



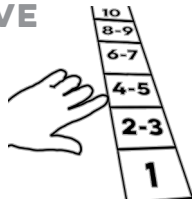
PATIENT TREATMENT RECORD

KNEE

PATIENT NAME:

START DATE:

SUBJECTIVE



OBJECTIVE ANALYSIS



Fracture?



Ligament sprain?



Osteoarthritis?



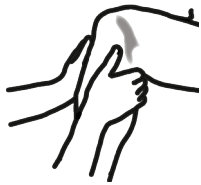
Patella dislocation?



Meniscal injury?



Patellofemoral joint?



Ligament tear?



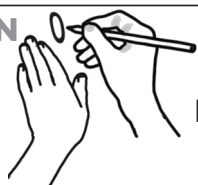
Muscle strain?



Iliotibial band syndrome?

TREATMENT

PLAN



Repeat assessment on next visit

DISCHARGE DATE:

OUTCOME: