

EXAM

Name _____ R or L _____ Chart # _____ Date _____

Summary:

		0-5	5-10	>10		0-2	2-5	5-10	>10
Valgus	0				Lachman				
	30				Ant. Drw.	45			
Varus	0				Post Drw.	90			
	30					45			
						90			

Scars: PM AM PL AL

Tenderness (Locat):

Degree: mild moderate severe

Masses (Locat):

Size:

Quad Circ: R _____ L _____

Range of motion: R _____ to _____

L _____ to _____

Other:

ALRI: no mild moderate severe

PLRI: no mild moderate severe

Artic. Crep.: no mild moderate severe

Hemarthrosis: _____ x _____ cc

Effusion: _____ x _____ cc

Val. St. Appr.: no mild moderate severe

Pat. Med. Facet: normal slightly vertical

Pat. Crep.: no mild moderate gross

Quad atrophy: no mild moderate severe

McMurray: neg indet suggest defin

Comments:

Lat. Circ.: neg indet suggest defin

Mod. Losee's:

Flex. Rot. Drw.:/Pivot Shift:

External Rotation Recurvatum:

Posterior Sag Test:

X-Ray Findings:

Diagnosis:

Plan:

Given to Pt: Exercise Sheet

Surgery Folder