Patient Name:		MRN:		Date: _				
	PALM BEACH ORTHOPAEDI	C Institut	е Р А					
	PT - KNEE OUTCOL							
	ACTIVITIES OF DAILY	OIL BOILE						
	ACTIVITIES OF DAILY	LIVING SCA	ALE					
Score:								
our knee while you perform that best describes you over	s designed to determine the sympt your usual daily activities. Please a the last 1 to 2 days. For a give que e statement which best describes yo	nswer each stion, more	question b than one o	by <u>checking th</u> of the statem	ne one sta	atement		
SYMPTOMS								
To what degree does each of	the following symptoms affect you	ır level of da	ily activity	?				
Symptoms	nptoms			vel of Difficul	lty			
Mark one answer in the colu	mn that is most appropriate.	None	Mild	Moderate	Severe	Unable		
Pain		1	2	3	4	5		
Stiffness		1	2	3	4	5		
Swelling		1	2	3	4	5		
Giving way, buckling or shiftir	ng of knee	1	2	3	4	5		
Weakness		1	2	3	4	5		
Limping		1	2	3	4	5		
						Level of Difficulty		
low does your knee affect yo	our ability to?		Le	vel of Difficul	lty			
How does your knee affect your control of the contr	our ability to? ctivities of Daily Living	None	Le Mild	vel of Difficul	ty Severe	Unable		
How does your knee affect your control of the column of th	our ability to?	None 1				Unable 5		
How does your knee affect your form the column of the colu	our ability to? ctivities of Daily Living		Mild	Moderate	Severe			
How does your knee affect your tractional Limitations with Advantage of the columbia. Walk Go up stairs	our ability to? ctivities of Daily Living	1	Mild 2	Moderate 3	Severe 4	5		
How does your knee affect your formulations with Advantage of the column	our ability to? ctivities of Daily Living	1	Mild 2 2	Moderate 3 3	Severe 4 4	5 5		
How does your knee affect your formulations with Advantage of the column	our ability to? ctivities of Daily Living mn that is most appropriate.	1 1 1	Mild 2 2 2	Moderate 3 3 3	4 4 4	5 5 5		
How does your knee affect your transfer to the column of t	our ability to? ctivities of Daily Living mn that is most appropriate.	1 1 1 1	Mild 2 2 2 2 2 2	3 3 3 3 3	4 4 4 4	5 5 5 5		
Fuctional Limitations with Actional Limitati	our ability to? ctivities of Daily Living mn that is most appropriate.	1 1 1 1	Mild 2 2 2 2 2 2	3 3 3 3 3 3	4 4 4 4 4	5 5 5 5		

100 with 100 being your level of knee function prior to your injury and 0 being the inability to perform any of

How would you rate the <u>overall function</u> of your knee during your <u>usual daily activities</u>?

☐ Abnormal

☐ Abnormal

your usual daily activities?

□ Normal

☐ Normal

Please check the <u>one</u> response that best describes you:

Please check the <u>one</u> response that best describes you:

☐ Nearly normal

☐ Nearly normal

Document Type: PT