Form P.2 (Patient Form)

Date_____/_____/_____ Subject ID _____

Visit timepoint: 1 yr / 2 yrs

How is your knee doing now? (Circle your response)

1. Since your last treatment with us has your knee cap:
    a. Dislocated or completely come out
    b. Subluxed or partially come out
    c. None of the above, it feels stable

2. Since your last treatment with us have you had any surgeries on the same knee?
    a. Yes. List surgery:_____
    b. No

3. Were you able to go back to sports/activities after your treatment?
    a. Yes, at the same level
    b. Yes, at a higher level
    c. Yes, at a lower level
    d. Not able to go back
    e. I do not play sports competitively

4. What sport were you playing before the injury and trying to go back to:

    _____

Pedi-IKDC Subjective Knee Evaluation Form

1. If you were asked to do the activities below, what is the most you could do today without making your injured knee **hurt a lot**?

- ❑ Very hard activities like jumping or turning fast to change direction, like in basketball or soccer
- ❑ Hard activities like heavy lifting, skiing or tennis
- ❑ Sort of hard activities like walking fast or jogging
- ❑ Light activities like walking at a normal speed
- ❑ I can't do any of the activities listed above because my knee hurts too much now

2. During the past 4 weeks, or since your injury, how much of the time did your injured knee hurt?

	0	1	2	3	4	5	6	7	8	9	10	
Never	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	**All of the time**

3. How badly does your injured knee hurt today?

	0	1	2	3	4	5	6	7	8	9	10	
Does not hurt at all	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	**Hurts so much I can't stand it**

4. During the past 4 weeks, or since your injury, how **hard has it been to move or bend** your injured knee?

- ❑ Not at all hard
- ❑ A little hard
- ❑ Somewhat hard
- ❑ Very hard
- ❑ Extremely hard

5. During the past 4 weeks, or since your injury, how **puffy (or swollen)** was your injured knee?

- ❑ Not at all puffy
- ❑ A little puffy
- ❑ Somewhat puffy
- ❑ Very puffy
- ❑ Extremely puffy

6. If you were asked to do the activities below, what is the most you could do today without making your injured knee **puffy (or swollen)**?

- ❑ Very hard activities like jumping or turning fast to change direction, like in basketball or soccer
- ❑ Hard activities like heavy lifting, skiing or tennis
- ❑ Sort of hard activities like walking fast or jogging
- ❑ Light activities like walking at a normal speed
- ❑ I can't do any of the activities listed above because my injured knee is puffy even when I rest

		Yes	No
7.	During the past 4 weeks, or since your injury, did your injured knee ever **get stuck in place (lock)** so that you could not move it?	❑	❑
8.	During the past 4 weeks, or since your injury, did your injured knee **ever feel like it was getting stuck (catching)**, but you could still move it?	❑	❑

9. If you were asked to do the activities below, what is the most you could do today without your injured knee **feeling like it can't hold you up**?

- ❑ Very hard activities like jumping or turning fast to change direction, like in basketball or soccer
- ❑ Hard activities like heavy lifting, skiing or tennis
- ❑ Sort of hard activities like walking fast or jogging
- ❑ Light activities like walking at a normal speed
- ❑ I can't do any of the activities listed above because my injured knee feels like it can't hold me up

SPORTS ACTIVITIES

10. What is the most you can do on your injured knee **most of the time**?

- ❑ Very hard activities like jumping or turning fast to change direction, like in basketball or soccer
- ❑ Hard activities like heavy lifting, skiing or tennis
- ❑ Sort of hard activities like walking fast or jogging
- ❑ Light activities like walking at a normal speed
- ❑ I can't do any of the activities listed above most of the time

11. Does your injured knee affect your ability to:

		No, not at all	Yes, a little	Yes, somewhat	Yes, a lot	I can't do this
a.	Go up stairs?	❑	❑	❑	❑	❑
b.	Go down stairs?	❑	❑	❑	❑	❑
c.	Kneel on your injured knee?	❑	❑	❑	❑	❑
d.	Squat down like a baseball catcher?	❑	❑	❑	❑	❑
e.	Sit in a chair with your knees bent and feet flat on the floor?	❑	❑	❑	❑	❑
f.	Get up from a chair?	❑	❑	❑	❑	❑
g.	Run?	❑	❑	❑	❑	❑
h.	Jump and land on your injured knee?	❑	❑	❑	❑	❑
i.	Start and stop moving quickly?	❑	❑	❑	❑	❑

12. How well did your knee work **before you injured it**?

I could not do anything at all											**I could do anything I wanted to**
	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑

13. How well does your knee work **now**?

I am not able to do anything at all	0	1	2	3	4	5	6	7	8	9	10	**I am able to do anything I want to do**
	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	

KUJALA SCORE (For each question, mark the choice which corresponds to your knee symptoms)

1. Limp

⌋None
⌋Slight or periodical
⌋Constant

2. Support

⌋Full support without pain
⌋Painful
⌋Weight bearing impossible

3. Walking

- ⎦ Unlimited
- ⎦ More than 2 km
- ⎦ 1-2 km
- ⎦ Unable

4. Stairs

- ⎦ No difficulty
- ⎦ Slight pain when descending
- ⎦ Pain both when descending and ascending
- ⎦ Unable

5. Squatting

- ⎦ No difficulty
- ⎦ Repeated squatting painful
- ⎦ Painful each time
- ⎦ Possible with partial weight bearing
- ⎦ Unable

6. Running

- ⎦ No difficulty
- ⎦ Pain after more than 2 km
- ⎦ Slight pain from start
- ⎦ Severe pain
- ⎦ Unable

7. Jumping

- ⎦ No difficulty
- ⎦ Slight difficulty
- ⎦ Constant pain
- ⎦ Unable

8. Prolonged sitting with the knees flexed

- ⎦ No difficulty
- ⎦ Pain after exercise
- ⎦ Constant pain
- ⎦ Pain forces to extend knees temporarily
- ⎦ Unable

9. Pain

- ⎦ None
- ⎦ Slight and occasional
- ⎦ Interferes with sleep
- ⎦ Occasionally severe
- ⎦ Constant and severe

10. Swelling

- ⎦ None
- ⎦ After severe exertion
- ⎦ After daily activities
- ⎦ Every evening
- ⎦ Constant

11. Abnormal painful kneecap (patellar) movements (subluxations)

- ⎦ None
- ⎦ Occasionally in sports activities
- ⎦ Occasionally in daily activities
- ⎦ At least one documented dislocation
- ⎦ More than two dislocations

12. Atrophy of thigh

- ⎦ None
- ⎦ Slight
- ⎦ Severe

13. Flexion deficiency

- ⎦ None
- ⎦ Slight
- ⎦ Severe

Instructions: Choose one answer for each activity or question. In the grid, please indicate how often you performed each activity in your healthiest and most active condition. IN THE PAST **MONTH:**

	Less than one time per month	One time per month	One time per week	2-3 times per week	More than 4 times per week
Running: running while playing a sport or jogging.					
Cutting: quickly changing directions while running.					
Decelerating: coming to a quick stop while running.					
Pivoting: turning your body with your foot planted (for example: skiing, skating, kicking, throwing, hitting a ball)					
Duration: perform athletic activity for as long as you would like to without stopping.					
Endurance: perform athletic activity for one whole hour without stopping.					

Competition: Do you participate in organized competitive sports or physical activities?

- ⌋ No (or gym class only)
- ⌋ Yes, but WITHOUT an official or judge (such as club or pickup games)
- ⌋ Yes, WITH an official or judge
- ⌋ Yes, at a national or professional level

Supervision: Do you participate in supervised (coach, trainer, instructor) sports practice or activities (other than gym class)?

- ⌋ No
- ⌋ Yes, 1-2 times per week
- ⌋ Yes, 3-4 times per week
- ⌋ Yes, 5 or more times per week

BANFF PATELLOFEMORAL INSTABILITY INSTRUMENT 2.0

A QUALITY OF LIFE SCORE FOR PATIENTS WITH PATELLOFEMORAL INSTABILITY

DIRECTIONS

Please answer each question with respect to the current status, function, circumstances and beliefs surrounding your knee that has an unstable kneecap. Consider the last three months.

Indicate with a slash (/) on the line, the point ranging from 0 to 100 which most closely represents your situation.

For example, the following question:

Is this a good questionnaire?

0 —————————————————————— **100**
Useless **Fantastic**

If the slash is placed in the middle of the line, this indicates that the questionnaire is of average quality, or in other words, between the extremes of 'useless' and 'fantastic'. It is important to put your slash at either end of the line if the extreme descriptions accurately reflect your situation.

SECTION A: SYMPTOMS AND PHYSICAL COMPLAINTS

1. How troubled are you by "popping-out" or instability of your kneecap?

0 ——————————————————— 100
Extremely troubled — Not troubled at all

2. How much pain or discomfort do you get in your knee with any kind of prolonged activity (greater than half an hour)? For example: standing, walking, sports, etc.

0 ——————————————————— 100
Severe pain — No pain at all

3. How much pain or discomfort do you get in your knee with prolonged sitting (greater than half an hour)? For example: movies, driving, etc.

0 ——————————————————— 100
Severe pain — No pain at all

4. Do you have any loss of motion of your knee?

0 ——————————————————— 100
Severe loss of motion — No loss of motion

5. How weak does your knee feel?

0 ——————————————————— 100
Extremely weak — Not weak at all

SECTION B: WORK AND/OR SCHOOL RELATED CONCERNS

***If you are not working due to your knee, make a slash on the extreme left-hand side of the line for each.*

6. How much difficulty do you have because of your knee with turning or pivoting motions at work and/or school?

0 ——————————————————— 100
Severe difficulty — No difficulty at all

7. How much difficulty do you have with squatting at work and/or school?

0 ——————————————————— 100
Severe difficulty — No difficulty at all

8. How much of a concern is it for you to miss time from work and/or school because of your knee problem?

0 ——————————————————— 100
Extreme concern — No concern at all

9. Has the cost of your knee injury created financial hardship for you or your family?

0 ——————————————————— 100
Severe financial hardship — No financial hardship at all

SECTION C: RECREATION / SPORT / ACTIVITY

10. How concerned are you that your recreational and/or sport activities could make your knee worse?

0 ——————————————————— 100
Extremely concerned — Not concerned at all

11. Do you have to participate in recreational and/or sport activities with caution?
(Make a slash at the extreme left i.e. 0, if you are unable to participate in your recreational and/or sport activities because of your knee).

0 ——————————————————— 100
Always with caution — Never with caution

12. How fearful are you of your knee "popping-out" when participating in your recreational and/or sport activities?
(Make a slash at the extreme left i.e. 0, if you are unable to participate in your recreational and/or sport activities because of your knee).

0 ——————————————————— 100
Extremely fearful — Not fearful at all

13. How concerned are you with walking on uneven ground, a wet surface or walking on ice?

0 ——————————————————— 100
Extremely concerned Not concerned at all

14. Are you able to give your full effort in your recreational and/or sport activities?
(Make a slash at the extreme left i.e. 0, if you are unable to participate in your recreational and/or sport activities because of your knee).

0 ——————————————————— 100
Never able Always able

SECTION D: LIFESTYLE

15. How concerned are you with general safety issues because of your knee problem? For example: walking up or down stairs, driving, or carrying small children,etc.

0 ——————————————————— 100
Extremely concerned Not concerned at all

16. How much has your ability to exercise and maintain fitness been limited by your knee problem?

0 ——————————————————— 100
Totally limited Not limited at all

17. How much has your enjoyment of life been limited by your knee problem?

0 ——————————————————— 100
Totally limited Not limited at all

18. Do you avoid lifestyle activities with family and/or friends because of your knee problem?

0 ——————————————————— 100
Always avoid Never avoid

19. Do you have to plan out your lifestyle and social activities more than your family and/or friends because of your knee problem?

0 ——————————————————— 100
Always have to plan — Never have to plan

SECTION E: SOCIAL AND EMOTIONAL

20. Are you frustrated that your recreational or competitive needs are no longer being met because of your knee problem?
(Make a slash at the extreme right i.e. 100, if your competitive needs are being met. Make a slash at the extreme left i.e. 0 if you do not have any competitive needs).

0 ——————————————————— 100
Extremely frustrated — Not frustrated at all

21. Have you had difficulty being able to emotionally cope with your knee problem?

0 ——————————————————— 100
Extreme difficulty — No difficulty at all

22. How often are you nervous about your knee?

0 ——————————————————— 100
Always nervous — Never nervous

23. How fearful are you of re-injuring your knee?

0 ——————————————————— 100
Extremely fearful — Not fearful at all

KOOS-12 KNEE SURVEY

INSTRUCTIONS: This survey asks for your views about your knee. Answer every question by marking the appropriate box, only one box for each question. If you are unsure about how to answer a question, please give the best answer you can.

Pain

1. How often do you experience knee pain?

Never	Monthly	Weekly	Daily	Always
□	□	□	□	□

What amount of knee pain have you experienced the **last week** during the following activities?

2. Walking on a flat surface

None	Mild	Moderate	Severe	Extreme
□	□	□	□	□

3. Going up or down stairs

None	Mild	Moderate	Severe	Extreme
□	□	□	□	□

4. Sitting or lying

None	Mild	Moderate	Severe	Extreme
□	□	□	□	□

Function, daily living

The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

5. Rising from sitting

None	Mild	Moderate	Severe	Extreme
□	□	□	□	□

6. Standing

None	Mild	Moderate	Severe	Extreme
□	□	□	□	□

7. Getting in/out of a car

None	Mild	Moderate	Severe	Extreme
□	□	□	□	□

8. Twisting/pivoting on your injured knee

None	Mild	Moderate	Severe	Extreme
□	□	□	□	□

Quality of Life

9. How often are you aware of your knee problem?

Never	Monthly	Weekly	Daily	Constantly
□	□	□	□	□

10. Have you modified your life style to avoid potentially damaging activities to your knee?

Not at all	Mildly	Moderately	Severely	Totally
□	□	□	□	□

11. How much are you troubled with lack of confidence in your knee?

Not at all	Mildly	Moderately	Severely	Extremely
□	□	□	□	□

12. In general, how much difficulty do you have with your knee?

None	Mild	Moderate	Severe	Extreme
□	□	□	□	□

Pediatric Profile-25

Please respond to each question or statement by marking one box per row.

Physical Function Mobility. In the past 7 days…	**With no trouble**	**With a little trouble**	**With some trouble**	**With a lot of trouble**	**Not able to do**
I could do sports and exercise that other kids my age could do .					
I could get up from the floor.					
I could walk up stairs without holding on to anything.					
I have been physically able to do the activities I enjoy most.					

Anxiety **In the past 7 days…**	**Never**	**Almost Never**	**Sometimes**	**Often**	**Almost Always**
I felt like something awful might happen.					
I felt nervous.					
I felt worried.					
I worried when I was at home.					
Depressive Symptoms **In the past 7 days...**	**Never**	**Almost Never**	**Sometimes**	**Often**	**Almost Always**
I felt everything in my life went wrong.					
I felt lonely.					
I felt sad.					
It was hard for me to have fun.					
Fatigue **In the past 7 days**	**Never**	**Almost Never**	**Sometimes**	**Often**	**Almost Always**
Being tired made it hard for me to keep up with my schoolwork.					
I got tired easily.					

Thank you very much for completing all the questions in this questionnaire.