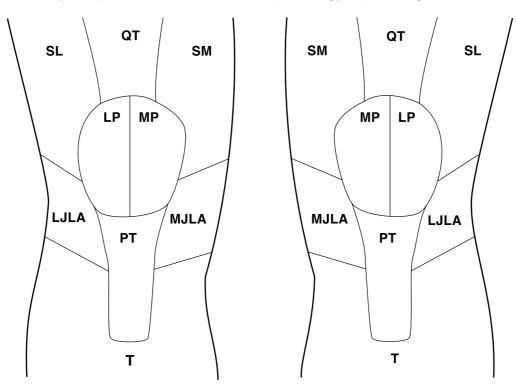
## **Knee Pain Location Chart**

Patient name:			Patient ID:	
Age:	Date:			

**Instructions:** Ask the patient to identify the specific location of their knee pain using the chart below. Based on the areas indicated by the patient, select the relevant pathology or pathologies.



This diagram is based on the photographic knee pain map developed by Elson and colleagues (2011).

	Electrana concagace (2011).					
Pai	n location					
	Left knee					
	Right knee					
Pat	Pathologies and regions					
	<b>Superior lateral (SL) and superior medial (SM):</b> Patellofemoral arthritis and iliotibial (IT) band syndrome (lateral aspect).					
	Quadriceps tendon (QT): Quadriceps tendonitis.					
	<b>Lateral patella (LP) and medial patella (MP):</b> Patellofemoral pain syndrome, patellofemoral arthritis, plica syndrome, anterior cruciate injury (ACL) injury.					
	<b>Lateral joint line area (LJLA):</b> Lateral meniscus tear, lateral collateral ligament (LCL) injury, and iliotibial band syndrome.					
	Medial joint line area (MJLA): Medial meniscus tear and medial collateral ligament (MCL) injury.					
	<b>Patella tendon (PT):</b> Osgood-Schlatter disease, patellofemoral instability, and osteochondritis dissecans.					
	Tibia (T): Shin splints (medial aspect).					
	<b>Back of the knee pain (not pictured):</b> Hamstring tendonitis, posterior cruciate ligament injuries, and Baker's cyst.					

thcare provider:	Designation:	
ature:		

**Disclaimer:** This Knee Pain Location includes a simplified visual representation of the left and right knees and small labels for the different knee regions. Each region was identified as clinically relevant to certain common knee pathologies. The pathologies listed are not always limited to identified regions. Please conduct a thorough assessment of all knee regions in order to provide a comprehensive diagnosis.

Elson, D. W., Jones, S., Caplan, N., Stewart, S., St Clair Gibson, A., & Kader, D. F. (2011). The photographic knee pain map: Locating knee pain with an instrument developed for diagnostic, communication and research purposes. *The Knee*, *18*(6), 417–423. https://doi.org/10.1016/j.knee.2010.08.012