

# Knee Exam

Patient Information	
Name:	
Date:	
Age:	
Sex:	

Chief Complaint:	
<b>Observations</b>	<b>Findings</b>
Deformity	
Swelling	
Scars	
Muscle atrophy	
<b>Palpation</b>	<b>Findings</b>
Temperature	
Tenderness	
Effusion	
Bony landmarks	
<b>Range of Motion</b>	<b>Findings</b>
Active	
Passive	
<b>Special Tests</b>	<b>Findings</b>
Anterior drawer test	
Posterior drawer test	
Lachman's test	
McMurray's test	
Pivot shift test	
Varus/Valgus stress test	
Patellar tap test	

<b>Gait</b>	<b>Findings</b>
Limping	
Stability	
<b>Neurovascular</b>	<b>Findings</b>
Sensation	
Pulses	
Interpretation	