

MCL Injury Test Documentation

Patient Information	
Name:	Date of Birth:
Physician/Examiner:	Date of Examination:

Injury Details
Date of Injury:
Mechanism of Injury: <i>(Describe how the injury occurred, e.g., direct impact, twisting motion)</i>

Symptoms Reported	
1. Pain Level (Rate from 1-10):	2. Location of Pain:
3. Swelling: <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Ability to Bear Weight: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited
5. Other Symptoms:	

Physical Examination		
1. Observation: <i>(Note any swelling, bruising, or deformity observed)</i>	2. Palpation: <i>(Note areas of tenderness)</i>	3. Range of Motion: <i>(Note any limitations or pain during movement)</i>

MCL Injury Test Procedure (Valgus Test)

1. Have the patient lie down on their back with their legs extended.
2. Bend the patient's knee to about 20-30 degrees.
3. With one hand, stabilize the patient's thigh just above the knee to prevent rotation during the test.
4. With your other hand, place your palm on the lateral side of the patient's ankle and apply a valgus
5. force (inward pressure) to the knee while keeping the thigh stabilized.
6. Observe any pain, laxity, or instability in the medial aspect of the knee joint.
7. Perform the same procedure on the unaffected knee for comparison if necessary.

Test Findings

1. Laxity Observed	<input type="checkbox"/> None <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
2. Pain Response	<input type="checkbox"/> None <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
3. Stability	<input type="checkbox"/> Stable <input type="checkbox"/> Unstable

Diagnosis

1. Preliminary Diagnosis Based on Test:

2. Grade of MCL Injury (if applicable): Grade I Grade II Grade III

Recommended Next Steps

1. Further Diagnostic Testing (*e.g., MRI, X-ray*):

2. Initial Treatment Recommendations (*e.g., RICE, brace, referral to physical therapy*):

3. Follow-Up (*e.g., scheduled appointment, immediate referral*):

Physician/Examiner's Notes**Patient Acknowledgement**

I acknowledge that the above information is accurate and that I have discussed the examination findings, diagnosis, and recommended next steps with my healthcare provider.

Patient's Signature:

Date: