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	