ACUTE KNEE INJURY ENCOUNTER FORM

Patient's name: _____ Age: _____ Medical record #: _____

History of present illness

_____

_____

_____

Patient experienced the following:

☐ Pop or tear with injury
☐ Locking of knee
☐ Knee giving way

Physical Examination

General examination:	Left knee:	Right knee:	Comments:
Effusion	☐ Yes ☐ No ☐ NE	☐ Yes ☐ No ☐ NE	_____
Erythema	☐ Yes ☐ No ☐ NE	☐ Yes ☐ No ☐ NE	_____
Warmth	☐ Yes ☐ No ☐ NE	☐ Yes ☐ No ☐ NE	_____
Range of motion	☐ Nl ☐ Abnl	☐ Nl ☐ Abnl	_____
Strength	☐ Nl ☐ Abnl	☐ Nl ☐ Abnl	_____
Neurovascular	☐ Nl ☐ Abnl	☐ Nl ☐ Abnl	_____

Maneuvers for ACL tear (PV+, PV-):			
Lachman (58%, 2%)	☐ Nl ☐ Abnl ☐ NE	☐ Nl ☐ Abnl ☐ NE	_____
Pivot (69%, 4%)	☐ Nl ☐ Abnl ☐ NE	☐ Nl ☐ Abnl ☐ NE	_____
Anterior drawer (29%, 6%)	☐ Nl ☐ Abnl ☐ NE	☐ Nl ☐ Abnl ☐ NE	_____

Maneuver for meniscus injury (PV+,PV-):			
McMurray (66%, 5%)	☐ Nl ☐ Abnl ☐ NE	☐ Nl ☐ Abnl ☐ NE	_____

NE = not examined; ACL = anterior cruciate ligament; Nl = 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
☐ Age 55 years or older
☐ Tenderness at head of fibula
☐ Isolated tenderness of patella (i.e., no bone tenderness of knee other than patella)
☐ Inability to flex knee to 90°
☐ Inability to take four weight-bearing steps (regardless of limping) at the time of injury and during examination.

☐ **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:_____
☐ Exam limited; reevaluate in _____ days

Orders:

☐ Magnetic resonance imaging (MRI)
☐ Knee immobilizer
☐ Cast
☐ Ice
☐ No weight bearing for _____ days
☐ Refer to: _____
☐ 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: _____

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

Anterior Drawer Test

90°

Lachman Test

20°–30°

Pivot Test

McMurray Test
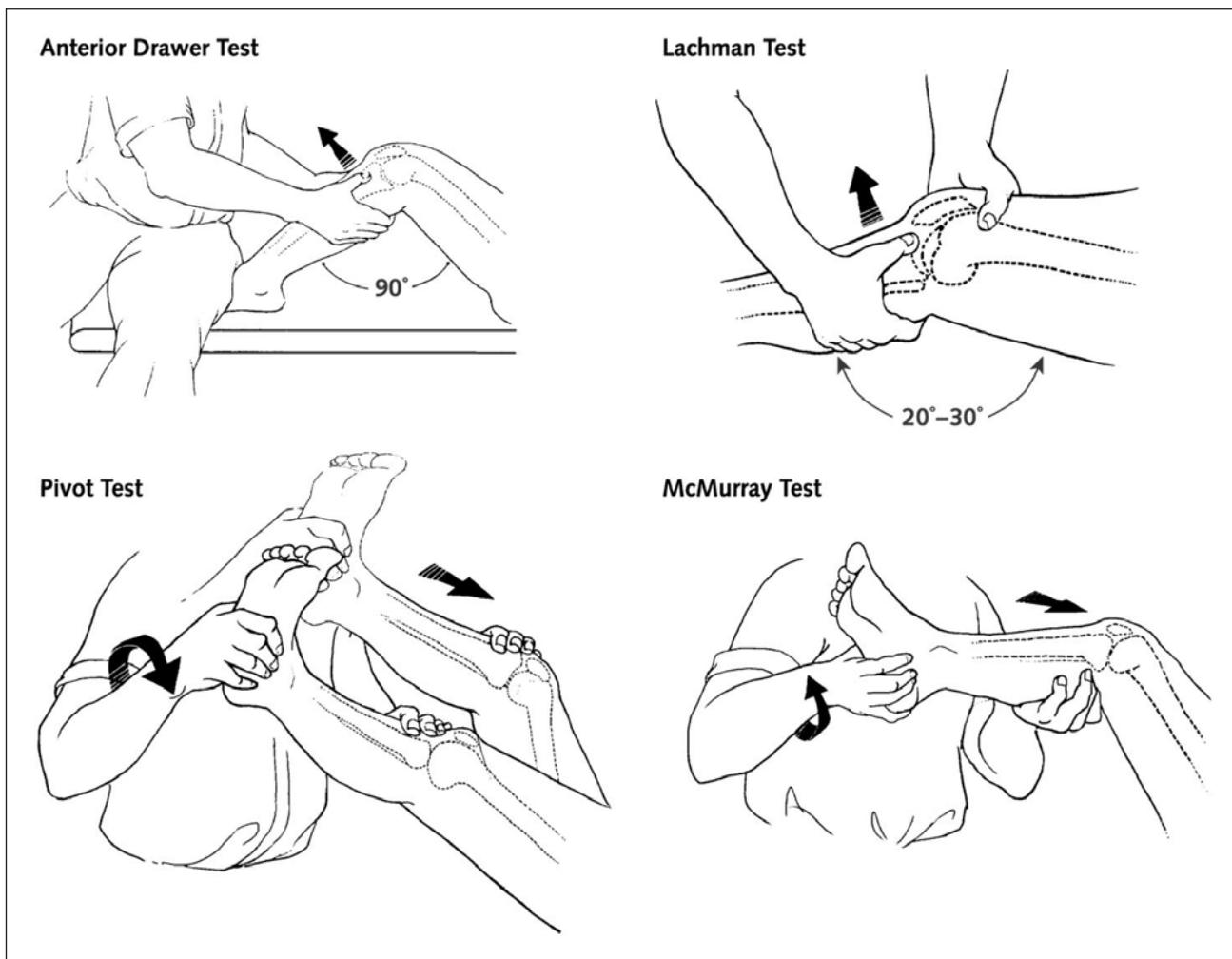
Anterior drawer test *(Top left).* Place patient supine, flex the hip to 45 degrees and the knee to 90 degrees. Sit on the dorsum of the foot, wrap your hands around the hamstrings (ensuring that these muscles are relaxed), then pull and push the proximal part of the leg, testing the movement of the 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.

Adapted with permission from Jackson JL, O'Malley PG, Kroenke K. Evaluation of acute knee pain in primary care. Ann Intern Med. 2003;139:580.