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Name: \_\_\_\_\_ Date: \_\_\_\_\_ DOB: \_\_\_\_\_ Account #: \_\_\_\_\_

**For KNEES ONLY:**

- Do you have swelling? Yes \_\_\_ No \_\_\_
- Can you sleep on your side with your knees touching/resting on each other? Yes \_\_\_ No \_\_\_
- Does it hurt to "twist" your knee when:
  - Getting into and out of your car? Yes \_\_\_ No \_\_\_
  - Walking with a sudden "pivot/twist" in one direction or another? Yes \_\_\_ No \_\_\_
  - Tapping something out of your path with a "twist" of your foot? Yes \_\_\_ No \_\_\_
- Can you squat? Yes \_\_\_ No \_\_\_
  - What's worse (circle): Going "down" into the squat or coming "up" out of it?
- Does it your knee "lock" on you? Yes \_\_\_ No \_\_\_
  - ("Locking" is when your knee is straight & you can't bend it...or vise/ versa)
- Does it "give-way"? Describe: \_\_\_\_\_ Yes \_\_\_ No \_\_\_
- Can you go "up" & "down" stairs? What is worse (circle) Up Down Yes \_\_\_ No \_\_\_

**For HIPS ONLY:**

- Where is your pain located? "Front" (groin area).... "Side".... "Lower Back Area" \_\_\_\_\_
- Do you have pain with any of the following activities:
  - Bend forward to touch your toes? Yes \_\_\_ No \_\_\_
  - Put your shoes and socks on? Yes \_\_\_ No \_\_\_
  - Cross affected leg over the other? Yes \_\_\_ No \_\_\_
  - Sleep on the affected side? Yes \_\_\_ No \_\_\_
- Does your pain radiate:
  - Down into your knee(s)? Yes \_\_\_ No \_\_\_
  - Below the knee and into your foot? Yes \_\_\_ No \_\_\_

**For SHOULDERS ONLY:**

- Are you able to tuck in your shirt behind you without pain? Yes \_\_\_ No \_\_\_
- Are you able to do any of the following activities without pain:
  - Reach behind you? Yes \_\_\_ No \_\_\_
  - Sleep on your shoulder? Yes \_\_\_ No \_\_\_
- Does your pain radiate:
  - Down into your hand(s)? Yes \_\_\_ No \_\_\_
  - To your neck? Yes \_\_\_ No \_\_\_
- Can you reach up in front of you to get things from a cabinet? Yes \_\_\_ No \_\_\_
- Is it painful to bring your elbow up to 90 degrees? (Chicken Wing) Yes \_\_\_ No \_\_\_