## 2000 IKDC SUBJECTIVE KNEE EVALUATION FORM

Your Full Name												
Too	day's Date:		/ Month	_/ Year	_		Date	of Injury:	Day	/Month	/_ 	_
<u>SYMPTOMS</u> *:  *Grade symptoms at the highest activity level at which you think you could function without significant symptoms, even if you are not actually performing activities at this level.												
1.	1. What is the highest level of activity that you can perform without significant knee pain?											
	<sup>4</sup> □ Very strenuous activities like jumping or pivoting as in basketball or soccer <sup>3</sup> □ Strenuous activities like heavy physical work, skiing or tennis <sup>2</sup> □ Moderate activities like moderate physical work, running or jogging <sup>1</sup> □ Light activities like walking, housework or yard work <sup>0</sup> □ Unable to perform any of the above activities due to knee pain											
2. During the <u>past 4 weeks</u> , or since your injury, how often have you had pain?												
Ne	10 /er <b></b>	9	8	7	6 <b>□</b>	5 <b>□</b>	4	3 <b></b>	2	1	0	Constant
3.	3. If you have pain, how severe is it?											
No	10 pain 🗖	9	8	7	6	5 <b>_</b>	4	3	2	1	0	Worst pain imaginable
4.	4. During the <u>past 4 weeks</u> , or since your injury, how stiff or swollen was your knee?											
	4 Not at all 3 Mildly 2 Moderately 1 Very 0 Extremely											
5.	What is the	e highes	st level o	f activity	y you ca	an perfor	m witho	out signific	ant swe	lling in y	our knee	e?
	<sup>4</sup> □Very strenuous activities like jumping or pivoting as in basketball or soccer <sup>3</sup> □Strenuous activities like heavy physical work, skiing or tennis <sup>2</sup> □Moderate activities like moderate physical work, running or jogging <sup>1</sup> □Light activities like walking, housework, or yard work <sup>0</sup> □Unable to perform any of the above activities due to knee swelling											
6.	During the	past 4	<u>weeks,</u> o	r since <u>s</u>	your inj	ury, did	your kne	ee lock or	catch?			
		₀□Ye	s 1 <b>1</b>	No								
7.	What is the	/hat is the highest level of activity you can perform without significant giving way in your knee?  4□Very strenuous activities like jumping or pivoting as in basketball or soccer  3□Strenuous activities like heavy physical work, skiing or tennis  2□Moderate activities like moderate physical work, running or jogging  1□Light activities like walking, housework or yard work  0□Unable to perform any of the above activities due to giving way of the knee  ★ EMOR										

Physical Therapy

## Page 2 – 2000 IKDC SUBJECTIVE KNEE EVALUATION FORM

4□Very strenuous activities like jumping or pivoting as in basketball or soccer

3□Strenuous activities like heavy physical work, skiing or tennis 2□Moderate activities like moderate physical work, running or jogging

8. What is the highest level of activity you can participate in on a regular basis?

## **SPORTS ACTIVITIES**:

<ul> <li>□Light activities like walking, housework or yard work</li> <li>□Unable to perform any of the above activities due to knee</li> </ul>														
9. How does your knee affect your ability to:														
								difficult at all	Minima difficu		Moderately Difficult		tremel lifficult	,
	a.	Go up stairs					4	3		2	1		0	
	b.	Go down stairs						4	3		2		1	0
	C.	Kneel on the front of your knee						4	3		2		1	0
	d.	Squat						4	3		2	1		0
	e.	Sit with your knee bent						<b>4</b> ☐ 3 ☐			2	1		0
	f.	Rise from a chair						4	3		2	1		0
	g.	Run straight ahead						4	3□		2		1	0
	h. Jump and land on your involved leg					4	3□		2	1		0		
	i. Stop and start quickly						4	3 🗖		2		1	0	
FUNCTION:  10. How would you rate the function of your kn and 0 being the inability to perform any of your support of the inability to perform any of your support of the inability to perform any of your support of your sup											ich may includ			ellent function  No limitation in daily activities
CURRENT FUNCTION OF YOUR KNEE:														
	Cannot perfor daily activities		0	1	2	3	4	5	6	7		9	10	No limitation in daily activities

## Scoring Instructions for the 2000 IKDC Subjective Knee Evaluation Form

Several methods of scoring the IKDC Subjective Knee Evaluation Form were investigated. The results indicated that summing the scores for each item performed as well as more sophisticated scoring methods.

The responses to each item are scored using an ordinal method such that a score of 0 is given to responses that represent the lowest level of function or highest level of symptoms. For example, item 1, which is related to the highest level of activity without significant pain is scored by assigning a score of 0 to the response "Unable to perform any of the above activities due to knee pain" and a score of 4 to the response "Very strenuous activities like jumping or pivoting as in basketball or soccer". For item 2, which is related to the frequency of pain over the past 4 weeks, the response "Constant" is assigned a score of 0 and "Never" is assigned a score of 10. Note: previous versions of the form had a minimum item score of 1 (for example, ranging from 1 to 11). In the most recent version, all items now have a minimum score of 0 (for example, 0 to 10). To score these prior versions, you would need to transform each item to the scaling for the current version.

The IKDC Subjective Knee Evaluation Form is scored by summing the scores for the individual items and then transforming the score to a scale that ranges from 0 to 100. Note: The response to item 10a "Function Prior to Knee Injury" is not included in the overall score. To score the current form of the IKDC, simply add the score for each item (the small number by each item checked) and divide by the maximum possible score which is 87:

IKDC Score = 
$$\frac{\text{Sum of Items}}{\text{Maximum Possible Score}} x 100$$

Thus, for the current version, if the sum of scores for the 18 items is 45 and the patient responded to all the items, the IKDC Score would be calculated as follows:

IKDC Score = 
$$\left[\frac{45}{87}\right]$$
 x 100

IKDC Score 
$$= 51.7$$

The transformed score is interpreted as a measure of function such that higher scores represent higher levels of function and lower levels of symptoms. A score of 100 is interpreted to mean no limitation with activities of daily living or sports activities and the absence of symptoms.

The IKDC Subjective Knee Form score can be calculated when there are responses to at least 90% of the items (i.e. when responses have been provided for at least 16 items). In the original scoring instructions for the IKDC Subjective Knee Form, missing values are replaced by the average score of the items that have been answered. However, this method could slightly over- or under-estimate the score depending on the maximum value of the missing item(s) (2, 5 or 11 points). Therefore, in the revised scoring procedure for the current version of a form with up to two missing values, the IKDC Subjective Knee Form Score is calculated as (sum of the completed items) / (maximum possible sum of the completed items) \* 100. This method of scoring the IKDC Subjective Knee Form is more accurate than the original scoring method.

A scoring spreadsheet is also available at: <a href="https://www.sportsmed.org/research/index.asp">www.sportsmed.org/research/index.asp</a> This spreadsheet uses the current form scores and the revised scoring method for calculating scores with missing values.