

IKDC FUNCTIONAL KNEE EVALUATION FORM

Your Full Name _____

Today's Date: ____ / ____ / ____ Date of Injury: ____ / ____ / ____

NOTE:

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. (One level only)

1. What is the highest level of activity that you can perform without significant knee pain?

- 5 Very strenuous activities like jumping or pivoting as in basketball or soccer
- 4 Strenuous activities like heavy physical work, skiing or tennis
- 3 Moderate activities like moderate physical work, running or jogging
- 2 Light activities like walking, housework or yard work
- 1 Unable to perform any of the above activities due to knee pain

2. During the past 4 weeks OR since your injury, how often have you had pain?

Never 11 10 9 8 7 6 5 4 3 2 1 Constant

3. If you have pain, how severe is it?

No pain 11 10 9 8 7 6 5 4 3 2 1 Worst pain imaginable

4. During the past 4 weeks OR since your injury, how stiff or swollen was your knee?

- 5 Not at all
- 4 Mildly
- 3 Moderately
- 2 Very
- 1 Extremely

5. What is the highest level of activity you can perform without significant swelling in your knee?

- 5 Very strenuous activities like jumping or pivoting as in basketball or soccer
- 4 Strenuous activities like heavy physical work, skiing or tennis
- 3 Moderate activities like moderate physical work, running or jogging
- 2 Light activities like walking, housework or yard work
- 1 Unable to perform any of the above activities due to knee swelling

6. During the past 4 weeks OR since your injury, did your knee lock or catch?

1 Yes 2 No

7. What is the highest level of activity you can perform without significant giving way in you knee?

- 5 Very strenuous activities like jumping or pivoting as in basketball or soccer
- 4 Strenuous activities like heavy physical work, skiing or tennis
- 3 Moderate activities like moderate physical work, running or jogging
- 2 Light activities like walking, housework or yard work
- 1 Unable to perform any of the above activities due to giving way of the knee

SPORTS ACTIVITIES:

8. What is the highest level of activity you can participate in on a regular basis?

- 5 Very strenuous activities like jumping or pivoting as in basketball or soccer
- 4 Strenuous activities like heavy physical work, skiing or tennis
- 3 Moderate activities like moderate physical work, running or jogging
- 2 Light activities like walking, housework or yard work
- 1 Unable to perform any of the above activities due to giving way of the knee

9. How does your knee affect your ability to:

	Not Difficult At all	Minimally Difficult	Moderately Difficult	Extremely Difficult	Unable To do
a. Go up stairs					
b. Go down stairs					
c. Kneel on the front of your knee					
d. Squat					
e. Sit with your knee bent					
f. Rise from chair					
g. Run straight ahead					
h. Jump & land on your involved leg					

FUNCTION:

10. How would you rate the function of your knee on a scale of 1 to 11 with 11 being normal, excellent function and 1 being the inability to perform any of your usual daily activities which may include sports?

CURRENT FUNCTION OF YOUR KNEE:

No limitation in daily activity 11 10 9 8 7 6 5 4 3 2 1 Cannot Perform daily activities

FUNCTION PRIOR TO YOUR KNEE INJURY:

No limitation in daily activity 11 10 9 8 7 6 5 4 3 2 1 Cannot Perform daily activities