DR. KHOO

ST VINCENT'S HOSPITAL SYDNEY

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Dr Oliver Khoo – GP Knee Assessment Guide

Patient Details

Name: _____

Age: _____ Occupation: _____

Sports / activities: _____

History

Mechanism of Injury (MOI):

- ☐ Traumatic
- ☐ Gradual / overuse
- ☐ Sport-related
- ☐ Work-related
- ☐ No obvious trigger

Date of Onset / Injury: _____

Previous knee injuries or surgery?

- ☐ No
- ☐ Yes. Details: _____

_____

Pain:

- ☐ Location: _____
- ☐ Onset: Gradual / Sudden
- ☐ Severity (0–10): _____
- ☐ Character: _____
- ☐ Night pain: ☐ Yes ☐ No
- ☐ Relieving factors: _____

Mechanical Symptoms:

- ☐ Locking
- ☐ Catching
- ☐ Giving way

Function:

- ☐ Difficulty walking
- ☐ Affects ADLs
- ☐ Impact on sport / work

Treatment to date:

- ☐ Physiotherapy
- ☐ Injection
- ☐ Surgery

Details: _____

Relevant PMHx / Medications:

_____

_____

Examination

Side: ☐ Left ☐ Right

- ☐ High BMI
- ☐ Antalgic gait
- ☐ Varus / Valgus alignment
- ☐ Pain on deep squat
- ☐ Hip ROM pain-free
- ☐ Neurovascular status: Intact

Knee-specific findings:

- ☐ Patellofemoral tracking issues
- ☐ Crepitus
- ☐ Effusion: ☐ Mild ☐ Moderate ☐ Large
- ☐ Localised tenderness: _____
- ☐ ROM: Normal / Restricted
- ☐ Ligaments: ☐ Lachman / ☐ Pivot /
- ☐ Varus / ☐ Valgus
- ☐ McMurray's: ☐ Positive ☐ Negative

Investigations (if indicated)

- ☐ Knee X-ray (standing AP, lateral, skyline)
- ☐ Ultrasound (effusion, Baker's cyst)
- ☐ MRI (meniscus / ACL / chondral injury)
- ☐ Diagnostic injection (if diagnostic uncertainty)

Referral Considerations

- ☐ Failed conservative management
- ☐ Mechanical symptoms (locking/giving way)?
- ☐ Persistent pain impacting function/sport?
- ☐ Suspected ligament or meniscal injury?
- ☐ Considering surgery?

This tool supports clinical assessment and referral preparation. For referrals to Dr Khoo, include key findings or attach this form.