



Cincinnati SportsMedicine and Orthopaedic Center

Knee Injury Questionnaire

Name: _____

Today's Date: _____

Part I

- Which knee bothers you? Right Left Both (If both, please use Part I to describe the most painful knee. Use Part II for the other knee.)
- Please record the date of the first significant injury/symptomatic event. / / (Additional injuries will be recorded in Part II.)
- Did you hear a "pop" during the injury? Yes No
- Did you feel the bones shift during the injury? Yes No
- Did swelling occur? Yes No
If swelling did occur, how long after the injury did it take before the swelling was significant?
 0-12 hours 12-24 hours 24-48 hours it was never very swollen
- During the injury, how did your leg twist? Please examine the pictures. You may check more than one answer.

<input type="checkbox"/> 1) knee went inward and foot went outward	<input type="checkbox"/> 7) leg and knee were hit from the front
<input type="checkbox"/> 2) knee went outward and foot went inward	<input type="checkbox"/> 8) leg and knee were hit from behind
<input type="checkbox"/> 3) foot twisted inward	<input type="checkbox"/> 9) knee cap (only) was hit
<input type="checkbox"/> 4) foot twisted outward	<input type="checkbox"/> 10) not certain how injury occurred
<input type="checkbox"/> 5) knee bend	<input type="checkbox"/> 11) never had any injury
<input type="checkbox"/> 6) knee straighten	
- During what sport did you injure yourself? If you weren't injured in a sport, check "no sport involved" and describe how you injured in "other")

<input type="checkbox"/> no sport involved	<input type="checkbox"/> aerobics	<input type="checkbox"/> moto-cross	<input type="checkbox"/> cross country
<input type="checkbox"/> baseball	<input type="checkbox"/> weight lifting	<input type="checkbox"/> lacrosse	<input type="checkbox"/> other _____
<input type="checkbox"/> basketball	<input type="checkbox"/> field hockey	<input type="checkbox"/> tennis	_____
<input type="checkbox"/> football	<input type="checkbox"/> gymnastics	<input type="checkbox"/> track & field	_____
<input type="checkbox"/> soccer	<input type="checkbox"/> ice skating	<input type="checkbox"/> water skiing	_____
<input type="checkbox"/> volleyball	<input type="checkbox"/> roller skating	<input type="checkbox"/> wrestling	_____
- How long did it take between the intital "injury" and the first evaluation by a physician? (For in-between answers, go to the next highest choice.)

<input type="checkbox"/> immediate	<input type="checkbox"/> 1 month	<input type="checkbox"/> 2 years
<input type="checkbox"/> 6 hours	<input type="checkbox"/> 2 months	<input type="checkbox"/> 3 years
<input type="checkbox"/> 12 hours	<input type="checkbox"/> 3 months	<input type="checkbox"/> 4 years
<input type="checkbox"/> 24 hours	<input type="checkbox"/> 4 months	<input type="checkbox"/> 6 years
<input type="checkbox"/> 2 days	<input type="checkbox"/> 6 months	<input type="checkbox"/> 8 years
<input type="checkbox"/> 1 week	<input type="checkbox"/> 1 year	<input type="checkbox"/> more than 8 years
<input type="checkbox"/> 2 weeks		
- Who first saw you and evaluated your injury?

<input type="checkbox"/> emergency room physician	<input type="checkbox"/> orthopaedic surgeon
<input type="checkbox"/> family physician	<input type="checkbox"/> coach or trainer
<input type="checkbox"/> Cincinnati Sportsmedicine	<input type="checkbox"/> other
- What were you told was your diagnosis at that time? (You may choose more than one answer.)

<input type="checkbox"/> sprain	<input type="checkbox"/> cartilage damage
<input type="checkbox"/> fracture	<input type="checkbox"/> nothing
<input type="checkbox"/> ligament injury	<input type="checkbox"/> other _____
- How were you treated after being evaluated? Please circle each treatment that applies and indicate how long you were given this treatment by picking a time from question #8.

Treatment	Time	Treatment	Time
a) medication	a) _____	f) brace	f) _____
b) cast	b) _____	g) surgery	g) _____
c) crutch	c) _____	h) physical therapy	h) _____
d) ice	d) _____	i) other _____	i) _____
e) Ace bandage	e) _____		

12. List the treatments in the order that they occurred.

First _____	Fourth _____
Second _____	Fifth _____
Third _____	does not apply _____

13. If surgery, or more than one surgery was performed, circle the answers which correspond to what you believe was done. You may choose more than one answer. If the surgery was performed by a surgeon at Cincinnati Sportsmedicine, check only "b".

- a) surgery was not performed
- b) surgery was performed by a surgeon at Cincinnati Sportsmedicine
- c) a ligament inside the knee was fixed using a piece of tendon, muscle or fascia
- d) a ligament inside the knee was fixed by sewing the torn ends together. No reinforcement with other tissues was used
- e) the inside knee cartilage was removed
- f) the outside knee cartilage was removed
- g) the knee cap was moved (realigned) to make it track better in the groove
- h) the ligament that keeps the knee from bending inward was fixed
- i) the ligament that keeps the knee from bending outward was fixed
- j) muscle or tendon transfers, ligament repairs or meniscus (cartilage) surgery was done but you aren't certain what specifically was done

14. If possible, please indicate what you believe was operated on by the surgeon. (see diagram)

- Anterior Cruciate Ligament (ACL)
- Posterior Cruciate Ligament (PCL)
- Medial Collateral Ligament (MCL)
- Lateral Collateral Ligament (LCL)
- Patella
- Medial Meniscus
- Lateral Meniscus
- I don't know what was done
- Surgery was not performed

15. Please list all dates of surgery.

____/____/____ ____/____/____ ____/____/____ ____/____/____

Part II

Record any significant injury to either knee not previously recorded. Please enter the date and answer the questions as before. In each case, please indicate which knee you are referring to.

1. Which knee does this injury deal with? 2nd injury: ____ R ____ L 3rd injury: ____ R ____ L 4th injury: ____ R ____ L
2. Date of injury/symptomatic event: 2nd injury: ____/____/____ 3rd injury: ____/____/____ 4th injury: ____/____/____
3. Did you hear a "pop" during the injury? 2nd injury: ____Yes ____No 3rd injury: ____Yes ____No 4th injury: ____Yes ____No
4. Did you feel the bones shift during the injury? 2nd injury: ____Yes ____No 3rd injury: ____Yes ____No 4th injury: ____Yes ____No
5. Did swelling occur? ____Yes ____No If so, how long after the injury did it take before the swelling was significant?

2nd injury:	3rd injury:	4th injury:
<input type="checkbox"/> 0-12 hours	<input type="checkbox"/> 0-12 hours	<input type="checkbox"/> 0-12 hours
<input type="checkbox"/> 12-24 hours	<input type="checkbox"/> 12-24 hours	<input type="checkbox"/> 12-24 hours
<input type="checkbox"/> 24-48 hours	<input type="checkbox"/> 24-48 hours	<input type="checkbox"/> 24-48 hours
<input type="checkbox"/> it was never swollen	<input type="checkbox"/> it was never swollen	<input type="checkbox"/> it was never swollen
6. During the injury, how did your leg twist? Please examine the pictures. You may check more than one answer.

<input type="checkbox"/> 1) knee went inward and foot went outward	<input type="checkbox"/> 7) leg and knee were hit from the front
<input type="checkbox"/> 2) knee went outward and foot went inward	<input type="checkbox"/> 8) leg and knee were hit from behind
<input type="checkbox"/> 3) foot twisted inward	<input type="checkbox"/> 9) knee cap (only) was hit
<input type="checkbox"/> 4) foot twisted outward	<input type="checkbox"/> 10) not certain how injury occurred
<input type="checkbox"/> 5) knee bend	<input type="checkbox"/> 11) never had an injury
<input type="checkbox"/> 6) knee straighten	

Part III

Please answer the following questions.

1. Do you have any other knee problems? Yes No

2. If you have a problem, is it due to: (You may choose more than one answer.)

- I do not have another problem
 - knee alignment
 - knee cartilage
 - knee cap
 - arthritis
 - other _____
-

3. How long have you had this other knee problem?

- 1 month
- 2 months
- 4 months
- 6 months
- 8 months
- 1 year
- 2 years
- 5 years
- 8 years
- more than 8 years
- I do not have another knee problem

4. Has your knee ever locked? Yes No

5. If it locks, are you: unable to bend the knee unable to straighten the knee it never locks

6. How often does it lock?

- it never locks
- more than once a day
- once a day
- several times per week
- once a week
- several times per month
- once a month
- 5-6 times per year
- only a few times in a year
- it has only locked once

7. Do you wear a brace? Yes No