UNIVERSITY OF SOUTHERN CALIFORNIA
ORTHOPAEDIC SURGERY ASSOCIATES
1520 SAN PABLO STREET, SUITE 2000
LOS ANGELES, CALIFORNIA 90033-4608
TELEPHONE (323) 442-5860
FAX (323) 442-6990

C. THOMAS VANGSNESS, JR., M.D.
PROFESSOR OF
ORTHOPAEDIC SURGERY
CHIEF OF SPORTS MEDICINE

FOR OFFICE USE
☐ Transcribed

INITIAL KNEE CONSULTATION

NAME: _____ AGE: _____ DATE: _____

SEX: MALE FEMALE HAND DOMINANCE: RIGHT LEFT

HEIGHT: _____ WEIGHT: _____ SOCIAL SECURITY NO: ____ - ___ - ____

INSURANCE: _____ POLICY NO: _____

REFERRED BY: _____ PHONE NO: _____

HOSPITAL/ ADDRESS: _____

Which knee: ☐ Right ☐ Left

Date of onset OR length of symptoms: _____

Prior injuries to this knee: ☐ YES ☐ NO
If yes, please describe: _____

Please describe how your symptoms began (traumatic/injury OR gradual/unknown onset): _____
_____
_____

Location of pain: ☐ front of knee ☐ inner knee ☐ outer knee ☐ all over

If 100% were normal, as of today what percentage would you give your knee as a grade? _____

Pain at rest (1 least - 10 greatest) _____

Pain with activity (scale 1-10) _____

Pain at night ☐ YES ☐ NO

Activities that make the pain better: _____

Activities that make the pain worse: _____

Swelling ☐ YES ☐ NO

Type of Pain: ☐ Sharp ☐ Dull ☐ Throbbing ☐ Numbness
☐ Shooting ☐ Burning ☐ Tingling

Nature of Pain: ☐ Constant ☐ Frequent ☐ Occasional ☐ Intermittent

Since onset, is the pain getting: ☐ Better ☐ Worse

Does the pain radiate? ☐ Yes ☐ No
If yes, where: ☐ Groin ☐ Back ☐ Hip ☐ Thigh ☐ Calf ☐ Foot

Symptoms are worse in: ☐ Morning ☐ Afternoon ☐ Night ☐ Same all day

Any mechanical symptoms: ☐ None ☐ Popping ☐ Clicking ☐ Locking ☐ Giving way ☐ Instability

C. THOMAS VANGSNESS, JR., M.D.
PROFESSOR OF
ORTHOPAEDIC SURGERY
CHIEF OF SPORTS MEDICINE

Do you feel that you limp: □ No limp □ Slight □ Moderate □ Severe

Do you use assistive devices: □ None □ Cane □ Crutches □ Walker □ Wheelchair

How far can you walk before limited by pain: □ Unlimited □ Indoor only □ Less than 2 blocks
□ 2-10 blocks □ More than 10 blocks (30 minutes) □ Unable to walk

Difficulty with stairs: □ None □ Normal going up, difficult going down □ One at a time
□ Need to hold banister □ Unable to walk up stairs

Can you sit comfortably: □ Unlimited □ Less than 1 hour □ Severe discomfort
□ Discomfort arising from chair

Have you seen anyone for this problem □ Yes □ No
If yes, who: □ Family doctor □ Orthopaedic Surgeon □ Therapist □ Other: _____
Name, Location, Phone _____
Type of Treatment _____

Did your symptoms improve after: □ Yes □ No
Please describe: _____

Please describe your hobbies/ activities: _____
_____

REVIEW OF SYSTEMS

HEENT (Head, Ears, Eyes, Nose, and Throat):
□ Normal □ Headaches □ Glaucoma
□ Cataracts □ Dental Problems □ Sinusitis

PULMONARY (Lungs):
□ Normal □ Asthma □ COPD □ Shortness of Breath

CARDIOVASCULAR (Heart):
□ Normal □ Chest Pain □ Palpitations □ Previous Heart Surgery □ Abnormal rhythm

NEUROLOGIC:
□ Normal □ Stroke □ Seizure □ Headaches □ Motor/Sensory Deficit

GASTROINTESTINAL:
□ Normal □ Stomach pain with NSAIDs (Motrin, Ibuprofen) □ Ulcer □ Heartburn
□ GI/Rectal Bleed □ Adverse reaction to NSAIDs: _____

GENITOURINARY:
□ Normal □ Frequent night-time urination □ Prostate
□ Incontinence □ Burning with urination

SKIN:
□ Normal □ Skin rash □ Psoriasis

MUSCULOSKELETAL
□ Normal except shoulder □ Other joint pains: location _____

C. THOMAS VANGSNESS, JR., M.D.
PROFESSOR OF
ORTHOPAEDIC SURGERY
CHIEF OF SPORTS MEDICINE

PAST MEDICAL HISTORY

Please list any Medical Illnesses (i.e. diabetes, high blood pressure, etc…)
1. _____ 2. _____
3. _____ 4. _____

List any prior surgeries

	Type of Surgery	Year	Hospital – Surgeon
1.			
2.			
3.			
4.			

List any allergies to medications

	Medication	Side Effect
1.		
2.		
3.		

List current medications being taken on a regular basis (include dose and how often)
1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

FAMILY HISTORY
Father □ Living Any medical problems: _____
□ Deceased – at age _____ Cause: _____
Mother □ Living Any medical problems: _____
□ Deceased – at age _____ Cause: _____
Siblings:Number _____ Any medical problems: _____

SOCIAL HISTORY
Marital Status: □ Married □ Single □ Divorced
Number of children: _____
Do you smoke? □ No □ Yes – If so how many packs per day: _____
Do you drink alcohol? □ No □ Occasionally □ Daily

Employment
Type of work: _____
Currently working: □ Yes □ No
If not working:
Are you □ temporarily unemployed □ off work – how long_____
Any heavy lifting involved with work: □ Yes □ No

To the best of my knowledge, the questions on this form have been answered accurately. I understand that providing incorrect information can be dangerous to my health. It is my responsibility to inform the doctor of any changes in my medical status. I also authorize the health care staff to perform the necessary services I may need.

_____ _____ _____
Signature of Patient or Parent of Minor Date Reviewed by MD (physician signature)

C. THOMAS VANGSNESS, JR., M.D.
PROFESSOR OF
ORTHOPAEDIC SURGERY
CHIEF OF SPORTS MEDICINE

(TO BE COMPLETED BY MD)

KNEE MUSCULOSKELETAL EXAM

CONSTITUTIONAL (General Appearance of the patient)
□ Normal (WD/WN) □ Abnormal _____

PSYCHIATRIC □ Normal (Alert/Oriented x 3) □ Abnormal _____

HEENT □ Normal (AT/NC, EOMI) □ Abnormal _____

LYMPHATIC □ Normal (no lymphandenopathy) □ Abnormal _____

SKIN □ Normal (no ulcers/ lesion, incisions as described in Extremity exam)
□ Abnormal _____

CARDIOVASCULAR
Peripheral vascular system
Observation: □ Normal □ Swelling □ Varicosities
Palpation:
Pulses DP □ 1+ □ 2+ □ non-palp PT □ 1+ □ 2+ □ non-palp
Temperature □ warm □ cool
Edema □ none □ 1+ □ 2+ pitting

NEUROLOGIC
Deep tendon reflexes
Knee □ 1+ □ 2+ □ hyper-reflexic □ absent
Achilles □ 1+ □ 2+ □ hyper-reflexic □ absent
Sensation
□ Normal □ Abnormal _____

RIGHT KNEE
- Inspection □ normal □ arthroscopy incisions □ arthrotomy incision □ atrophy □ effusion (none / mild / mod)
- Palpation
  TTP: □ none □ arthrotomy incision □ arthroscopy portals
  Joint line □ medial □ lateral □ anterior □ posterior
- ROM □ normal (0-140) □ abnormal _____
- Stability
  Lachman □ negative □ 1+ □ 2+
  Anterior drawer □ negative □ 1+ □ 2+
  Posterior drawer □ negative □ 1+ □ 2+
  Pivot shift test □ negative □ slide □ clunk
  Dial test □ incr ER @ 0°_____/ 30°_____
  Recurvatum □ negative □ present _____
  Valgus instability □ negative □ @ 0°_____ / 30°____
  Varus instability □ negative □ @ 0°_____ / 30°____
- McMurray's □ normal □ medial □ lateral
- Muscle strength □ normal □ quadriceps weakness
- Tone □ normal □ spasticity
- Patella
  TTP: □ none □ inferior pole □ superior pole □ medial facet □ lateral facet □ medial retinaculum □ lateral retinaculum
  Compression Pain □ none □ present
  Apprehension □ none □ medial □ lateral
  Crepitus □ No □ Yes
- Gait □ Normal □ Antalgic
  Thrust □ No □ Yes Valgus / □ Varus
- Other: _____
  _____
  _____

LEFT KNEE
- Inspection □ normal □ arthroscopy incisions □ arthrotomy incision □ atrophy □ effusion (none / mild / mod)
- Palpation
  TTP: □ none □ arthrotomy incision □ arthroscopy portals
  Joint line □ medial □ lateral □ anterior □ posterior
- ROM □ normal (0-140) □ abnormal _____
- Stability
  Lachman □ negative □ 1+ □ 2+
  Anterior drawer □ negative □ 1+ □ 2+
  Posterior drawer □ negative □ 1+ □ 2+
  Pivot shift test □ negative □ slide □ clunk
  Dial test □ incr ER @ 0°_____/ 30°_____
  Recurvatum □ negative □ present _____
  Valgus instability □ negative □ @ 0°_____ / 30°____
  Varus instability □ negative □ @ 0°_____ / 30°____
- McMurray's □ normal □ medial □ lateral
- Muscle strength □ normal □ quadriceps weakness
- Tone □ normal □ spasticity
- Patella
  TTP: □ none □ inferior pole □ superior pole □ medial facet □ lateral facet □ medial retinaculum □ lateral retinaculum
  Compression Pain □ none □ present
  Apprehension □ none □ medial □ lateral
  Crepitus □ No □ Yes
- Gait □ Normal □ Antalgic
  Thrust □ No □ Yes Valgus / □ Varus
- Other: _____
  _____
  _____

UNIVERSITY OF SOUTHERN CALIFORNIA
ORTHOPAEDIC SURGERY ASSOCIATES
1520 SAN PABLO STREET, SUITE 2000
LOS ANGELES, CALIFORNIA 90033-4608
TELEPHONE (323) 442-5860
FAX (323) 442-6990

C. THOMAS VANGSNESS, JR., M.D.
PROFESSOR OF
ORTHOPAEDIC SURGERY
CHIEF OF SPORTS MEDICINE

NAME: _____ DATE: _____

KNEE FOLLOW-UP □ Right Knee □ Left Knee

Since your last visit:

Is Dr. Vangsness prescribing any medication for you at this time? □ Yes □ No
If yes, what medicine: _____

1. What treatments have you had? □ None □ Medications □ Injection □ Physical Therapy □ Surgery
Please describe:_____

2. Do you feel your symptoms have improved? YES NO
Please describe:_____

If 100% were normal, as of today what percentage would you give your knee as a grade? _____

Location of pain: □ front of knee □ inner knee □ outer knee □ all over

Pain at rest (1 least - 10 greatest) _____

Pain with activity (scale 1-10) _____

Pain at night □ YES □ NO

Activities that make the pain better: _____

Activities that make the pain worse: _____

Swelling □ YES □ NO

Type of Pain: □ Sharp □ Dull □ Throbbing □ Numbness □ Shooting □ Burning □ Tingling

Nature of Pain: □ Constant □ Frequent □ Occasional □Intermittent

Does the pain radiate? □ Yes □ No
If yes, where: □ Groin □ Back □ Hip □ Thigh □ Calf □ Foot

Symptoms are worse in: □ Morning □ Afternoon □ Night □ Same all day

Any mechanical symptoms: □ None □ Popping □ Clicking □ Locking □ Giving way □ Instability

Do you feel that you limp: □ No limp □ Slight □ Moderate □ Severe

Do you use assistive devices: □ None □ Cane □ Crutches □ Walker □ Wheelchair

How far can you walk before limited by pain: □ Unlimited □ Indoor only □ Less than 2 blocks
□ 2-10 blocks □ More than 10 blocks (30 min.) □ Unable to walk

Difficulty with stairs: □ None □ Normal going up, difficult going down □ One at a time
□ Need to hold banister □ Unable to walk up stairs

Can you sit comfortably: □ Unlimited □ Less than 1 hour □ Severe discomfort □ Discomfort arising from chair

SOCIAL HISTORY
Employment
Type of work: _____
Currently working: □ Yes □ No
Limitations: □ None □ Limited work □ Disabled
If not working:
Are you □ Temporarily Unemployed □ Disabled – How long _____

Any heavy lifting involved with work: □ Yes □ No

C. THOMAS VANGSNESS, JR., M.D.
PROFESSOR OF
ORTHOPAEDIC SURGERY
CHIEF OF SPORTS MEDICINE

REVIEW OF SYSTEMS

CONSTITUTIONAL:
Any recent: □ Fevers □ Chills □ Nausea □ Vomiting □ None

GASTROINTESTINAL:
□ Normal □ Stomach pain with NSAIDs (Motrin, Ibuprofen)
□ Ulcer □ Heartburn
□ GI/Rectal Bleed □ Adverse reaction to NSAIDs

To the best of my knowledge, the questions on this form have been answered accurately. I understand that providing incorrect information can be dangerous to my health. It is my responsibility to inform the doctor of any changes in my medical status. I also authorize the health care staff to perform the necessary services I may need.

_____ _____ _____
Signature of Patient or Parent of Minor Date Reviewed by MD (physician signature)

RIGHT KNEE
- Inspection □ normal □ arthroscopy incisions □ arthrotomy incision □ atrophy □ effusion (none / mild / mod)
- Palpation
  TTP: □ none □ arthrotomy incision □ arthroscopy portals
  Joint line □ medial □ lateral □ anterior □ posterior
- ROM □ normal (0-140) □ abnormal _____
- Stability
  Lachman □ negative □ 1+ □ 2+
  Anterior drawer □ negative □ 1+ □ 2+
  Posterior drawer □ negative □ 1+ □ 2+
  Pivot shift test □ negative □ slide □ clunk
  Dial test □ incr ER @ 0°_____/ 30°_____
  Recurvatum □ negative □ present _____
  Valgus instability □ negative □ @ 0°_____ / 30°____
  Varus instability □ negative □ @ 0°_____ / 30°____
- McMurray's □ normal □ medial □ lateral
- Muscle strength □ normal □ quadriceps weakness
- Tone □ normal □ spasticity
- Patella
  TTP: □ none □ inferior pole □ superior pole □ medial facet □ lateral facet □ medial retinaculum □ lateral retinaculum
  Compression Pain □ none □ present
  Apprehension □ none □ medial □ lateral
  Crepitus □ No □ Yes
- Gait □ Normal □ Antalgic
  Thrust □ No □ Yes Valgus / □ Varus
- Other: _____
  _____
  _____

LEFT KNEE
- Inspection □ normal □ arthroscopy incisions □ arthrotomy incision □ atrophy □ effusion (none / mild / mod)
- Palpation
  TTP: □ none □ arthrotomy incision □ arthroscopy portals
  Joint line □ medial □ lateral □ anterior □ posterior
- ROM □ normal (0-140) □ abnormal _____
- Stability
  Lachman □ negative □ 1+ □ 2+
  Anterior drawer □ negative □ 1+ □ 2+
  Posterior drawer □ negative □ 1+ □ 2+
  Pivot shift test □ negative □ slide □ clunk
  Dial test □ incr ER @ 0°_____/ 30°_____
  Recurvatum □ negative □ present _____
  Valgus instability □ negative □ @ 0°_____ / 30°____
  Varus instability □ negative □ @ 0°_____ / 30°____
- McMurray's □ normal □ medial □ lateral
- Muscle strength □ normal □ quadriceps weakness
- Tone □ normal □ spasticity
- Patella
  TTP: □ none □ inferior pole □ superior pole □ medial facet □ lateral facet □ medial retinaculum □ lateral retinaculum
  Compression Pain □ none □ present
  Apprehension □ none □ medial □ lateral
  Crepitus □ No □ Yes
- Gait □ Normal □ Antalgic
  Thrust □ No □ Yes Valgus / □ Varus
- Other: _____
  _____
  _____