOW-UP KNEE EXAM

(THIS PAGE TO BE COMPLETED BY PATIENT)

(Place UT Label Here)

Patient Name: _____ Date of Visit: ____/____/____
Referred by: _____ Date of Injury / Onset / Surgery: _____
Current Medications: _____ Allergies: _____ NONE
Chief Complaint: Left Right Please Explain: _____

SINCE YOUR LAST VISIT ...

Have your symptoms: Improved Not Changed Increased

Please Explain: _____

PLEASE RATE THE FOLLOWING BY FILLING IN THE CIRCLE OF YOUR CHOICE.

SYMPTOMS: DO YOU EXPERIENCE ANY OF THE FOLLOWING? (Click on the appropriate circle to respond.)

1. Pain	Never ...	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	... Always
2. Swelling	Never ...	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	... Always
3. Giving Way	Never ...	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	... Always
4. Stiffness	Never ...	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	... Always
5. Popping	Never ...	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	... Always
6. Clicking	Never ...	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	... Always
7. Catching	Never ...	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	... Always
8. Locking	Never ...	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	... Always
9. Night pain (<i>Does your pain wake you up at night?</i>)	Never ...	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	... Always
10. Pain with prolonged sitting (<i>Pain relieved after standing up.</i>)	Never ...	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	... Always

ACTIVITIES OF DAILY LIVING: DO YOU HAVE PROBLEMS WITH THE FOLLOWING?

1. Walking	No Problem ...	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	... Unable
2. Any Type of Squats	No Problem ...	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	... Unable
3. Going UP Stairs	No Problem ...	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	... Unable
4. Going DOWN Stairs	No Problem ...	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	... Unable

SPORTS RELATED ACTIVITY: DO YOU HAVE PROBLEMS WITH THE FOLLOWING?

I have NOT been released by Dr. Lowe for the sports related activities listed below.

1. Running	No Problem ...	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	... Unable
2. Cutting	No Problem ...	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	... Unable
3. Jumping	No Problem ...	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	... Unable
4. Twisting	No Problem ...	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	... Unable

FUNCTION:

1. Are you able to walk on level ground?	No Problem ...	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	... Unable
2. Are you able to walk on rough ground, inclines, or negotiate curves?	No Problem ...	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	... Unable
3. Do you have problems running?	No Problem ...	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	... Unable
4. Do you have problems cutting while running or jogging?	No Problem ...	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	... Unable
5. Do you have problems jumping?	No Problem ...	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	... Unable
6. Do you have problems participating in competitive sports?	No Problem ...	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	... Unable

DO YOU PLAY SPORTS? Yes No What Sport? _____ Position: _____

WHAT LEVEL OF SPORT? High School College Other _____

Where do you go to school? _____

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