

# WEST POINT KNEE EVALUATION FORM

**Study ID #:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Year of Graduation:** \_\_\_\_\_

## **HISTORY OF INJURY:**

**Date of Initial Injury:** \_\_\_\_\_

**Method of Injury** (circle)

Contact Sport — Contact Injury

Contact Sport — Non-Contact Injury

Non-Contact Sport

Other \_\_\_\_\_

**If a sport was involved, what was it?** \_\_\_\_\_

**Level of Competition:**      CORPS SQUAD      CLUB      INTRAMURAL      "FREE TIME"

**Dominant Leg (The one you kick with):**    RIGHT    LEFT      **Knee Injured:**      RIGHT      LEFT

**Speed you can run two miles:** \_\_\_\_\_      **Speed you could run two miles before injury:** \_\_\_\_\_

**Sports Played Since Injury:** \_\_\_\_\_

**Level of Function:**    At Pre-Injury level      Better Than Pre-Injury Level      \_\_\_\_\_ % of Pre-Injury Level

**# of Hours per Week That You Participate in Sports / Activities:** \_\_\_\_\_ hrs / wk

## **OVERALL FUNCTION:**

**On a scale from 0 – 100, how would you rate your knee with 100 being normal?** \_\_\_\_\_

**SURGICAL HISTORY**

**POST-OPERATIVE EVALUATION:**

**Date of Surgery:** \_\_\_\_\_ **# of Months Since Surgery:** \_\_\_\_\_

**Type of Surgery:** (Circle All That Apply)      Knee Scope – Medial Meniscectomy - Lateral Meniscectomy

Medial Meniscus Repair              Lateral Meniscus Repair              PCL Reconstruction

ACL Reconstruction (Procedure \_\_\_\_\_)              MCL Reconstruction

LCL Reconstruction              Other \_\_\_\_\_

**Please list all previous surgeries you have had:** Date and Type of Procedure -  
e.g. Right knee scope – partial meniscectomy – Oct 92

**Please indicate where you spent the majority of time rehabilitating your knee during the following periods** (i.e. Physical Therapy, DPE Training Room, ODIA Training Room, On Your Own, or No Formal rehab)

**Day of Surgery thru 4 Weeks Post-op:** \_\_\_\_\_

**1 Month Post-op thru 3 Months Post-op:** \_\_\_\_\_

**4 Months Post-op thru 6 Months Post-op:** \_\_\_\_\_

**Courses Completed After Surgery:** (Please Circle As Many As Apply)      BOXING      WRESTLING  
CQC      GYMNASTICS              SWIMMING              IOCT              Other: \_\_\_\_\_

**Since Surgery Have You Had:**

**Recurrent Swelling?**      Yes      No      **If yes, with what activity?** \_\_\_\_\_

**Recurrent Episodes of "Giving Way"**      Yes      No      **During what activity?** \_\_\_\_\_

**Recurrent Pain?**      Yes      No      **During what activity?** \_\_\_\_\_

**COMMENTS:** (Please feel free to provide us with feedback on your care and current status)

## **HEALTH STATUS QUESTIONNAIRE (SF-36)**

This survey asks for your views about your health. Please answer every question by circling the appropriate number: 1,2,3, etc. If you are unsure about how to answer a question, please give it the best answer you can and make a comment in the left margin, or on the back.

### **1. In general, would you say your health is:**

|           |   |
|-----------|---|
| Excellent | 1 |
| Very good | 2 |
| Good      | 3 |
| Fair      | 4 |
| Poor      | 5 |

### **2. Compared to one year ago, how would you rate your health in general now?**

|                                     |   |
|-------------------------------------|---|
| Much better now than 1 year ago     | 1 |
| Somewhat better now than 1 year ago | 2 |
| About the same                      | 3 |
| Somewhat worse now than 1 year ago  | 4 |
| Much worse now than 1 year ago      | 5 |

### **3. The following questions are about activities you might do during a typical day.**

|  | Yes, Limited a Lot | Yes, Limited a Little | No, Not Limited at All |
|--|--------------------|-----------------------|------------------------|
| a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports  | 1                  | 2                     | 3                      |
| b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf | 1                  | 2                     | 3                      |
| c. Lifting or carrying groceries   | 1                  | 2                     | 3                      |
| d. Climbing several flights of stairs  | 1                  | 2                     | 3                      |
| e. Climbing one flight of stairs   | 1                  | 2                     | 3                      |
| f. Bending, kneeling, or stooping  | 1                  | 2                     | 3                      |
| g. Walking more than 1 mile  | 1                  | 2                     | 3                      |
| h. Walking several blocks  | 1                  | 2                     | 3                      |
| i. Walking one block   | 1                  | 2                     | 3                      |
| j. Bathing and dressing yourself   | 1                  | 2                     | 3                      |

### **4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?**

|  | Yes | No |
|--|-----|----|
| a. Cut down on the amount of time you spent on work or other activities                | 1   | 2  |
| b. Accomplished less than you would like   | 1   | 2  |
| c. Were limited in the kind of work or other activities                                | 1   | 2  |
| d. Had difficulty performing the work or other activities (e.g., it took extra effort) | 1   | 2  |

### **5. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (e.g., feeling depressed or anxious)?**

|   | Yes | No |
|---|-----|----|
| a. Cut down on the amount of time you spent on work or other activities | 1   | 2  |
| b. Accomplished less than you would like                                | 1   | 2  |
| c. Didn't do work or other activities as carefully as usual             | 1   | 2  |

### **6. During the past 4 weeks, to what extent have your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?**

|             |   |
|-------------|---|
| Not at all  | 1 |
| Slightly    | 2 |
| Moderately  | 3 |
| Quite a bit | 4 |
| Extremely   | 5 |

**7. How much body pain have you had during the past 4 weeks?**

|             |   |
|-------------|---|
| None        | 1 |
| Very mild   | 2 |
| Mild        | 3 |
| Moderate    | 4 |
| Severe      | 5 |
| Very severe | 6 |

**8. During the past 4 weeks, how much did pain interfere with your normal work (including work both outside the home and housework)?**

|             |   |
|-------------|---|
| Not at all  | 1 |
| A little    | 2 |
| Moderately  | 3 |
| Quite a bit | 4 |
| Extremely   | 5 |

**9. These questions are about how you feel and how things have been with you during the past month. For each question, please indicate the one answer that comes closest to the way you have been feeling. How much of the time during the past month**

|   | All of<br>the Time | Most of<br>the Time | A Good Bit of<br>the Time | Some of<br>the Time | A Little of<br>the Time | None of<br>the Time |
|---|--------------------|---------------------|---------------------------|---------------------|-------------------------|---------------------|
| a. Did you feel full of pep?  | 1                  | 2                   | 3                         | 4                   | 5                       | 6                   |
| b. Have you been a very nervous person?   | 1                  | 2                   | 3                         | 4                   | 5                       | 6                   |
| c. Have you felt so down in the dumps<br>nothing could cheer you up?                                  | 1                  | 2                   | 3                         | 4                   | 5                       | 6                   |
| d. Have you felt calm and peaceful?   | 1                  | 2                   | 3                         | 4                   | 5                       | 6                   |
| e. Did you have a lot of energy?  | 1                  | 2                   | 3                         | 4                   | 5                       | 6                   |
| f. Have you felt downhearted and blue?  | 1                  | 2                   | 3                         | 4                   | 5                       | 6                   |
| g. Did you feel worn out?   | 1                  | 2                   | 3                         | 4                   | 5                       | 6                   |
| h. Have you been a happy person?  | 1                  | 2                   | 3                         | 4                   | 5                       | 6                   |
| i. Did you feel tired/  | 1                  | 2                   | 3                         | 4                   | 5                       | 6                   |
| j. Has your health limited your social activities<br>(like visiting your friends or close relatives)? | 1                  | 2                   | 3                         | 4                   | 5                       | 6                   |

**10. Please choose the answer that best describes how true or false each of the following statements is for you.**

|   | Definitely<br>True | Mostly<br>True | Not Sure | Mostly<br>False | Definitely<br>False |
|---|--------------------|----------------|----------|-----------------|---------------------|
| a. I seem to get sick a little easier than other people | 1                  | 2              | 3        | 4               | 5                   |
| b. I am as healthy as anybody I know                    | 1                  | 2              | 3        | 4               | 5                   |
| c. I expect my health to get worse                      | 1                  | 2              | 3        | 4               | 5                   |
| d. My health is excellent                               | 1                  | 2              | 3        | 4               | 5                   |

**11. Please answer YES or NO for each question by circling 1 or 2 on each line.**

|   | Yes | No |
|---|-----|----|
| a. In the past year, have you had 2 weeks or more during which you felt sad, blue, or depressed; or when you lost all interest or pleasure in things you usually care about or enjoyed? | 1   | 2  |
| b. Have you had 2 years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?   | 1   | 2  |
| c. Have you felt depressed or sad much of the time in the past year?  | 1   | 2  |

## **LYSHOLM KNEE SCORE**

Please **CIRCLE the LETTER** of the response that best describes the function of your knee at this time.

### **HOW MUCH DO YOU NOTICE YOURSELF LIMPING?**

- |                       |   |
|-----------------------|---|
| A. NONE               | 5 |
| B. SLIGHT OR PERIODIC | 3 |
| C. SEVERE OR CONSTANT | 0 |

### **DO YOU REQUIRE CRUTCH SUPPORT?**

- |                              |   |
|------------------------------|---|
| A. NONE                      | 5 |
| B. CANE OR CRUTCH            | 2 |
| C. WEIGHT BEARING IMPOSSIBLE | 0 |

### **DOES YOUR KNEE LOCK-UP ON YOU (Locking is when you knee gets stuck in a bent position and you cannot straighten it without moving it around)?**

- |                                      |    |
|--------------------------------------|----|
| A. NO LOCKING OR CATCHING SENSATIONS | 15 |
| B. CATCHING SENSATION BUT NO LOCKING | 10 |
| C. LOCKING OCCASIONALLY              | 6  |
| D. LOCKING FREQUENTLY                | 2  |
| E. LOCKED NOW                        | 0  |

### **DESCRIBE YOUR KNEE FUNCTION WITH STAIRCLIMBING:**

- |                       |    |
|-----------------------|----|
| A. NO PROBLEMS        | 10 |
| B. SLIGHTLY IMPAIRED  | 6  |
| C. ONE STEP AT A TIME | 2  |
| D. IMPOSSIBLE         | 0  |

### **DESCRIBE YOUR KNEE FUNCTION WITH SQUATTING:**

- |                          |   |
|--------------------------|---|
| A. NO PROBLEMS           | 5 |
| B. SLIGHTLY IMPAIRED     | 4 |
| C. NOT BEYOND 90 DEGREES | 2 |
| D. IMPOSSIBLE            | 0 |

### **HAVE YOU RETURNED TO YOUR PRE-INJURY LEVEL OF SPORTS ACTIVITY?**

- A. YES  
B. NO WHY? \_\_\_\_\_

*Lysholm Knee Score Cont. (With IKDC Duplicate Questions)*

| <b><u>DESCRIBE ANY KNEE INSTABILITY YOU HAVE:</u></b>   | <b>(LYSHOLM)</b> | <b>(IKDC)</b> |
|---|------------------|---------------|
| A. NEVER GIVES WAY  | 25               | A             |
| B. RARELY GIVES WAY DURING ATHLETICS OR OTHER SEVERE EXERTION                                   | 20               | B             |
| C. FREQUENTLY GIVES WAY DURING ATHLETICS OR OTHER SEVERE EXERTION OR INCAPABLE OF PARTICIPATION | 15               | B             |
| D. OCCASIONALLY GIVES WAY IN DAILY ACTIVITIES   | 10               | C             |
| E. OFTEN GIVES WAY IN DAILY ACTIVITIES  | 5                | C             |
| F. GIVERS WAY WITH EVERY STEP   | 0                | D             |

**HOW MUCH PAIN DO YOU HAVE?**

|   |    |   |
|---|----|---|
| A. NONE   | 25 | A |
| B. INCONSTANT AND SLIGHT DURING SEVERE EXERTION | 20 | A |
| C. MARKED DURING SEVERE EXERTION                | 15 | B |
| D. MARKED ON OR AFTER WALKING MORE THAN 2 KM    | 10 | C |
| E. MARKED ON OR AFTER WALKING LESS THAN 2 KM    | 5  | C |
| F. CONSTANT                                     | 0  | D |

**HOW MUCH DO YOU NOTICE YOUR KNEE SWELLING?**

|                         |    |   |
|-------------------------|----|---|
| A. NONE                 | 10 | A |
| B. ON SEVERE EXERTION   | 6  | B |
| C. ON ORDINARY EXERTION | 2  | C |
| D. CONSTANT             | 0  | D |

**TOTAL LYSHOLM SCORE:** \_\_\_\_\_ (100)

**1A. HOW DOES YOUR KNEE FUNCTION?**

- A. NORMAL
- B. NEARLY NORMAL
- C. ABNORMAL
- D. SEVERELY ABNORMAL

**1B. HOW DOES YOUR KNEE AFFECT YOUR ACTIVITY LEVEL?**

- A. DOES NOT INTERFERE WITH ANY ACTIVITY YOU CHOOSE TO PARTICIPATE IN
- B. INTERFERES ONLY SLIGHTLY
- C. INTERFERES MODERATELY
- D. INTERFERES A GREAT DEAL

**IKDC SCORE:** Subjective: A B C D

Symptoms: A B C D

**KOOS KNEE SURVEY**

Answer each question by checking the appropriate box, only one box for each question.

## Symptoms

These questions should be answered thinking of your knee symptoms during the **last week**.

S1. Do you have swelling in your knee?

Never  Rarely  Sometimes  Often  Always

S2. Do you feel grinding, hear clicking or any other type of noise when your knee moves?

Never  Rarely  Sometimes  Often  Always

S3. Does your knee catch or hang up when moving?

Never  Rarely  Sometimes  Often  Always

S4. Can you straighten your knee fully?

Always  Often  Sometimes  Rarely  Never

S5. Can you bend your knee fully?

Always  Often  Sometimes  Rarely  Never

## Stiffness

The following questions concern the amount of joint stiffness you have experienced during the **last week** in your knee. Stiffness is a sensation of restriction or slowness in the ease with which you move your joints.

S6. How severe is your joint stiffness after first wakening in the morning?

None  Mild  Moderate  Severe  Extreme

S7. How severe is your stiffness after sitting, lying or resting **later in the day**?

None  Mild  Moderate  Severe  Extreme

**Pain**

P1. How often do you experience knee pain?

Never

Monthly

Weekly

Daily

Always

What amount of knee pain have you experienced the **last week** during the following activities?

P2. Twisting/pivoting on your knee

None

Mild

Moderate

Severe

Extreme

P3. Straightening knee fully

None

Mild

Moderate

Severe

Extreme

P4. Bending knee fully

None

Mild

Moderate

Severe

Extreme

P5. Walking on flat surface

None

Mild

Moderate

Severe

Extreme

P6. Going up or down stairs

None

Mild

Moderate

Severe

Extreme

P7. At night while in bed

None

Mild

Moderate

Severe

Extreme

P8. Sitting or lying

None

Mild

Moderate

Severe

Extreme

P9. Standing upright

None

Mild

Moderate

Severe

Extreme

**Function, daily living**

The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

A1. Descending stairs

None

Mild

Moderate

Severe

Extreme

A2. Ascending stairs

None

Mild

Moderate

Severe

Extreme

For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

A3. Rising from sitting

None      Mild      Moderate      Severe      Extreme  
                       

A4. Standing

None      Mild      Moderate      Severe      Extreme  
                       

A5. Bending to floor/pick up and object

None      Mild      Moderate      Severe      Extreme  
                       

A6. Walking on flat surface

None      Mild      Moderate      Severe      Extreme  
                       

A7. Getting in/out of car

None      Mild      Moderate      Severe      Extreme  
                       

A8. Going shopping

None      Mild      Moderate      Severe      Extreme  
                       

A9. Putting on socks/stockings

None      Mild      Moderate      Severe      Extreme  
                       

A10. Rising from bed

None      Mild      Moderate      Severe      Extreme  
                       

A11. Taking off socks/stockings

None      Mild      Moderate      Severe      Extreme  
                       

A12. Lying in bed (turning over, maintaining knee position)

None      Mild      Moderate      Severe      Extreme  
                       

A13. Getting in/out of bath

None      Mild      Moderate      Severe      Extreme  
                       

A14. Sitting

None      Mild      Moderate      Severe      Extreme  
                       

A15. Getting on/off toilet

None      Mild      Moderate      Severe      Extreme

For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

A16. Heavy domestic duties (shoveling snow, scrubbing floors etc)

None      Mild      Moderate      Severe      Extreme  
                       

A17. Light domestic duties (cooking, dusting etc)

None      Mild      Moderate      Severe      Extreme  
                       

### Function, sports and recreational activities

The following questions concern your physical function when being active on a higher level. The questions should be answered thinking of what degree of difficulty you have experienced during the **last week** due to your knee.

SP1. Squatting

None      Mild      Moderate      Severe      Extreme  
                       

SP2. Running

None      Mild      Moderate      Severe      Extreme  
                       

SP3. Jumping

None      Mild      Moderate      Severe      Extreme  
                       

SP4. Twisting/pivoting on your injured knee

None      Mild      Moderate      Severe      Extreme  
                       

SP5. Kneeling

None      Mild      Moderate      Severe      Extreme  
                       

### Quality of Life

Q1. How often are you aware of your knee problem?

Never      Monthly      Weekly      Daily      Constantly  
                       

Q2. Have you modified your lifestyle to avoid potentially damaging activities to your knee?

Not at all      Mildly      Moderately      Severely      Totally  
                       

Q3. How much are you troubled with lack of confidence in your knee?

Not at all      Mildly      Moderately      Severely      Totally  
                       

Q4. In general, how much difficulty do you have with your knee?

None      Mild      Moderate      Severe      Extreme

## **Tegner Activity Score**

Circle the number which best corresponds to your current activity level. **Circle only one number.**

10. Competitive sports  
Soccer-national and international elite
9. Competitive sports  
Soccer, lower divisions  
Ice hockey, Wrestling, Gymnastics
8. Competitive sports  
Bandy, Squash or badminton  
Athletics (jumping, etc.)  
Downhill skiing
7. Competitive sports  
Tennis, Handball  
Athletics (running)  
Motorcross, speedway  
Basketball  
Recreational sports  
Soccer, Squash  
Bandy and ice hockey  
Athletics (jumping)  
Cross-country track findings both recreational and competitive
6. Recreational sports  
Tennis and badminton  
Handball  
Basketball  
Downhill skiing  
Jogging, at least five times per week
5. Work – heavy labor (e.g., building, forestry)  
Competitive sports  
Cycling  
Cross-country skiing  
Recreational sports  
Jogging on uneven ground at least twice weekly
4. Work – Moderately heavy labor (e.g., truck driving, heavy domestic work)  
Recreational sports  
Cycling  
Cross-country skiing  
Jogging on even ground at least twice weekly
3. Work – Light labor (e.g., nursing)  
Competitive and recreational sports - swimming
2. Work – Light labor  
Walking on uneven ground possible but impossible to walk in forest
1. Work – Sedentary work  
Walking on even ground possible
0. Sick leave or disability pension because of knee problems