

MEDICINE Dr. Joshua D. Harris Houston Methodist Hospital Center for Orthopaedics & Sports Medicine

Office: 713-441-8393 Fax: 713-790-5134 www.methodistorthopedics.com

2000 IKDC Subjective Knee Evaluation Form

Name												
Today's Date Date of injury												
<u>SYMP</u>	TOMS*											
			highest a			n you thinl	k you coul	d function	without s	ignificant	sympton	ns, even if you
4 3 2 1	□ Very st □ Strenu □ Moder □ Light a	renuous a ous activit ate activit ctivities lik	level of activities lileties like he cies like he cies like mo ke walking om any of t	ke jumpin avy physic oderate pl , housewo	g or pivotical work, s nysical work, or ork, or yar	ing as in baskiing, or took ork, running d work	asketball o ennis g, or joggi	or soccer	ee pain?			
2. D	uring the	past 4 we	eeks, or sir	ice your ir	njury, how	often hav	e you had	l pain?				
Never	10	9	8	7	6	5	4	3	2	1	0	Constant
3. If	you have	e pain, hov	w severe is	it?								
No pa	in 10	9	8	7	6	5	4	3	2	1	0	Worst pain
												imaginable
4 3 2 1	Ouring the Not at Mildly Moder Very Extrem	all	eeks, or sir	ice your ir	njury, how	stiff or sv	vollen was	s your kne	e?			
4 3 2 1	□ Very st □ Strenu □ Moder □ Light a	renuous a ous activit ate activit ctivities lik	level of activities lil activities lil ties like he ties like mo ke walking m any of t	ke jumpin avy physic oderate ph , housewo	g or pivot cal work, s nysical wo ork, or yar	ing as in baskiing, or to rk, running d work	asketball o ennis g, or joggi	or soccer	g in your k	nee?		
0	Ouring the Yes No	past 4 we	eeks, or sir	ice your ir	njury, did	your knee	lock or ca	tch?				
4 3 2 1	□ Very st □ Strenu □ Moder □ Light a	renuous a ous activit ate activit ctivities lik	level of activities lil ties like he ties like mo ties like mo ke walking m any of t	ke jumpin avy physic oderate ph , housewo	g or pivot cal work, s nysical wo ork, or yar	ing as in baskiing, or to rk, running d work	asketball o ennis g, or joggi	or soccer	vay in you	r knee?		



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SPORTS ACTIVITIES

- 8. What is the highest level of activity you can participate in on a regular basis?
 - 4□ Very strenuous activities like jumping or pivoting as in basketball or soccer
 - 3□ Strenuous activities like heavy physical work, skiing, or tennis
 - 2□ Moderate activities like moderate physical work, running, or jogging
 - 1□ Light activities like walking, housework, or yard work
 - 0□ Unable to perform any of the above activities due to knee
- 9. How does your knee affect your ability to:

		Not difficult at all	Minimally difficult	Moderately difficult	Extremely difficult	Unable to do
а	Go up stairs	4□	3□	2□	1□	0□
b	Go down stairs	4□	3□	2□	1□	0□
С	Kneel on front of your knee	4□	3□	2□	1□	0□
d	Squat	4□	3□	2□	1□	0□
е	Sit with your knee bent	4□	3□	2□	1□	0□
f	Rise from a chair	4□	3□	2□	1□	0□
g	Run straight ahead	4□	3□	2□	1□	0□
h	Jump and land on your leg	4□	3□	2□	1□	0□
i	Stop and start quickly	4□	3□	2□	1□	0□

FUNCTION

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 sports?

FUNCTION PRIOR TO YOUR KNEE INJURY:

Couldn't perform daily activities	0	1	2	3	4	5	6 □	7	8	9	10	No limitation in daily activities
CURRENT FUNCTION OF YOUR KNEE:												
Cannot perform daily activities	0	1	2	3	4	5	6	7	8	9	10	No limitation in daily activities