

Colorado Adult Joint Assessment Worksheet Version 2.0

_____ Patient ID

Date of Evaluation _____
MM DD YY

Height: _____ cm Waist / Hip Ratio: _____

Weight: _____ kgs Dominant Side: Left
 Right

Indicate any areas of joint or muscle bleeding within the last 2 weeks:

	Ankle	Elbow	Knee	Hip	Shoulder	Calf	Quad	Bicep	Tricep	Hamstring	Gluteal	Iliopsoas	Anterior tib.
Left:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Swelling	Left Ankle	Right Ankle	Left Elbow	Right Elbow	Left Knee	Right Knee
Comments:						
Puffy, Boggy, Tense (P, B, T)	<input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> T	<input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> T	<input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> T	<input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> T	<input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> T	<input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> T
Landmarks: Visible (V); Not Visible (NV) Palpable (P); Not Palpable (NP)	<input type="checkbox"/> V <input type="checkbox"/> NV <input type="checkbox"/> P <input type="checkbox"/> NP	<input type="checkbox"/> V <input type="checkbox"/> NV <input type="checkbox"/> P <input type="checkbox"/> NP	<input type="checkbox"/> V <input type="checkbox"/> NV <input type="checkbox"/> P <input type="checkbox"/> NP	<input type="checkbox"/> V <input type="checkbox"/> NV <input type="checkbox"/> P <input type="checkbox"/> NP	<input type="checkbox"/> V <input type="checkbox"/> NV <input type="checkbox"/> P <input type="checkbox"/> NP	<input type="checkbox"/> V <input type="checkbox"/> NV <input type="checkbox"/> P <input type="checkbox"/> NP
Scores:						
Swelling Scoring: 0 = None 1 = Mild – slightly puffy; slight palpable swelling may not be measurable 2 = Moderate – looks swollen; feels firm or boggy; measurable difference; bony landmarks palpable only 3 = Severe – looks very swollen; is tense; measurable difference; bony landmarks difficult to palpate						

Muscle Atrophy To be measured in a non-weightbearing position. Muscle atrophy is a difference in circumference of > .5 cm. If difference is <= .5cm, do not note muscle atrophy unless both muscles appear atrophied by description.	Ankle ____ cm from popliteal fossa; Measure largest part of muscle belly.		Elbow a. ____ cm above antecubital b. ____ cm below antecubital		Knee ____ cm from medial joint line; Measure up to largest point of VMO.	
	Left	Right	Left	Right	Left	Right
				a. _____ cm b. _____ cm	a. _____ cm b. _____ cm	
Scores:						
Muscle Atrophy Scoring: 0 = None. 1 = Mild – muscle has slightly less contour than contralateral side 2 = Moderate – flattening of muscle belly 3 = Severe – severe muscle wasting and depression						

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Axial Deformity	Ankle				Knee			
	Left		Right		Left		Right	
	_____ valgus	_____ valgus	_____ valgus	_____ valgus	_____ valgus	_____ valgus	_____ valgus	_____ valgus
_____ varus	_____ varus	_____ varus	_____ varus	_____ varus	_____ varus	_____ varus	_____ varus	
Scores:								

Axial Deformity Scoring:
 Ankle: 0 = No deformity
 1 = 1°-10° valgus; 0-5° varus
 2 = >10° valgus or >5° varus
 Knee: 0 = No deformity
 1 = 9°-15° valgus; 0-5° varus
 2 = >15° valgus or >5° varus

Crepitus	Ankle				Elbow				Knee			
	Left		Right		Left		Right		Left		Right	
Scores:												

Crepitus Scoring:
 0 = None.
 1 = Mild – crepitus slightly present; barely detectable audible or palpable sensation during motion
 2 = Moderate – crepitus more easily felt & heard; more pronounced crackling and/or rough sound or sensation during motion
 3 = Severe – crepitus very pronounced; very audible & palpable grinding & crunching during motion

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Range of Motion	Ankle		Elbow		Knee	
	Left	Right	Left	Right	Left	Right
Dorsiflexion (DF) Extension (Ext)	(DF)	(DF)	(Ext)	(Ext)	(Ext)	(Ext)
Hyperextension (Hyp)	N/A	N/A	(Hyp)	(Hyp)	(Hyp)	(Hyp)
Plantarflexion (PF) Flexion (Flex)	(PF)	(PF)	(Flex)	(Flex)	(Flex)	(Flex)
Calculation formula ...						
Normal Full Range of Motion (FROM)	total 70°	total 70°	0-150°	0-150°	0-135°	0-135°
Full range of motion (FROM) - Extension - Flexion	____° ____°	____° ____°	____° ____°	____° ____°	____° ____°	____° ____°
% of normal (FROM/normal x 100)	%	%	%	%	%	%
Loss of FROM (100% - % of normal)	%	%	%	%	%	%
Scores:						

Range of Motion Scoring:
 0 = No loss.
 1 = Loss of <10% of total full ROM
 2 = Loss of 10% - 33% of total full ROM
 3 = Loss of >33% of total full ROM

Note: If joint is hyper-extended, place 0 in Extension box.
 When adding together flexion and extension, use the hyperextension number.
 Then increase the denominator by the degrees of hyperextension.

Contracture	Ankle		Elbow		Knee	
	Left	Right	Left	Right	Left	Right
If DF / Ext >= 0 Then Contracture Score = 0. Otherwise Score = 1, 2 or 3.	DF _____	DF _____	Ext _____	Ext _____	Ext _____	Ext _____
Scores:						

Contracture Scoring:
 0 = No contracture
 1 = 1° to 7°
 2 = 8° to 15°
 3 = >15°

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Instability	Ankle				Elbow				Knee				
	Left		Right		Left		Right		Left		Right		
Scores :													
Instability Scoring: 0 = None 1 = Noted on exam but doesn't interfere with function or require bracing 2 = Instability that creates a functional deficit or requires bracing or orthotics													

Strength	Ankle				Elbow				Knee				
	Left		Right		Left		Right		Left		Right		
Scores :													
Strength Scoring: 0 = Moves through full range of motion against gravity, takes maximal resistance (Grade 5) 1 = Moves through full or available range of motion against gravity. Takes moderate resistance if full range. Takes maximum resistance if available range. (Grade 4 to 5-) 2 = Moves through full or available range of motion against gravity, takes minimal resistance (Grade 3 to 4-) 3 = Moves through full or available range of motion. (Grade 2+ / 3-) 4 = Unable to move through full or available range due to weakness. (anything < Grade 2)													

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Gait	Ankle					Knee			
	Left		Right			Left		Right	
Walking :					* Other Joint Interference: Mark "YES" to indicate that the lack of capabilities of another lower extremity joint prevents the full Gait evaluation of the joint that is being scored . The Gait score for this joint should reflect the worst observable score with an understanding that this joint might score differently (better) if more test skills could be performed. If marked "YES", the joint being scored should not score a 0 for Gait because all tasks could not be performed normally.				
Stairs :									
Running :									
Skipping :									
Other Joint Interference* :	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Scores:									

Gait Scoring: 0 = Normal walking, stairs, running, skipping. 1 = Normal walking, abnormal stairs, running, or skipping. 2 = Abnormal walking and stairs. – no further skills tested.	<u>Ankle Normal Gait Components:</u> 1. Equal weight shift. 2. Heel-toe pattern. 3. Good plantarflexion push-off. 4. Steps of equal length. 5. Steps of equal cadence. 6. Toes pointed symmetrically forward.	If any of the normal gait components are not being done correctly then the skill (walking, stairs, running or skipping) will be considered abnormal. Score each knee and ankle joint independently of the others.	<u>Knee Normal Gait Components:</u> 1. Equal weight shift. 2. Heel strike with full knee extension. 3. Good knee extension push-off. 4. Steps of equal length. 5. Steps of equal cadence. 6. Toes pointed symmetrically forward.
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COMMENTS: 	Name of Assessor: <hr style="width: 80%; margin-left: auto; margin-right: 0;"/> Date: _____
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	Ankle		Elbow		Knee	
	Left	Right	Left	Right	Left	Right
Swelling						
Muscle Atrophy						
Axial Deformity						
Crepitus						
Range of Motion						
Contracture						
Instability						
Strength						
Total (without Gait) :						

Gait						
Other Joint Interference* (Y or N)						
Total (with Gait) :						

Swelling Scoring:

- 0 = None.
- 1 = Mild – slightly puffy; slight palpable swelling; may not be measurable
- 2 = Moderate – looks swollen; feels firm or boggy; measurable difference; bony landmarks palpable only
- 3 = Severe – looks very swollen, is tense, measurable difference, bony landmarks difficult to palpate.

Muscle Atrophy Scoring:

- 0 = None
- 1 = Mild – muscle has less contour than contralateral side
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Crepitus Scoring:

- 0 = None
- 1 = Mild – crepitus slightly present; barely detectable audible or palpable sensation during motion
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- 3 = Severe – crepitus very pronounced; very audible & palpable grinding & crunching during motion

Range of Motion Scoring:

- 0 = No loss
- 1 = Loss of <10% of total full ROM
- 2 = Loss of 10% to 33% of total full ROM
- 3 = Loss of >33% of total full ROM

Contracture Scoring:

- 0 = No contracture
- 1 = 1° to 7°
- 2 = 8° to 15°
- 3 = >15°

Instability Scoring:

- 0 = None
- 1 = Noted on exam but doesn't interfere with function or require bracing
- 2 = Instability that creates a functional deficit or requires bracing or orthotics

Axial Deformity Scoring:

- Ankle:
- 0 = No deformity
 - 1 = 1°-10° valgus; 0-5° varus
 - 2 = >10° valgus or >5° varus
- Knee:
- 0 = No deformity
 - 1 = 9°-15° valgus; 0-5° varus
 - 2 = >15° valgus or >5° varus

Strength Scoring:

- 0 = Moves through full range of motion against gravity, takes maximal resistance (Grade 5)
- 1 = Moves through full or available range of motion against gravity. Takes moderate resistance if full range. Takes maximum resistance if available range. (Grade 4 to 5-)
- 2 = Moves through full or available range of motion against gravity, takes minimal resistance (Grade 3 to 4-)
- 3 = Moves through full or available range of motion. (Grade 2+ / 3-)
- 4 = Unable to move through full or available range due to weakness (anything < Grade 2)

Gait Scoring:

- 0 = Normal walking, stairs, running, and skipping
- 1 = Normal walking, abnormal stairs, running, or skipping
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Other Joint Interference: Yes/No – Mark "YES" to indicate that the lack of capabilities of another lower extremity joint prevents the full Gait evaluation of the joint that is being scored. The Gait score for this joint should reflect the worst observable score with an understanding that this joint might score differently (better) if more test skills could be performed. If marked "YES", the joint being scored should not score a 0 for Gait because all tasks could not be performed normally