Knee Orthopedic Test

Section	Details
Patient Information	
Name	
Date of Birth	
Contact Number	
Address	
Medical History	
Previous Knee Injuries	☐ Yes ☐ No
Date of Injury	
Type of Injury	
Surgeries on Knee	☐ Yes☐ No
If yes, Date of Surgery	
Type of Surgery	
Medications	
Questions	
Pain Level (1-10)	
Swelling?	☐ Yes ☐ No
Clicking/Popping Sound	☐ Yes☐ No

Morning Stiffness?	☐ Yes☐ No
Activity Limitations?	☐ Yes (Struggles with squatting and kneeling)☐ No
Tests	
McMurray Test	□ Positive□ Negative□ N/A
Apley's Compression Test	□ Positive□ Negative□ N/A
Lachman Test	□ Positive□ Negative□ N/A
Drawer Test	□ Positive□ Negative□ N/A
Findings	
Observations	
Palpation Findings	

Interpretation	
Test Results	
Recommendations	
Overall Interpretation	
Conclusion	
Recommendations	