Clinic ID __________ PT ID ____________ Patient ID _________

National Orthopaedic Physical Therapy Outcomes Database
Orthopaedic Section, APTA
Knee Case Report Form

Episode of Care

Start of Care Date: __ / __ / __	End of Care Date: __ / __ / __	# of Visits: _____

End of care status (select one): ❑ Discharged by PT ❑ Patient terminated treatment ❑ Physician terminated treatment ❑Other

Patient Characteristics

Demographics

Age: _________ years

Gender: ❑ M ❑ F

Height: _______ inches

Weight: _______ pounds

Ethnicity:
- ❑ Not Hispanic
- ❑ Hispanic

Race (all that apply):
- ❑ White/Caucasian
- ❑ Black/African-American
- ❑ Asian
- ❑ Hawaiian/Pacific Islander
- ❑ Am. Indian/Alaska Native
- ❑ Other ____________

Insurance (all that apply):
- ❑ Commercial
- ❑ Medicare
- ❑ Medicaid
- ❑ Self-Pay
- ❑ Automobile
- ❑ Workers Compensation
- ❑ Other ___________

Comorbidities
- ❑ Arthritis (OA or RA)
- ❑ Osteoporosis
- ❑ Asthma
- ❑ COPD, ARDS
- ❑ Angina
- ❑ CHF, CAD
- ❑ MI
- ❑ Neuro (MS, PD)
- ❑ CVA or TIA
- ❑ PVD
- ❑ DM (I or II)
- ❑ Upper GI
- ❑ Depression
- ❑ Anxiety, panic
- ❑ Visual impairment
- ❑ Hearing impairment
- ❑ DDD, stenosis
- ❑ Obesity (BMI ≥ 30)

Smoking: ❑ None ❑ Current ❑ Past

Knee History

Current use of:
- ❑ NSAIDs
- ❑ Rx opioids
- ❑ Oral steroids

Recent knee injections:
- ❑ Corticosteroids
- ❑ Viscosupplementation

# of prior knee surgeries
❑ 0 ❑ 1 ❑ ≥ 2

Side(s) being treated:
- ❑ Unilateral
- ❑ Bilateral

Is surgery the reason for current episode of care?
- ❑ Y (skip next column)
- ❑ N (complete next column, skip last column)

Non-Surgical

Onset: __ / __ / __

Mechanism:
- ❑ Gradual or chronic
- ❑ Sudden, nontraumatic
- ❑ Traumatic

Recurrent problem?
- ❑ No
- ❑ Yes, < 1 month hx
- ❑ Yes, 1-6 month hx
- ❑ Yes, 6-12 month hx
- ❑ Yes, > 12 month hx

Surgical

Surgery date: __ / __ /__

Date of injury leading to surgery: __ /__ / __

Cause of surgery:
- ❑ Gradual or chronic
- ❑ Sudden, nontraumatic
- ❑ Traumatic

Surgery (check all that apply)
- ❑ Menisectomy
- ❑ Meniscus repair
- ❑ ACL reconstruction/repair
- ❑ Other lig. recon./repair
- ❑ Cartilage procedure
- ❑ Patellofemoral procedure
- ❑ TKA
- ❑ UKA
- ❑ HTO
- ❑ ORIF or other fx repair
- ❑ Arthroscopic lavage/debridement
- ❑ Other ___________

SAMPLE

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Clinic ID __________ PT ID ____________ Patient ID _________

Functional Status

Limitations with activities of daily living	Limitations with work or homemaking duties	Limitations with strenuous activity or sport
❑ Y ❑ N ❑ N/A	❑ Y ❑ N ❑ N/A	❑ Y ❑ N ❑ N/A

Diagnostic Classification & Corresponding Examination Findings (check all that apply)

❑ Impaired Knee Joint Motion
- ❑ Limited extension ROM (>3 deg side/side difference)
- ❑ Limited flexion ROM (>5 deg side/side difference)
- ❑ Functional limitation of ROM, or stiffness

❑ Impaired Quadriceps Strength or Endurance
- ❑ Presence of lag
- ❑ MMT 4/5 or lower on one or both sides
- ❑ 10% or greater deficit compared to uninvolved side on 1RM or dynamometer
- ❑ Functional strength or endurance deficit observed by PT

❑ Impaired Musculotendinous Length
- ❑ Rectus Femoris
- ❑ Hamstrings
- ❑ Iliotibial band / tensor fascia latae
- ❑ Gastrocnemius
- ❑ Other muscle, limiting function

❑ Impaired Hip Strength or Endurance
- ❑ MMT 4/5 or lower (glut med, glut max, and/or hip rotators)
- ❑ 10% or greater deficit compared to uninvolved side on 1RM or dynamometry
- ❑ (+) hip hike test

❑ Pain or Impaired Mobility of Soft Tissue
- ❑ Limited or painful scar mobility
- ❑ Painful or hypomobile patellar glides
- ❑ Pain with palpation of knee soft tissue

❑ Impaired Structural Alignment
- ❑ Knee varus or valgus observed in static postural exam
- ❑ Abnormal foot pronation or supination in static postural exam
- ❑ True leg length discrepancy

❑ Impaired Neuromuscular Control
- ❑ Sense of instability
- ❑ Abnormal laxity
- ❑ Unwanted compensatory movement and/or balance strategies during WB functional tasks
- ❑ Impaired balance/proprioception

SAMPLE

Clinic ID: __________ PT ID: ___________ Patient ID: _________	Initial	Week 2	Week 3	Week 4	Week 5	Week 6	DC
Date:							
Not Scheduled/Discharged/Terminated Tx:	❑	❑	❑	❑	❑	❑	❑
Irritability (H = high; M = medium; L = low)	❑H ❑M ❑L	❑H ❑M ❑L	❑H ❑M ❑L	❑H ❑M ❑L	❑H ❑M ❑L	❑H ❑M ❑L	❑H ❑M ❑L
Interventions (# of times provided during week)							
ROM (A, AA, or P; could also be CPM or cycling)							
Stretching – manual							
Stretching – mechanical							
Joint mobilization – patellofemoral							
Joint mobilization – tibiofemoral							
Joint mobilization – other joint							
Soft tissue mobilization – instrumented							
Soft tissue mobilization – non-instrumented							
Strengthening: quadriceps NWB							
Strengthening: hamstrings NWB							
Strengthening: hips (WB or NWB)							
Strengthening: calves							
Strengthening: WB multijoint							
Strengthening: trunk (incl. trunk stabilization)							
Aerobic exercise							
Orthotics/bracing							
Taping for pain or dysfunction @ knee							
Modalities: heat or cold therapy							
Modalities: ultrasound							
Modalities: e-stim for pain/swelling							
Modalities: e-stim for muscle strength							
Modalities: e-stim for muscle re-education							
Modalities: Iontophoresis or phonophoresis							
Modalities: dry needling							
Agility training (walking/running-based)							
Balance training (incl. perturbation training)							
Movement re-education							
Task-specific training							
Plyometrics							
Assistive device fitting/prescription							
Other, please list ___________________________							
Change in Classification? (if Y, go to other side)	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N
Outcomes	**Initial**	**Week 2**	**Week 3**	**Week 4**	**Week 5**	**Week 6**	**DC**
IKDC (0 to 100, 100 = best function): *Calculation: (sum of item scores / 87) * 100*							

SAMPLE

Please Indicate Changes in Classification	Initial	Week 2	Week 3	Week 4	Week 5	Week 6	DC
Date:							
Impaired Knee Joint Motion	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N
Limited extension ROM	❑	❑	❑	❑	❑	❑	❑
Limited flexion ROM	❑	❑	❑	❑	❑	❑	❑
Functional limitation of ROM, or stiffness	❑	❑	❑	❑	❑	❑	❑
Impaired Quadriceps Strength or Endurance	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N
Presence of lag	❑	❑	❑	❑	❑	❑	❑
MMT 4/5 or lower on one or both sides	❑	❑	❑	❑	❑	❑	❑
10% or greater deficit compared to uninvolved side	❑	❑	❑	❑	❑	❑	❑
Functional strength or endurance deficit observed	❑	❑	❑	❑	❑	❑	❑
Impaired Musculotendinous Length	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N
Rectus Femoris	❑	❑	❑	❑	❑	❑	❑
Hamstrings	❑	❑	❑	❑	❑	❑	❑
Iliotibial band/tensor fascia latae	❑	❑	❑	❑	❑	❑	❑
Gastrocnemius	❑	❑	❑	❑	❑	❑	❑
Other muscle, limiting function	❑	❑	❑	❑	❑	❑	❑
Impaired Hip Strength or Endurance	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N
MMT 4/5 or lower (glut med, max, hip rotators)	❑	❑	❑	❑	❑	❑	❑
10% or greater deficit compared to uninvolved side	❑	❑	❑	❑	❑	❑	❑
(+) hip hike test if MMT 5/5	❑	❑	❑	❑	❑	❑	❑
Pain or Impaired Mobility of Soft Tissue	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N
Limited or painful scar mobility	❑	❑	❑	❑	❑	❑	❑
Painful or hypomobile patellar glides	❑	❑	❑	❑	❑	❑	❑
Pain with palpation of knee soft tissue	❑	❑	❑	❑	❑	❑	❑
Impaired Structural Alignment	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N
Knee varus or valgus observed in static posture	❑	❑	❑	❑	❑	❑	❑
Abnormal foot pron/supin in static posture	❑	❑	❑	❑	❑	❑	❑
True leg length discrepancy	❑	❑	❑	❑	❑	❑	❑
Impaired Neuromuscular Control	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N
Sense of instability	❑	❑	❑	❑	❑	❑	❑
Abnormal laxity	❑	❑	❑	❑	❑	❑	❑
Unwanted compensatory movement during tasks	❑	❑	❑	❑	❑	❑	❑
Impaired balance/proprioception	❑	❑	❑	❑	❑	❑	❑

SAMPLE

Clinic ID: __________ PT ID: ___________ Patient ID: ____________		Initial	Week 2	Week 3	Week 4	Week 5	Week 6	DC
Date:								
Not Scheduled/Discharged/Terminated Tx:		❑	❑	❑	❑	❑	❑	❑
Change in Classification? (if Y, go to other side)		❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N
Irritability (H = high; M = medium; L = low)		❑H ❑M ❑L	❑H ❑M ❑L	❑H ❑M ❑L	❑H ❑M ❑L	❑H ❑M ❑L	❑H ❑M ❑L	❑H ❑M ❑L
Interventions (# of times provided during week)								
ROM (A, AA, or P; could also be CPM or cycling)								
Stretching	Manual							
	Mechanical/self-stretch							
Joint Mobilization	Patellofemoral							
	Tibiofemoral							
	Other Joint							
Soft Tissue Mobilization	Instrumented							
	Non-instrumented							
Strengthening	Quadriceps NWB							
	Hamstrings NWB							
	Hips (WB or NWB)							
	Calves							
	WB multijoint							
	Trunk (incl.stabilization)							
Modalities	Heat/Cold therapy							
	Ultrasound							
	Estim pain/swelling							
	Estim muscle strength							
	Estim muscle re-ed							
	Ionto or Phonophoresis							
	Dry needling							
Aerobic exercise								
Orthotics/bracing								
Taping for pain or dysfunction @ knee								
Agility training (walking/running-based)								
Balance training (incl. perturbation training)								
Movement re-education								
Task-specific training								
Plyometrics								
Assistive device fitting/prescription								
Other, please list ________________________								
Outcome (KOOS) *100 – [(mean item score * 100) / 4]*		**Initial**	**Week 2**	**Week 3**	**Week 4**	**Week 5**	**Week 6**	**DC**
Pain Subscale								
Symptom Subscale								
ADL Subscale								
Sport/Recreation Subscale								
QOL Subscale								

SAMPLE

Please Indicate Changes in Classification	Initial	Week 2	Week 3	Week 4	Week 5	Week 6	DC
Date:							
Impaired Knee Joint Motion	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N
Limited extension ROM	❑	❑	❑	❑	❑	❑	❑
Limited flexion ROM	❑	❑	❑	❑	❑	❑	❑
Functional limitation of ROM, or stiffness	❑	❑	❑	❑	❑	❑	❑
Impaired Quadriceps Strength or Endurance	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N
Presence of lag	❑	❑	❑	❑	❑	❑	❑
MMT 4/5 or lower on one or both sides	❑	❑	❑	❑	❑	❑	❑
10% or greater deficit compared to uninvolved side	❑	❑	❑	❑	❑	❑	❑
Functional strength or endurance deficit observed	❑	❑	❑	❑	❑	❑	❑
Impaired Musculotendinous Length	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N
Rectus Femoris	❑	❑	❑	❑	❑	❑	❑
Hamstrings	❑	❑	❑	❑	❑	❑	❑
Iliotibial band/tensor fascia latae	❑	❑	❑	❑	❑	❑	❑
Gastrocnemius	❑	❑	❑	❑	❑	❑	❑
Other muscle, limiting function	❑	❑	❑	❑	❑	❑	❑
Impaired Hip Strength or Endurance	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N
MMT 4/5 or lower (glut med, max, hip rotators)	❑	❑	❑	❑	❑	❑	❑
10% or greater deficit compared to uninvolved side	❑	❑	❑	❑	❑	❑	❑
(+) hip hike test if MMT 5/5	❑	❑	❑	❑	❑	❑	❑
Pain or Impaired Mobility of Soft Tissue	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N
Limited or painful scar mobility	❑	❑	❑	❑	❑	❑	❑
Painful or hypomobile patellar glides	❑	❑	❑	❑	❑	❑	❑
Pain with palpation of knee soft tissue	❑	❑	❑	❑	❑	❑	❑
Impaired Structural Alignment	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N
Knee varus or valgus observed in static posture	❑	❑	❑	❑	❑	❑	❑
Abnormal foot pron/supin in static posture	❑	❑	❑	❑	❑	❑	❑
True leg length discrepancy	❑	❑	❑	❑	❑	❑	❑
Impaired Neuromuscular Control	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N	❑ Y ❑ N
Sense of instability	❑	❑	❑	❑	❑	❑	❑
Abnormal laxity	❑	❑	❑	❑	❑	❑	❑
Unwanted compensatory movement during tasks	❑	❑	❑	❑	❑	❑	❑
Impaired balance/proprioception	❑	❑	❑	❑	❑	❑	❑

SAMPLE