

## APPENDIX

## The Pediatric International Knee Documentation Committee (Pedi-IKDC)

## General information

1. Full name: \_\_\_\_\_
2. Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Date of completion: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Injury information

Date of injury: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

We need to know more about your knee injury. Each question focuses on different aspects of the trauma. Please answer each question by ticking only one box.

## SYMPTOMS

1. What is the highest level of activity can you perform nowadays without **significant** knee pain?

- ☐<sub>1</sub> Very strenuous activities like jumping or pivoting to change direction as in basketball or soccer
- ☐<sub>2</sub> Strenuous activities like weightlifting, skiing, or tennis
- ☐<sub>3</sub> Moderate activities, such as brisk walking or jogging
- ☐<sub>4</sub> Low-intensity activities, such as walking at a normal speed
- ☐<sub>5</sub> I am unable to perform any of the above activities due to severe knee pain

2. How often have you had pain in the injured knee?

Never	0	1	2	3	4	5	6	7	8	9	10	Constant
	<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"/>	

3. How severe is your pain in the knee today?

No pain	0	1	2	3	4	5	6	7	8	9	10	Worst pain
	<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"/>	

4. How **difficult** is it for you to **bend** and move your injured knee?

- ☐<sub>1</sub> Not difficult
- ☐<sub>2</sub> Slightly difficult
- ☐<sub>3</sub> Moderately difficult
- ☐<sub>4</sub> Very difficult
- ☐<sub>5</sub> Extremely difficult

5. How **stiff** or **swollen** was your injured knee since your injury?

- ☐<sub>1</sub> None at all
- ☐<sub>2</sub> Mildly
- ☐<sub>3</sub> Moderately
- ☐<sub>4</sub> Very
- ☐<sub>5</sub> Extremely

6. What activities can you currently perform without **swelling (edema)** in your knee joint?

- ☐<sub>1</sub> Very strenuous activities like jumping or pivoting to change direction as in basketball or soccer
- ☐<sub>2</sub> Strenuous activities like weightlifting, skiing, or tennis
- ☐<sub>3</sub> Moderate activities, such as brisk walking or jogging
- ☐<sub>4</sub> Low-intensity activities, such as walking at a normal speed
- ☐<sub>5</sub> I am unable to perform any of the above activities due to the injured knee swelling even when I am at rest

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7. Since the injury, have you had episodes of the injured knee **lock or catch** (so that you could not move it at all)? Yes ☐<sub>1</sub> No ☐<sub>2</sub>
8. Since the injury, did you feel like the injured knee was **“locked” (stuck)** in one position, **but soon you were able to move it**? Yes ☐<sub>1</sub> No ☐<sub>2</sub>
9. What actions can you perform today **without feeling unstable in the knee joint**?
- ☐<sub>1</sub> Very strenuous activities like jumping or pivoting to change direction as in basketball or soccer
  - ☐<sub>2</sub> Strenuous activities like weightlifting, skiing, or tennis
  - ☐<sub>3</sub> Moderate activities, such as brisk walking or jogging
  - ☐<sub>4</sub> Low-intensity activities, such as walking at a normal speed
  - ☐<sub>5</sub> I am unable to perform any of the above activities because I feel like I cannot lean on my injured knee

**SPORTS ACTIVITIES**

10. What exercises are part of your daily activities?
- ☐<sub>1</sub> Very strenuous activities like jumping or pivoting to change direction as in basketball or soccer
  - ☐<sub>2</sub> Strenuous activities like weightlifting, skiing, or tennis
  - ☐<sub>3</sub> Moderate activities, such as brisk walking or jogging
  - ☐<sub>4</sub> Low-intensity activities, such as walking at a normal speed
  - ☐<sub>5</sub> I am unable to perform any of the above activities

11. How does your knee affect your ability to:

	None at all	Slight	Moderate	Extreme	Unable to do
a. Go up stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Go downstairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Kneel on the front of your knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sit with your knee bent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Rise from a chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Run straight ahead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Jump and land on involved leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Stop and start quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FUNCTION**

12. How would you rate the function of your knee prior to the injury?

Inability to perform any of daily activities	0	1	2	3	4	5	6	7	8	9	10	No limitation in daily activities
	<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"/>	

13. How would you rate the current function of your knee?

Inability to perform any of daily activities	0	1	2	3	4	5	6	7	8	9	10	No limitation in daily activities
	<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"/>	

14. How did you answer the questions?

- ☐<sub>1</sub> Independently ☐<sub>2</sub> With the help of parents/adults