

# Athletic Trainer Sick Call Evaluation Note: KNEE

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Company: \_\_\_\_\_ Wk of training: \_\_\_\_\_  Male  Female

Injury Location:  RIGHT  LEFT  BOTH

**Check one:**

- I have been seen by TMC/PT for this problem. If so, when? \_\_\_\_\_
- I have been seen by an athletic trainer for this problem. If so, when? \_\_\_\_\_
- I have been seen by a medic for this problem. If so, when? \_\_\_\_\_
- I have never been seen for this problem

**Pain Scale:** Circle number 0 1 2 3 4 5 6 7 8 9 10

**Training Goals:**  Continue Training  Decrease Pain  Diagnose Problem  Learn Self Care  Want out of Army

**Have you ever injured this body part before?**  YES  NO  Do not remember

**How long has this been bothering you?**  1-2 days  3-5 days  1 wk  1-2 wks  2-3 wks  More than 3 wks

**Feels better with:**  Ice  Support (Brace/Boot)  Decreased Activity  Rest  Nothing decreases pain

**Feels worse with:**  Walking  Marching  Running  Jumping  Stairs  Nothing  Other: \_\_\_\_\_

**DO NOT WRITE BELOW. ONLY COMPLETE ABOVE PORTION. ATHLETIC TRAINER ONLY!**

**History:**

**Gait:**  Non-Antalgic  Antalgic  Unable to WB  W/Crutches  Does Not Apply

**Observations:**

<input type="checkbox"/> Genu varum (bowleg, medial tibial torsion, in toeing)	<input type="checkbox"/> Edema
<input type="checkbox"/> Genu valgum (knock-knee, pes planus, pronation, lateral tibial torsion)	<input type="checkbox"/> Ecchymosis
<input type="checkbox"/> Genu recurvatum (ankle plantar flexion)	<input type="checkbox"/> Effusion
<input type="checkbox"/> Medial tibial torsion(in-toeing, pronation)	<input type="checkbox"/> Discoloration
<input type="checkbox"/> Lateral tibial torsion(out-toeing, supination)	<input type="checkbox"/> Localized swelling (bursa)
<input type="checkbox"/> Patella symmetry (outward, inward-lateral tibial torsion, baja and alta )	<input type="checkbox"/> General swelling (synovitis)
<input type="checkbox"/> Description: _____	

**Palpations:**

<input type="checkbox"/> Medial tibial plateau (meniscus)	<input type="checkbox"/> Edema
<input type="checkbox"/> Tibial tubercle	<input type="checkbox"/> Pitted Edema
<input type="checkbox"/> Medial femoral condyle (TDH are behind)	<input type="checkbox"/> Effusion
<input type="checkbox"/> Lateral femoral condyle	<input type="checkbox"/> Deformity (plica)
<input type="checkbox"/> Lateral femoral epicondyle	<input type="checkbox"/> Crepitus
<input type="checkbox"/> Head of fibula( bicep femoris tendon, LCL, common peroneal nerve)	
<input type="checkbox"/> TTP: _____	

**AROM:**  Knee Flex (quadriceps)  Knee Ext( hamstrings)  Hip Flexion  Patellar Movement

**MMT:**

<input type="checkbox"/> Flexion (heel out-biceps femoris, heel in-semimembranosus and semitendonsus)	<input type="checkbox"/> Hip Extension (gluteus maximus, hamstrings)
<input type="checkbox"/> Extension (quads, TFL)	<input type="checkbox"/> Adduction (adductors, gracilis, pectineus)
<input type="checkbox"/> Dorsiflexion(causes fibula to move up and increase stress on tibiofibular jt)	<input type="checkbox"/> Abduction (glutes, tensor fascia lata)
<input type="checkbox"/> Plantarflexion (gastrocnemius assists knee flexion)	<input type="checkbox"/> Hip External Rotation (glute max, piriformis)
<input type="checkbox"/> Hip Flexion (psoas, sartorius, iliacus)	<input type="checkbox"/> Hip Internal rotation (glute, TFL, psoas)

**Special tests:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Valgus 0 and 30 (MCL)         | <input type="checkbox"/> Apley's Compression (meniscus)  | <input type="checkbox"/> Patellar Apprehension                      |
| <input type="checkbox"/> Varus 0 and 30 (LCL)          | <input type="checkbox"/> Apley's Distraction (ligament)  | <input type="checkbox"/> Patella Grind (patellofemoral dysfunction) |
| <input type="checkbox"/> Lachmans (ACL)                | <input type="checkbox"/> Screw Home Mechanism (meniscus) | <input type="checkbox"/> Mediopatellar Plica Test                   |
| <input type="checkbox"/> Ant Drawer (ACL)              | <input type="checkbox"/> McMurry's Click (meniscus)      | <input type="checkbox"/> Hughston's Plica Test                      |
| <input type="checkbox"/> Post Drawer (PCL)             | <input type="checkbox"/> Bounce Home                     | <input type="checkbox"/> Noble Compression Test (IBS)               |
| <input type="checkbox"/> Post Sag Sign (PCL)           |  |   |
| <input type="checkbox"/> Godfrey's 90/90               |  |   |
| <input type="checkbox"/> Slocum 30 and 15 (Ant Rotary) |  |   |

**Plan:**  RICE  Stretch  Strengthening Exercises  Crutches  Pad area  Taping: \_\_\_\_\_

**Profile:**  Knee 1 2 3 4 **Expires:** \_\_\_\_\_ **Follow-up:**  PRN  Yes: \_\_\_\_\_

**Return to duty:**  **Referral:**  PT  TMC **Entered in AHLTA:**