ACUTE KNEE INJURY ENCOUNTER FORM

Patient’s name: ___________________________________________  Age: ________  Medical record #: ______________________________

History of present illness ____________________________________________________________
_________________________________________________________________________________  
_________________________________________________________________________________

Physical Examination

<table>
<thead>
<tr>
<th>General examination:</th>
<th>Left knee:</th>
<th>Right knee:</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effusion</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ NE</td>
</tr>
<tr>
<td>Erythema</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ NE</td>
</tr>
<tr>
<td>Warmth</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ NE</td>
</tr>
<tr>
<td>Range of motion</td>
<td>☐ Ni</td>
<td>☐ Abnl</td>
<td>☐ Ni</td>
</tr>
<tr>
<td>Strength</td>
<td>☐ Ni</td>
<td>☐ Abnl</td>
<td>☐ Ni</td>
</tr>
<tr>
<td>Neurovascular</td>
<td>☐ Ni</td>
<td>☐ Abnl</td>
<td>☐ Ni</td>
</tr>
</tbody>
</table>

Maneuvers for ACL tear (PV+, PV-):

| Lachman (58%, 2%)   | ☐ Ni       | ☐ Abnl     | ☐ Ni       | ☐ Abnl    | ☐ NE      | ☐ Ni       | ☐ Abnl     |
| Pivot (69%, 4%)     | ☐ Ni       | ☐ Abnl     | ☐ Ni       | ☐ Abnl    | ☐ NE      | ☐ Ni       | ☐ Abnl     |
| Anterior drawer     | ☐ Ni       | ☐ Abnl     | ☐ Ni       | ☐ Abnl    | ☐ NE      | ☐ Ni       | ☐ Abnl     |

Maneuver for meniscus injury (PV+, PV-):

| McMurray (66%, 5%)  | ☐ Ni       | ☐ Abnl     | ☐ Ni       | ☐ Abnl    | ☐ NE      | ☐ Ni       | ☐ Abnl     |

NE = not examined; ACL = anterior cruciate ligament; Ni = normal; Abnl = abnormal.

Note: See reverse side for diagrams of maneuvers. Predictive values (PV) for each maneuver are based on a pretest probability of 10 percent. If your clinical suspicion is higher or lower than this, then the PV should be correspondingly higher or lower.

Other comments:__________________________________________________________________________
______________________________________________________________________________________

Radiographic Decision-making

Radiograph indicated if any of the following are true:

☐ Age less than 12 years  ☐ Isolated tenderness of patella (i.e., no bone tenderness of knee other than patella)  ☐ Inability to take four weight-bearing steps (regardless of limping) at the time of injury and during examination.

☐ Age 55 years or older  ☐ Tenderness at head of fibula  ☐ Radiograph not indicated.

☐ Radiograph indicated; findings:__________________________________________________________________________

Assessment/Plan

Working diagnosis:
☐ Contusion  ☐ Strain  ☐ ACL tear  ☐ Medial cruciate ligament tear  ☐ Medial meniscus injury  ☐ Lateral meniscus injury
☐ Other: ________________________________________________________________________________

Orders:
☐ Magnetic resonance imaging (MRI)  ☐ Cast  ☐ Ice  ☐ No weight bearing for ________ days
☐ Knee immobilizer  ☐ Refer to: ___________________________________________________________________________ days
☐ Recheck in ________ days

Pain medication:

☐ Acetaminophen (Tylenol): ________ mg orally, ________ time(s) per day for ________ days; number of refills: ________
☐ Nonsteroidal anti-inflammatory drug: ________ mg orally prn for ________ days; number of refills: ________
☐ Oral narcotic: ________ mg orally prn for ________ days; number of refills: ________
☐ Other: _______________________________________________________________________________

Physician’s Signature: __________________________________________________________________________ Date: ________________

FPM Toolbox  To find more practice resources, visit https://www.aafp.org/fpm/toolbox.

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Common Maneuvers of the Knee for Assessing Possible Ligamentous and Mensical Damage

**Anterior drawer test (Top left).** Place patient supine, flex the hip to 45 degrees and the knee to 90 degrees. Sit on the dorsum of the foot, wrap your hands around the hamstrings (ensuring that these muscles are relaxed), then pull and push the proximal part of the leg, testing the movement of the tibia on the femur. Do these maneuvers in three positions of tibial rotation: neutral, 30 degrees externally rotated, and 30 degrees internally rotated. A normal test result is no more than 6 to 8 mm of laxity.

**Lachman test (Top right).** Place patient supine on examining table, leg at the examiner’s side, slightly externally rotated and flexed (20 to 30 degrees). Stabilize the femur with one hand and apply pressure to the back of the knee with the other hand with the thumb of the hand exerting pressure placed on the joint line. A positive test result is movement of the knee with a soft or mushy end point.

**Pivot test (Bottom left).** Fully extend the knee, rotate the foot internally. Apply a valgus stress while progressively flexing the knee, watching and feeling for translation of the tibia on the femur.

**McMurray test (Bottom right).** Flex the hip and knee maximally. Apply a valgus (abduction) force to the knee while externally rotating the foot and passively extending the knee. An audible or palpable snap during extension suggests a tear of the medial meniscus. For the lateral meniscus, apply a varus (adduction) stress during internal rotation of the foot and passive extension of the knee.