

Russell L. Nelson, M.D.
Initial Examination

Name: _____ Height: _____

Referred by: _____ (List friend's name if referred by friend)

If referred by M.D., list full address & phone: _____

WHICH JOINT WILL WE BE CHECKING? RIGHT KNEE LEFT KNEE

Date your knee symptoms first onset: _____

1. How did the pain start: gradually and has progressed suddenly without trauma
 with a traumatic episode

If applicable, explain the traumatic episode: _____

2. Location of pain: front of knee inner side of knee outer side of knee
 back of knee entire knee no pain

3. Aggravated by: ascending stairs descending stairs arising from chair
 in/out of car walking exercise other

4. Pain is worst (**Choose only one**): at night at rest walking on stairs

5. Alleviated by: sitting standing lying down medication ice nothing other

6. Pain when walking: none/ignore mild/occasional mild/stairs only
 mild/stairs & level walking moderate/pain comes & goes
 moderate/pain each day severe/constant disabling pain

7. How far can you walk without stopping because of pain in your knee?
 unlimited distances not more than one mile not more than ½ mile
 less than 5 blocks only short distances within my home I am confined to a wheelchair
or bed

8. Knee Pain at Rest: none mild moderate severe

9. How do you go up & down stairs:
 Normally -- one foot on each step
 Normally, but use rail when going down
 Normally, but use rail when going up
 Require use of rail while going up and down
 Up the stairs using rail, but unable to go down
 Unable to go up and down stairs

10. Does pain interfere with sleeping: no yes--mild yes--severe/awakens from sleep

****CONTINUED ON BACK****

11. What type of walking aid do you use: none one cane on a long walk
 one cane most of the time one crutch two canes two crutches
 walker wheelchair/unable to walk
12. If using a walking aid, why: knee pain/discomfort other joint problems stability
13. How far can you walk without support (i.e. cane, crutches, etc.):
 unlimited amount of time (more than 60 min.) 31-60 min. 11-30 min.
 2-10 min. less than 2 min. unable to walk
14. Do you limp without support: not at all slightly moderately severely unable to walk
15. How far can you walk with support (i.e. cane, crutches, etc.):
 unlimited amount of time (more than 60 min.) 31-60 min. 11-30 min.
 2-10 min. less than 2 min. not applicable / walk without support unable to walk
16. Do you limp with support: not at all slightly moderately severely unable to walk
17. On which side do you limp: right left both neither
18. Describe your current general activity level:
 I am bedridden or confined to a wheelchair
 I am sedentary (in a chair) with minimal capacity for walking or other activity
 I am partially sedentary and can do deskwork, light housekeeping, or bench work
 I perform light labor such as heavy house cleaning, yard work, or light sports
 I perform moderate manual labor with lifting heavy weight and/or participate in moderate sports
 I participate in heavy manual labor / frequently lift heavy weights and/or participate in vigorous sports
19. Need assistance getting out of bed: yes no
20. Ability to arise from chair: able with ease able with ease (using the arms of the chair to push up) able with difficulty unable
21. Physical therapy for arthritis: never less than once per week once per week
 more than once per week but not daily every day in the past, but now stopped
22. Number of times you've had steroid injections for arthritis: _____
23. Number of times you've had Synvisc/Hyalgan injections: _____
24. Chiropractic therapy for arthritis: never less than once per week
 once per week more than once per week but not daily every day
 in the past, but now stopped
25. Walking/Water exercise for arthritis: never less than once per week
 once per week more than once per week but not daily every day
 in the past, but now stopped