

Faculty Assessor Form - KNEE History and Examination Skills
University of Wisconsin Department of Family Medicine, Copyright 2006

Resident: _____

Date: _____

Faculty Assessor: _____

Pre-teaching OR Post-teaching

Location: Baraboo Eau Claire Fox Valley Madison Milwaukee Wausau Other _____

Faculty Assessor: Please complete this form while you observe the resident performing a knee exam on a patient (real or standardized) with knee pain. Instruct the resident ahead of time, "Please take a history and perform a complete knee exam on this patient. Please describe what you are doing during the exam." If using a standardized patient, please also tell the resident, "The patient will not respond to your questions."

Part 1: History – Did the learner ask about:

	<u>Points (Yes = 1 No = 0)</u>	
1. date of injury or when symptoms started?	Yes <input type="radio"/>	No <input type="radio"/>
2. mechanism of injury?	Yes <input type="radio"/>	No <input type="radio"/>
3. location of the pain?	Yes <input type="radio"/>	No <input type="radio"/>
4. hearing or feeling a "pop" at the time of injury?	Yes <input type="radio"/>	No <input type="radio"/>
5. presence of swelling of the knee (knee effusion)?	Yes <input type="radio"/>	No <input type="radio"/>
6. catching or locking of the knee?	Yes <input type="radio"/>	No <input type="radio"/>
7. buckling or instability of the knee?	Yes <input type="radio"/>	No <input type="radio"/>
8. ability to bear weight after the injury? (e.g., walk or return to play)	Yes <input type="radio"/>	No <input type="radio"/>
9. aggravating factors?	Yes <input type="radio"/>	No <input type="radio"/>
10. relieving factors/treatments tried?	Yes <input type="radio"/>	No <input type="radio"/>
11. history of previous knee injury or surgery?	Yes <input type="radio"/>	No <input type="radio"/>

Total History points: _____ (11 possible)

Part 2: Physical Exam – Did the learner CORRECTLY perform the following physical exam skills?

	<u>Points (Yes = 1 No = 0)</u>	
12. compare affected knee to unaffected knee?	Yes <input type="radio"/>	No <input type="radio"/>
13. evaluate for warmth and erythema?	Yes <input type="radio"/>	No <input type="radio"/>
14. evaluate for effusion?	Yes <input type="radio"/>	No <input type="radio"/>
15. palpate the following structures (must indent the skin)?		
a. patella/peripatella	Yes <input type="radio"/>	No <input type="radio"/>
b. patellar tendon	Yes <input type="radio"/>	No <input type="radio"/>
c. MCL	Yes <input type="radio"/>	No <input type="radio"/>
d. medial joint line	Yes <input type="radio"/>	No <input type="radio"/>
e. pes anserine	Yes <input type="radio"/>	No <input type="radio"/>
f. lateral joint line	Yes <input type="radio"/>	No <input type="radio"/>
g. LCL	Yes <input type="radio"/>	No <input type="radio"/>
h. popliteal fossa	Yes <input type="radio"/>	No <input type="radio"/>
16. evaluate range of motion? (flexion 135°, extension 0°)	Yes <input type="radio"/>	No <input type="radio"/>
17. test knee strength?		
a. flexion	Yes <input type="radio"/>	No <input type="radio"/>
b. extension	Yes <input type="radio"/>	No <input type="radio"/>

Resident name: _____

Date: _____

- 18. perform special tests for anterior knee pain?
 - a. patella apprehension test (*lateral patellar deviation*) Yes No
 - b. patellofemoral grind test (*contract quad + compress patella*) Yes No
- 19. perform special tests for ligament injury?
 - a. valgus stress test of MCL (at 30° flexion) Yes No
 - b. varus stress test of LCL (at 30° flexion) Yes No
 - c. Lachman test for ACL Yes No
 - d. anterior drawer test for ACL Yes No
 - e. posterior drawer test for PCL Yes No
 - f. sag sign for PCL Yes No
- 20. passively flex the knee or have the patient perform a full two-legged squat to test for meniscal injury? Yes No

Total Physical Exam points: _____ (23 possible)

TOTAL History + PE: _____ (34 possible)



Valgus stress test for MCL



Varus stress test for LCL



Lachman test for ACL



Anterior (ACL) & Posterior (PCL) Drawer tests