

Patient Name _____	Involved Knee Right _____ Left _____	Date of Visit mo _____ day _____ yr _____
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Sports Activity Scale

Highest Level (before injury) ____ / 100

Highest Level (current) ____ / 100

Check the box which describes your level of sports activity before your original knee injury. Then, check the box which describes your level of sports activity at this time.

BEFORE INJURY		CURRENT LEVEL	
<input type="checkbox"/> 100	<input type="checkbox"/>	<input type="checkbox"/>	Level I (participates 4-7 days/week) Jumping, hard pivoting, cutting (basketball, volleyball, football, gymnastics, soccer) Running, twisting, turning (tennis, racquetball, handball, ice hockey, field hockey, skiing, wrestling) No running, twisting, jumping (cycling, swimming)
<input type="checkbox"/> 95	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 90	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 85	<input type="checkbox"/>	<input type="checkbox"/>	Level II (participates 1-3 days/week) Jumping, hard pivoting, cutting (basketball, volleyball, football, gymnastics, soccer) Running, twisting, turning (tennis, racquetball, handball, ice hockey, field hockey, skiing, wrestling) No running, twisting, jumping (cycling, swimming)
<input type="checkbox"/> 80	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 75	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 65	<input type="checkbox"/>	<input type="checkbox"/>	Level III (participates 1-3 times/month) Jumping, hard pivoting, cutting (basketball, volleyball, football, gymnastics, soccer) Running, twisting, turning (tennis, racquetball, handball, ice hockey, field hockey, skiing, wrestling) No running, twisting, jumping (cycling, swimming)
<input type="checkbox"/> 60	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 55	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 40	<input type="checkbox"/>	<input type="checkbox"/>	Level IV (no sports) I perform activities of daily living without problems I have moderate problems with activities of daily living I have severe problems with activities of daily living; on crutches, full disability
<input type="checkbox"/> 20	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 0	<input type="checkbox"/>	<input type="checkbox"/>	

Change in Sports Activities

Level _____

Check the box which best describes any change you have had in sports activities since your injury / surgery.
My sports activities have:

<p>Not Changed If yes, check one box below:</p> <p><input type="checkbox"/> I have no / slight problems (c)</p> <p><input type="checkbox"/> I have moderate / significant problems (d)</p>	<p>Decreased If yes, check one box below:</p> <p><input type="checkbox"/> I now have no / slight problems (e)</p> <p><input type="checkbox"/> I now have moderate / significant problems (d)</p> <p><input type="checkbox"/> For reasons not related to my knee (g)</p>	<p>Stopped -- given up all sports If yes, check one box below:</p> <p><input type="checkbox"/> I have moderate / significant problems when I play sports (f)</p> <p><input type="checkbox"/> For reasons not related to my knee (g)</p>
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Function ADL

Level ____ / 3=

Check the problems you have during:

<p>1. Walking check one box:</p> <p>40 <input type="checkbox"/> normal, unlimited</p> <p>30 <input type="checkbox"/> some limitations</p> <p>20 <input type="checkbox"/> only 3-4 blocks possible</p> <p>0 <input type="checkbox"/> less than 1 block; cane, crutch</p>	<p>2. Stairs check one box:</p> <p>40 <input type="checkbox"/> normal, unlimited</p> <p>30 <input type="checkbox"/> some limitations</p> <p>20 <input type="checkbox"/> only 11-30 steps possible</p> <p>0 <input type="checkbox"/> only 1-10 steps possible</p>	<p>3. Squatting / kneeling check one box:</p> <p>40 <input type="checkbox"/> normal, unlimited</p> <p>30 <input type="checkbox"/> some limitations</p> <p>20 <input type="checkbox"/> only 6-10 possible</p> <p>0 <input type="checkbox"/> only 0-5 possible</p>
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Function Sports

Level ____ / 3=

Check the problems you have during:

<p>1. Straight running check one box:</p> <p>100 <input type="checkbox"/> fully competitive</p> <p>80 <input type="checkbox"/> some limitations, guarding</p> <p>60 <input type="checkbox"/> definite limitations, half speed</p> <p>40 <input type="checkbox"/> not able to do</p>	<p>2. Jumping / landing on affected leg check one box:</p> <p>100 <input type="checkbox"/> fully competitive</p> <p>80 <input type="checkbox"/> some limitations, guarding</p> <p>60 <input type="checkbox"/> definite limitations, half speed</p> <p>40 <input type="checkbox"/> not able to do</p>	<p>3. Hard twists / cuts / pivots check one box:</p> <p>100 <input type="checkbox"/> fully competitive</p> <p>80 <input type="checkbox"/> some limitations, guarding</p> <p>60 <input type="checkbox"/> definite limitations, half speed</p> <p>40 <input type="checkbox"/> not able to do</p>
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Problems with Sports

Total Points _____

Describe the problems you would have with your knee after participating for one hour without guarding or limitations in each of the three sports categories below. (____check here if you are using a brace.)

<p>Strenuous Sport (soccer, football, basketball, volleyball)</p> <p>check one box:</p> <p>100 <input type="checkbox"/> no problems</p> <p><input type="checkbox"/> moderate problems during or after game</p> <p><input type="checkbox"/> severe problems; cannot participate</p>	<p>Moderate Sport (tennis, racquetball)</p> <p>check one box:</p> <p>80 <input type="checkbox"/> no problems</p> <p><input type="checkbox"/> moderate problems during or after game</p> <p><input type="checkbox"/> severe problems; cannot participate</p>	<p>Light Sport (golf, bowling, hiking)</p> <p>check one box:</p> <p>60 <input type="checkbox"/> no problems</p> <p>50 <input type="checkbox"/> moderate problems during or after game</p> <p>30 <input type="checkbox"/> severe problems; cannot participate</p>
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