PHYSIOTHERAPY CLINIC

Initial assessment report

Knee assessment · Initial assessment

Unsigned draft

Patient	Alex Example
Age	38
Date	1 Nov 2026
Side	Right

Clinical summary

Subjective. Presents with anterior and medial right knee pain of gradual onset (mechanism: twist). Pain 4/10 now, 2/10 at best, 6/10 at worst. Described as ache. Aggravated by stairs, squat and run. Eased by Rest and ice. Reports recurrent swelling. Mechanical symptoms: clicking. Relevant history: previous injury. Goals: Return to recreational running without knee pain..

Objective. Alignment neutral. Gait antalgic. Movement control: dynamic valgus. Painful functional tasks: walking (2/10), sit-to-stand (3/10), double-leg squat (4/10), single-leg squat (5/10) and step-down (5/10). No effusion. Tender to palpation at Medial joint line and Patellar tendon, reproducing familiar pain.

Injured vs uninjured. Compared with the uninjured side, notable deficits in flexion (-17°), quadriceps (LSI 80%), hamstrings (LSI 80%), hip abduction (LSI 80%) and hip external rotation (LSI 80%).

Special tests. Positive / notable: McMurray (R), Thessaly (R) and Joint-line tenderness (R). Familiar pain reproduced (Medial joint line).

Neurovascular. Neurovascular screen unremarkable.

Clinical impression. Findings consistent with Meniscal lesion. Reduced right knee flexion with medial joint-line tenderness and positive meniscal tests; quadriceps strength 4/5 on the right.

Plan. Outcome measures: Pain scale and KOOS. Education/activity modification given. Home programme given. Exercises given: Quadriceps setting 3×10, straight-leg raises 3×10, mini-squats 3×8, daily.. Progress loading as symptoms settle; reassess in two weeks. Review on 2026-11-15.

Injured vs uninjured

MEASURE	INJURED (RIGHT)	UNINJURED	DIFFERENCE
Extension	0°	0°	0°
Flexion	118°	135°	-17° ▲
Patellar medial glide	8 mm	12 mm	-4 mm
Patellar lateral glide	6 mm	10 mm	-4 mm
Quadriceps	4/5	5/5	LSI 80% ▲
Hamstrings	4/5	5/5	LSI 80% ▲
Hip abduction	4/5	5/5	LSI 80% ▲
Hip external rotation	4/5	5/5	LSI 80% ▲
Calf raise	5/5	5/5	LSI 100%

▲ flagged: flexion deficit ≥10°, extension deficit ≥5°, patellar glide ≥5 mm, or limb symmetry <90%.

Recorded findings

SAFETY / RED-FLAG SCREEN

Action	Continue

SUBJECTIVE ASSESSMENT

Onset	Gradual
Mechanism	Twist
Pain location	Anterior, Medial
Pain now	4/10
Pain at best	2/10
Pain at worst	6/10
Quality	Ache
Aggravating	Stairs, Squat, Run
Easing factors	Rest and ice
Swelling	Recurrent
Mechanical symptoms	Clicking
History	Previous injury
Patient goals	Return to recreational running without knee pain.

PALPATION / EFFUSION

Tender on palpation	Medial joint line, Patellar tendon
Familiar pain reproduced	Yes
Location	Medial joint line
Effusion	None
Temperature	Normal
Bruising	No

OBSERVATION & FUNCTION

Alignment	Neutral
Gait	Antalgic
Movement control	Dynamic valgus

Walking	2/10
Sit-to-stand	3/10
Double-leg squat	4/10
Single-leg squat	5/10
Step-down	5/10

RANGE OF MOTION

	Right (inj.)	Left	Pain / end-feel
Extension	0°	0°	
Flexion	118°	135°	

Patellar mobility

	Right (inj.)	Left
Medial glide	8 mm	12 mm
Lateral glide	6 mm	10 mm

STRENGTH / LENGTH

	Right (inj.)	Left	Pain?
Quadriceps	4/5	5/5	
Hamstrings	4/5	5/5	
Hip abduction	4/5	5/5	
Hip external rotation	4/5	5/5	

	Right (inj.)	Left	Pain?
Calf raise	5/5	5/5	
Strength method	Manual		

NEUROVASCULAR SCREEN

Sensation	Normal
Myotomes	Normal
Reflexes	Normal
Pulse / capillary refill	Normal
Straight-leg raise	–
Slump	–

SPECIAL TESTS

	Right (inj.)	Left
Lachman	–	–
McMurray	+	–
Thessaly	+	–
Joint-line tenderness	+	–

Familiar pain reproduced	Yes
Location	Medial joint line

CLINICAL IMPRESSION

Working diagnosis	Meniscal lesion
Key findings	Reduced right knee flexion with medial joint-line tenderness and positive meniscal tests; quadriceps strength 4/5 on the right.

PLAN / FOLLOW-UP

Outcome measures	Pain scale, KOOS
Education / activity modification	Given
Home programme	Given
Exercises given	Quadriceps setting 3×10, straight-leg raises 3×10, mini-squats 3×8, daily.
Imaging / referral	No
Review date	2026-11-15
Treatment plan notes	Progress loading as symptoms settle; reassess in two weeks.

THERAPIST

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ELECTRONIC SIGNATURE

Not signed

Assessment date: 1 Nov 2026