IKDC Subjective Knee Evaluation

<u>SYMPTOMS</u>*:
*Grade symptoms at the highest activity level at which you think you could function without significant symptoms, even if you are not actually performing activities at this level.

1.	What is the highest level of activity that you can perform without significant knee pain? 4 Very strenuous activities like jumping or pivoting as in gymnastics or football Strenuous activities like heavy physical work, skiing or tennis Moderate activities like moderate physical work, running or jogging												
		2 4	Light activi						_	or joggir	ıg		
		\Box_0	Unable to p	perform	any of	the abov	e activi	ties due	to knee	pain			
2.	During the past 4 weeks, or since your injury, how often have you had pain?												
	Never	0	1	2	3 •	4	5 □	6 □	7 -	8	9	10	Constant
3.	If you have pain, how severe is it?												
	No pain	0	1	2	3 •	4	5 □	6 □	7 -	8 □	9	10	Worst pain imaginable
4.	During the past 4 weeks, or since your injury, how stiff or swollen has your knee been?												
		₄ □ ₃ □	Not at all Mildly										
		2	Moderately	′									
		1 1 0	Very Extremely										
5.	What is the highest level of activity you can perform without significant swelling in your knee?												
.		4	Very strent			-		_		_	-		
	Strenuous activities like heavy physical work, skiing or tennis Moderate activities like moderate physical work, running or jogging												
	Light activities like walking, housework or gardening												
	□ Unable to perform any of the above activities due to knee swelling												
6.	During the past 4 weeks, or since your injury, has your knee locked or caught?												
	J_0	□Ye	s ₁□No										
7.	What is the highest level of activity you can perform without significant giving way in your knee?												
	 Very strenuous activities like jumping or pivoting as in gymnastics or football Strenuous activities like heavy physical work, skiing or tennis 												
	2 Moderate activities like moderate physical work, running or jogging												
		1	Light activi			-		-	•		£ 41= = 1		
		\Box_0	Unable to p	pertorm	any of	the abov	e activi	ies due	to givin	g way o	t the kne	ee	

SPORT ACTIVITIES:

8.	What is th	e highe	est level	of activi	ty you c	an parti	icipate in o	n a regu	lar ba	sis?				
	4	ı □ Ve	ery stren	nuous ac	ctivities I	ike jum	ping or pive	oting as	in gyn	nnastics	or foo	tball		
	3		-				nysical wor	•						
	2 Moderate activities like moderate physical work, running or jogging													
	1	Lig	ght activ	ities like	walking	g, house	ework or ga	ardening						
	C	Ur 🔲	nable to	perform	any of	the abo	ve activitie	s due to	knee					
9.	How does	vour k	noo affo	oct vour	ahility to									
<i>3</i> .	110W does	your K	nee ane	ct your	ability to		ot difficult	Minim	allv	Modera	itely	Extrem	ely Unable t	to
			at all difficult		Difficult		difficu							
a.	Go up sta	irs					4 ☐ 3 ☐		$_2$		1	0		
b.	Go down	stairs					4□ 3□		2		1	0		
C.	Kneel on t	the fron	nt of you	r knee			4□ 3□		2		1	\square_0		
d.	Squat						4 ☐ 3 ☐		2		1	\square_0		
e.	Sit with yo	ur kne	e bent				4 ☐ 3 ☐		2		1	\square_0		
f.	Rise from	a chair	r				4 ☐ 3 ☐		$_2$		1	\Box_0		
g.	Run straig	ht ahe	ad				4□ 3□		2		1	\Box_0		
h.	Jump and	land o	n your ir	nvolved	leg		4□ 3□		$_2$		1	\Box_0		
i.	Stop and	start qu	iickly				4	3□		2		1	\Box_0	
FUNCT	ION:													
0.10	<u>1011.</u>													
10. How would you rate the function of your knee on a scale of 0 to 10 with 10 being normal, excellent function and 0 being the inability to perform any of your usual daily activities which may include sport?														
FUNCT	ION PRIO	R ТО Ү	OUR KI	NEE IN.	JURY:									
	Couldn't	0	1	2	3	4	5	6	7	8	9	10		
perf	form daily	ū	_	_		_							No limitation in daily activities	
	activities	_	_	_	_	_	_	_	_	_	_	_	daily activities	1
CLIBBE	ENT FUNC	TION C	NE VOLII	R KNEE	;.									
COININ	-INT TOING	TION	100	IX IXINLL	••									
Cannot perform $0 1 2 3$						7	8 9		10	No limitation in				
daily	activities	es 🗆 🗅 🗅										daily activities	ily activities	