

# KNEE SELF-ASSESSMENT TOOL



IF YOU ARE ANSWER YES TO ANY OF THE FOLLOWING YOU SHOULD GET YOUR KNEE(S) ASSESSED BY ONE OF OUR **MUSCULOSKELETAL PHYSIOTHERAPISTS**



**1. MY KNEE DISTURB MY SLEEP**

**YES**

**NO**

☐☐

**2. MY KNEE HURTS WITH WALKING**

☐☐

**3. I AM UNABLE TO SIT FOR AS LONG AS I LIKE WITHOUT KNEE PAIN**

☐☐

**4. MY KNEE HURTS WHEN WALKING UP AND DOWN SLOPES**

☐☐

**5. SQUATTING CAUSES KNEE PAIN**

☐☐

**6. I CAN NOT RUN WITHOUT KNEE PAIN**

☐☐

**7. I HAVE KNEE PAIN GOING UP AND DOWN STAIRS**

☐☐

**8. I CAN NOT PLAY SPORT WITHOUT KNEE PAIN**

☐☐

**9. MY KNEE HURTS WHEN I CHANGE DIRECTION**

☐☐

**10. MY KNEE SWELLS**

☐☐

OUR TEAM AT PHYSICA IS HERE TO HELP YOU REGAIN YOUR HEALTH AND ACTIVITY. CONTACT ONE OF OUR TEAM FOR A CHECKUP FROM ONE OF OUR **PHYSIOTHERAPISTS**

RINGWOOD | CHIRNSIDE PARK | KNOXFIELD