

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	ORTHOPEDIC AND PHYSICAL THERAPY SPORTS CLINIC - KNEE EVALUATION (SPORTS INJURY)	OTSG APPROVED <i>(Date)</i>
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PART I - SUBJECTIVE

1. Age	2. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	3. Occupation	4. Date of injury	5. Chief complaint
6. Method of injury <input type="checkbox"/> Unsure <input type="checkbox"/> Twisting <input type="checkbox"/> Direct blow <input type="checkbox"/> Overuse <input type="checkbox"/> Other:			7. Is it recurrent? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Pain ___/10 at rest; ___/10 with activity
9. Comments:			10. Past treatment history:	
11. Working assessment				
12. Other				

PART II - OBJECTIVE

13. Barriers to learning <input type="checkbox"/> None							14. Extremity involved		
15. Gait:									
16. Tests <i>(For each test listed below, enter "+" for positive, "-" for negative, or "N/A" for not assessed or not applicable.)</i>									
	ROM	Patellar mobility	Patellar tenderness	Patellar tendon tenderness	Patellar compression test	Joint line tenderness	Circumduction / McMurray		
Right									
Left									
	Anterior drawer	Lachman's	Pivot shift	Varus/Valgus	Post drawer at neutral	Post drawer 30 degrees ER IR		Godfrey's	ER test
Right									
Left									
17. Films					18. MRI				

PART III - ASSESSMENT (Item 19)

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PART IV - PLAN (Item 20)

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(Continue on reverse)

PREPARED BY <i>(Signature & Title)</i>	DEPARTMENT/SERVICE/CLINIC	DATE
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PATIENT'S IDENTIFICATION <i>(For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)</i>	<input type="checkbox"/> HISTORY/PHYSICAL <input type="checkbox"/> FLOW CHART <input checked="" type="checkbox"/> OTHER EXAMINATION OR EVALUATION <input type="checkbox"/> OTHER <i>(Specify)</i> <input type="checkbox"/> DIAGNOSTIC STUDIES <input type="checkbox"/> TREATMENT
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