



**Osteoarthritis Profile**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Involved Side: Right Left Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Pertinent PMHx/Medicines/Injections: \_\_\_\_\_  
 PLOF/Functional Limitations: \_\_\_\_\_

Visual Analog Scale rating of pt's average pain level over the last week: \_\_\_\_\_/10 Vitals: BP: \_\_\_\_\_/\_\_\_\_\_ HR: \_\_\_\_\_ SPO2: \_\_\_\_\_%

	Right	Left
KOS/ADLS Score		
GRS		

KOOS	Right	Left
Pain	/100	/100
Symptoms	/100	/100
ADL	/100	/100
Sport/Rec	/100	/100
QOL	/100	/100

	YES/NO
Received prior PT?	
Had a TKA	

Girth at mid-patella in cm:

Right: \_\_\_\_\_ Left: \_\_\_\_\_

Right Knee: A/PROM: knee extension: \_\_\_\_\_ A/PROM: knee flexion: \_\_\_\_\_

Left Knee: A/PROM: knee extension: \_\_\_\_\_ A/PROM: knee flexion: \_\_\_\_\_

Patellar mobility (note direction and restriction as: normal, mod. reduced, or significantly reduced)

Right : \_\_\_\_\_ Left: \_\_\_\_\_

Timed Get up and Go Test (note AD used: \_\_\_\_\_ N/A) #1 \_\_\_\_\_ #2 \_\_\_\_\_ Ave: \_\_\_\_\_

Stair Climbing Test (note AD used: \_\_\_\_\_ N/A) #1 \_\_\_\_\_ #2 \_\_\_\_\_ Ave: \_\_\_\_\_

\* Put a star next to patient's name if handrail was used for either ascent or descent  
 Stair Technique: 1) Foot over foot 2) One step at a time

Unilateral Balance Test Time: (Eyes Open)

Right: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3: \_\_\_\_\_ Best: \_\_\_\_\_

Left: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3: \_\_\_\_\_ Best: \_\_\_\_\_

6-Minute Walk Test: \_\_\_\_\_ feet (note AD used: \_\_\_\_\_ N/A)

30 Second Chair Rise Test: #1 \_\_\_\_\_

Age matched Norms: Age Range	Check if out of norm
TUG:	
Stair Climb Test:	
Unilateral Balance Test:	
6- Minute Walk Test:	
30 Second Chair Rise:	
MVC:	

**MVC and Burst Test Results:**

		RIGHT	LEFT
Trial 1	with stim	_____	_____
	without stim	_____	_____
	% activation	_____	_____
Trial 2	with stim	_____	_____
	without stim	_____	_____
	% activation	_____	_____
Trial 3	with stim	_____	_____
	without stim	_____	_____
	% activation	_____	_____

Pain in knee joint (not quadriceps muscle): Right: \_\_\_/10 Left: \_\_\_/10  
 Biodex Used: \_\_\_\_\_  
 Burst Test Performed at 75 degrees: Y / N, if no, \_\_\_\_\_ degrees

	RIGHT	LEFT	
with stim	_____	_____	QI: _____
without stim	_____	_____	QI: _____

**Interpretation:** Does the pt have quadriceps strength deficits: yes no  
 Does the pt have activity/functional limitations that warrant skilled outpatient PT: yes no  
 Pt would benefit from skilled outpatient PT; pt to have full PT evaluation to follow.  
 The pt has no need for skilled outpatient PT at this time; the pt is to be discharged.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_