

MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-400; the proponent agency is the Office of the Surgeon General.

REPORT TITLE

OTSG APPROVED (Date)

PATIENT EDUCATION AND THERAPEUTIC INSTRUCTION -- KNEE CLASS

1. Subjective: The patient has been scheduled for this 3-day knee class following a diagnosis of anterior knee pain to include but not limited to PFPS, ITB Syndrome, patellar tendinitis. The class consists of one educational class and three exercise-based classes.

2. Objective:

a. The patient had a functional knee index score on *entrance* to program: _____

b. The patient attended a 1-hour instructional class on the anatomy, causes, treatment and prevention of anterior knee pain. Topics included running style, proper running shoes, appropriate running surfaces, the FITT principle, proper progression of training regimen, and RICE concept.

c. Exercise sessions:

Session	Dates
Warm-up: UBE, Retrowalk, Bike, Stairmaster (mins)	
Strengthening: A: Quad sets (reps)	
B: SLR x 4 (reps/weight)	
B: Wall slides (reps)	
B: Total gym - squats (reps/position)	
AB: Clamshell (reps)	
AB: Lateral lean (reps)	
AB: Step-downs (level/reps)	
A: Leg press (0-30 degrees) (reps/weight)	
A: Short arc squats (90-45 degrees) (reps/weight)	
A: Figure 4 squats (reps)	
Proprioception: B: Therapie -- Ball circles (time)	
A: Therapie -- Around the clock squats (time)	
Stretching*: Hamstring	
Hip flexor/Quadriceps	
Piriformis	
ITB	
Prostretch (Gastrocnemius/Soleus)	
Petellar mobilization: 4 directions for 1-2 minutes	
Ice	
Tape: (As needed, check appropriate taping requirements) <input type="checkbox"/> Med glide <input type="checkbox"/> Med tilt <input type="checkbox"/> Rotation <input type="checkbox"/> Inferior pole	

B = Basic exercises
A = Advanced exercises
AB = Neutral - done on all days

* All stretches held for 30 seconds -- one repetition -- instructed to do 3 times a day.

Functional knee index score at completion of the 3-day program: _____

3. Assessment: Patient with anterior knee pain.

4. Plan: After patient finishes this program, he or she will perform the above regimen daily at home. Follow up with therapist after 2 weeks from completion of the above course. Patient concurs with the plan and will comply with the treatment regimen.

5. Goal: Per therapist's note.

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

Physical Therapy Clinic, Kimbrough Ambulatory Care Center
Fort George G. Meade, MD 20755-5800

DATE

PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)

- HISTORY/PHYSICAL FLOW CHART
- OTHER EXAMINATION OR EVALUATION OTHER (Specify)
- DIAGNOSTIC STUDIES
- TREATMENT