

TEGNER ACTIVITY LEVEL SCORE

Please indicate in the spaces below the HIGHEST level of activity that you participated in BEFORE YOUR INJURY and the highest level you are CURRENTLY able to participate in. Using the circles below, check space you wish to participate in, in the future.

BEFORE INJURY LEVEL: _____ CURRENT LEVEL: _____

- | | | |
|----------|---|-----------------------|
| Level 10 | Competitive sports- soccer, football, rugby (national elite) | <input type="radio"/> |
| Level 9 | Competitive sports- soccer, football, rugby (lower divisions), ice hockey, wrestling, gymnastics, basketball | <input type="radio"/> |
| Level 8 | Competitive sports- racquetball or bandy, squash or badminton, track and field athletics (jumping, etc.), down-hill skiing | <input type="radio"/> |
| Level 7 | Competitive sports- racquetball or bandy, squash or badminton, track and field athletics (jumping, etc.), down-hill skiing | <input type="radio"/> |
| Level 6 | Recreational sports- tennis and badminton, handball, racquetball, down-hill skiing, jogging at least 5 times per week | <input type="radio"/> |
| Level 5 | Work- heavy labor (construction, etc.) Competitive sports- cycling, cross-country skiing, Recreational sports- jogging on uneven ground at least twice weekly | <input type="radio"/> |
| Level 4 | Work- Work- moderately heavy labor (e.g. truck driving, etc.) | <input type="radio"/> |
| Level 3 | Work- light labor (nursing, etc.) | <input type="radio"/> |
| Level 2 | Work- light labor Walking on uneven ground possible, but impossible to back pack or hike | <input type="radio"/> |
| Level 1 | Work- Work- sedentary (secretarial, etc.) | <input type="radio"/> |
| Level 0 | Sick leave or disability pension because of knee problems | <input type="radio"/> |

Y Tegner and J Lysolm. Rating Systems in the Evaluation of Knee Ligament Injuries. Clinical Orthopedics and Related Research. Vol. 198: 43-49, 1985

Surgical History

Have you had any additional surgeries to your knee other than those performed by Dr. Sterett? YES / NO

IF YES:

What procedure(s) were performed?

When was the surgery performed?

When performed surgery?