EVERCORE®
Physical Therapy + Performance

Address: 8898 Clairemont Mesa Blvd Suite J, San Diego, CA 92123
Phone: 1-800-760-5469
Email: marc@evercorelife.com
Website: www.evercorelife.com

Name: _____
Date of birth: _____
Age:_____
Occupation: _____
What is your primary concern? _____
Pain location: _____
Have you had surgery for this injury? □ No □ Yes
Type of surgery/dates: _____
History of falls in last year: □ No □ Yes
Hospitalization in last 3 months? □ No □ Yes

Medical History:

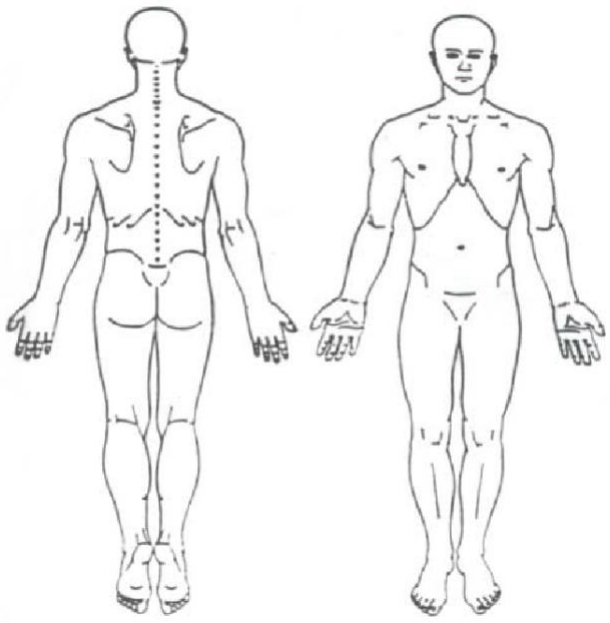
□ Fracture or Suspected Fracture
□ Rheumatoid Arthritis
□ Alzheimer's
□ High Blood Pressure
□ Traumatic Brain Injury
□ Cardiovascular Disease
□ History of Cancer
□ Allergies: _____

□ Cauda Equina Syndrome
□ Huntington's
□ Unexplained Weight Loss
□ CVA / Stroke
□ Immunosuppression
□ Pacemaker
□ Current Infection
□ Lupus
□ Pregnant

□ Diabetes Mellitus Type 1
□ Diabetes Mellitus Type 2
□ Seizures
□ Muscle Dystrophy
□ Osteoarthritis
□ Blood Clots
□ HIV/AIDS
□ Hepatitis B/C
□ Other:

Diagnostics: □ X-Ray □ MRI □ CT Scan □ Diagnostic Ultrasound
Results of Imaging:_____
Medications: □ See attached _____
_____

Where is your problem? Indicate on the body chart.



Nature of pain/symptoms (check all that apply):
□ sharp □ aching □ constant □ dull □ periodic
□ throbbing □ occasional □ other

Are your symptoms: □ Improving □ Getting Worse
□ Staying the Same

What activities make your pain worse?
_____
What activities make your pain better?
_____
Have you ever had treatment before for these symptoms? □ No □ Yes

If yes, list treatments: _____
_____

Overall activity level:
□ Sedentary □ Light □ Moderate □ Heavy

KOOS KNEE SURVEY

Today's date: _____/_____/_____ Date of birth: _____/_____/_____

Name: _____

INSTRUCTIONS: This survey asks for your view about your knee. This information will help us keep track of how you feel about your knee and how well you are able to perform your usual activities.
Answer every question by ticking the appropriate box, only one box for each question. If you are unsure about how to answer a question, please give the best answer you can.

Symptoms

These questions should be answered thinking of your knee symptoms during the **last week**.

S1. Do you have swelling in your knee?

Never	Rarely	Sometimes	Often	Always
☐	☐	☐	☐	☐

S2. Do you feel grinding, hear clicking or any other type of noise when your knee moves?

Never	Rarely	Sometimes	Often	Always
☐	☐	☐	☐	☐

S3. Does your knee catch or hang up when moving?

Never	Rarely	Sometimes	Often	Always
☐	☐	☐	☐	☐

S4. Can you straighten your knee fully?

Always	Often	Sometimes	Rarely	Never
☐	☐	☐	☐	☐

S5. Can you bend your knee fully?

Always	Often	Sometimes	Rarely	Never
☐	☐	☐	☐	☐

Stiffness

The following questions concern the amount of joint stiffness you have experienced during the **last week** in your knee. Stiffness is a sensation of restriction or slowness in the ease with which you move your knee joint.

S6. How severe is your knee joint stiffness after first wakening in the morning?

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

S7. How severe is your knee stiffness after sitting, lying or resting **later in the day**?

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

Pain

P1. How often do you experience knee pain?

Never	Monthly	Weekly	Daily	Always
☐	☐	☐	☐	☐

What amount of knee pain have you experienced the **last week** during the following activities?

P2. Twisting/pivoting on your knee

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

P3. Straightening knee fully

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

P4. Bending knee fully

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

P5. Walking on flat surface

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

P6. Going up or down stairs

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

P7. At night while in bed

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

P8. Sitting or lying

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

P9. Standing upright

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

Function, daily living

The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

A1. Descending stairs

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A2. Ascending stairs

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

A3. Rising from sitting

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A4. Standing

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A5. Bending to floor/pick up an object

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A6. Walking on flat surface

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A7. Getting in/out of car

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A8. Going shopping

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A9. Putting on socks/stockings

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A10. Rising from bed

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A11. Taking off socks/stockings

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A12. Lying in bed (turning over, maintaining knee position)

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A13. Getting in/out of bath

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A14. Sitting

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A15. Getting on/off toilet

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

A16. Heavy domestic duties (moving heavy boxes, scrubbing floors, etc)

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A17. Light domestic duties (cooking, dusting, etc)

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

Function, sports and recreational activities

The following questions concern your physical function when being active on a higher level. The questions should be answered thinking of what degree of difficulty you have experienced during the **last week** due to your knee.

SP1. Squatting

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

SP2. Running

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

SP3. Jumping

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

SP4. Twisting/pivoting on your injured knee

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

SP5. Kneeling

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

Quality of Life

Q1. How often are you aware of your knee problem?

Never	Monthly	Weekly	Daily	Constantly
☐	☐	☐	☐	☐

Q2. Have you modified your life style to avoid potentially damaging activities to your knee?

Not at all	Mildly	Moderately	Severely	Totally
☐	☐	☐	☐	☐

Q3. How much are you troubled with lack of confidence in your knee?

Not at all	Mildly	Moderately	Severely	Extremely
☐	☐	☐	☐	☐

Q4. In general, how much difficulty do you have with your knee?

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

Thank you very much for completing all the questions in this questionnaire.

EVERCORE®
Physical Therapy + Performance

Informed Consent for Physical Therapy

Physical therapy involves the use of many different types of physical evaluation and treatment. At Evercore, we use a variety of procedures and modalities to improve your function. As with all forms of medical treatment, there are benefits and risks involved with physical therapy.

Since the physical response to a specific treatment can vary widely from person to person, it is not always possible to accurately predict your response to a certain therapy modality or procedure. We are not able to guarantee precisely what your reaction to a particular treatment might be, nor can we guarantee that our treatment will help the condition you are seeking treatment for. There is also a risk that your treatment may cause pain or injury, or may aggravate previously existing conditions.

You have the right to ask your physical therapist what type of treatment he or she is planning based on your history, diagnosis, symptoms and testing results. You may also discuss with your therapist what the potential risks and benefits of a specific treatment might be. You have the right to decline any portion of your treatment at any time before or during your treatment session.

Therapeutic exercises are an integral part of most physical therapy treatment plans. Exercise has inherent physical risks associated with it. If you have any questions regarding the type of exercise you are performing and any specific risks associated with your exercises, your therapist will be glad to answer them.

I acknowledge that my treatment program has been explained by Evercore, and all of my questions have been answered to my satisfaction. I understand the risks associated with a program of Physical Therapy as outlined to me, and I wish to proceed.

_____	_____	_____
Client Name	Client Signature	Date

EVERCORE
Physical Therapy + Performance

Cancellation Policy

We understand there are times when situations arise that make it necessary for you to cancel your appointment. It is your responsibility to call us as soon as you know you will not make your appointment. This allows us to fill your spot with another client who wants that time slot.

A cancellation fee of $35 will be charged if you cancel within 24-hours.

Note: Please be on time for your session. If you are late, the session will still finish on time.

These policies help the us provide quality care to our valued clients. If you have any questions or need clarification of any of the above policies, please do not hesitate to call us.

Contact Info:

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CLIENT'S SIGNATURE_____ DATE_____

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Expectations with Physical Therapy

What can physical therapy do for me?

- Physical therapy will help you reduce pain, recover from your injuries, reduce your risk of injury and increase your strength.
- Physical therapy helps you get back to the things you love and feel more active
- We may use hands-on techniques, movements and exercises to correct the underlying factors contributing to your injury.
- You will learn how to manage your injuries and pain without surgery, injections or pain medications.

How long is each session?

- Each session consists of 30-minutes of one-on-one training with Dr. Marc.
- You may be here for 45-minutes total to complete your mobility and movement therapy exercises

What should I wear?

- Wear athletic clothes
- We have a shower you can use if you need to shower before you go back to work.

What should I bring?

- Bring a water bottle if you want. We have purified water to refill your water bottle.
- Fill out the forms in this folder and bring the forms with you to your next session.
- Bring your smartphone if you want me to record you doing exercises on your phone. You can reference these videos for your home exercise program.

Home exercise program

- You will receive exercises to perform at home. I will send you a PDF handout with pictures of your exercise program.
- We may use your smartphone to record you doing your exercises.

Movement analysis

- We may do a video movement analysis using a smartphone.
- We will be analyzing your movements during functional activities like squats, lunges, reaching overhead, or other activities that are difficult for you.

Will I feel sore after our sessions?

- There is a difference between muscle soreness and pain. It is normal to feel muscle soreness.
- It is normal to have setbacks while recovering from an injury. We will assess your progress each session and make changes as needed to ensure you are improving.

How long will it take for me to get better?

- Your ability to reduce or eliminate pain will be determined by several factors such as: length of time you have been dealing with the injury, severity of the injury, normal healing time of the injury, and your consistency with the home exercise program.
- Within 4-6 weeks, you should have significantly less pain and feel more active.

How can I get better faster?

- Follow your exercise program and show up for each physical therapy session
- Allow time for your body to heal and do not rush the recovery process

What is our contact information?

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Visit our website www.evercorelife.com for helpful videos, articles and resources to recover from injuries and get stronger.

Follow us on social media for daily exercise videos:

Instagram: Evercorelife
Facebook: Evercore
YouTube Channel: Evercorelife

If you have any additional questions or comments feel free to contact us.

To your health,

Dr. Marc Robinson, PT, DPT, Cert. MDT
Physical Therapist/Co-founder of Evercore