

**CENTER FOR NATURAL HEALTHCARE, PLLC**  
*Providing Steps to Wholeness*

**IKDC Subjective Evaluation Form**

**SYMPTOMS:**

1. What is the highest level of activity that you can perform without significant knee pain?

- Very strenuous activities like jumping or pivoting as in basketball or soccer
- Strenuous activities like heavy physical work, skiing or tennis
- Moderate activities like moderate physical work, running or jogging
- Light activities like walking, housework or yard work
- Unable to perform any of the above activities due to knee pain

2. During the past 4 weeks, or since the date of your injury, how often have you had pain?

- |              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                 |
|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------|
|              | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |                 |
| <i>Never</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Constant</i> |

3. If you have pain, how severe is it?

- |              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                 |
|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------|
|              | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |                 |
| <i>Never</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Constant</i> |

4. During the past 4 weeks, or since the date of your injury, how stiff or swollen was your knee?

- Not at all     Mildly     Moderately     Very     Extremely

5. What is the highest level of activity that you can perform without significant swelling in your knee?

- Very strenuous activities like jumping or pivoting as in basketball or soccer
- Strenuous activities like heavy physical work, skiing or tennis
- Moderate activities like moderate physical work, running or jogging
- Light activities like walking, housework or yard work
- Unable to perform any of the above activities due to knee swelling

6. During the past 4 weeks, or since the date of your injury, did your knee lock or catch?

- Yes     No

7. What is the highest level of activity that you can perform without significant giving way in your knee?

- Very strenuous activities like jumping or pivoting as in basketball or soccer
- Strenuous activities like heavy physical work, skiing or tennis
- Moderate activities like moderate physical work, running or jogging
- Light activities like walking, housework or yard work
- Unable to perform any of the above activities due to giving way of the knee

**SPORTS ACTIVITIES:**

8. What is the highest level of activity that you can participate in on a regular basis?

- Very strenuous activities like jumping or pivoting as in basketball or soccer
- Strenuous activities like heavy physical work, skiing or tennis
- Moderate activities like moderate physical work, running or jogging
- Light activities like walking, housework or yard work
- Unable to perform any of the above activities due to poor functioning of the knee

9. How does your knee affect your ability to:

	<i>Not difficult at all</i>	<i>Minimally difficult</i>	<i>Moderately difficult</i>	<i>Extremely difficult</i>	<i>Unable to do</i>
Go up stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go down stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel on the front of your knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit with your knee bent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rise from a chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Run straight ahead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jump & land on your injured leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop & start quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FUNCTION:**

10. How would you rate the function of your knee on a scale of 0 to 10 with 10 being normal, excellent function and 0 being the inability to perform any of your usual daily activities?

**FUNCTION PRIOR TO YOUR KNEE INJURY:**

<i>Cannot perform daily activities</i>					<i>No limitation</i>					
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CURRENT FUNCTION OF YOUR KNEE:**

<i>Cannot perform daily activities</i>					<i>No limitation</i>					
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***LYSHOLM AND GILQUIST SCALE***

***CIRCLE THE NUMBER THAT BEST DESCRIBES YOU:***

**Limp (5 Points)**

None.....	5
Slight or periodical.....	3
Severe or Constant.....	0

**Support (5 Points)**

None.....	5
Stick or Crutch.....	2
Weight-bearing impossible.....	0

**Locking (15 Points)**

No locking and no catching sensation.....	15
Catching sensation but no locking.....	10
Occasional locking.....	6
Frequent locking.....	2
Locked joint on examination.....	0

**Instability (25 Points)**

Never giving away.....	25
Rarely during athletics or other strenuous exertion.....	20
Frequently during athletics or other strenuous exertion (or incapable of participation).....	15
Occasionally in daily activities.....	10
Often in daily activities.....	5
Every step.....	0

**Pain (25 Points)**

None.....	25
Inconstant and slight during severe exertion.....	20
Marked during severe exertion.....	15
Marked on or after walking more than 2km (1.25 miles)..	10
Marked on or after walking less than 2km (1.25 miles).....	5
Constant (with every step).....	0

**Swelling (10 Points)**

None.....	10
On strenuous exertion.....	6
On ordinary exertion.....	2
Constant.....	0

**Stair Climbing (10 Points)**

No problem.....	10
Slightly impaired.....	6
One step at a time.....	2
Impossible.....	2

**Squatting (5 Points)**

No problem.....	5
Slightly impaired.....	4
Not beyond 90 degrees.....	2
Impossible.....	0

**Natural Medicine**

- Chiropractic Treatment • Acupuncture • Detoxification • Lab & Food Sensitivity Testing • Nutritional Counseling
- Laser • Personalized Health Coaching • Nutritional/Herbal Therapy • Hormone Testing/Treatment

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