

METABOLIC ASSESSMENT

EATING HABITS

Does your patient follow any special diet?	
What does a typical day of meals look like (what are they eating and at what time)?	
Do they take any supplements?	
How much alcohol are they consuming?	

SLEEP/ENERGY

What time does your patient go to bed and wake up? Is it consistent through the week?	
How often do they wake up through the night?	
Does they wake up feeling rested?	
How are their energy levels through the day? Through the week? Do they have enough energy to do the things they want to get done? Are they consuming caffeine or other stimulants throughout the day to enable them to do what they need to do?	

METABOLIC ASSESSMENT

MEDICATION

What medications are is your patient currently taking?	
Do they have any history of antibiotics, steroids, or cholesterol medication?	

GUT HEALTH

Does your patient report any digestive issues?	
How often are they having a bowel movement?	
Do they have to stay away from any particular foods that irritate their stomach?	

CENTRAL NERVOUS SYSTEM

Where on the spectrum of highly sympathetically-wound to highly parasympathetically-wound does your patient fall?	
What kind of environmental/lifestyle factors are having a significant impact on their well-being at the moment?	
How does your patient rate their current stress levels? What about over the past year?	

NEUROVASCULAR ASSESSMENT

KNEE PAIN DESCRIPTION:

How does your patient describe the location of their pain? Is it a broad area, or a pinpoint location? Does it radiate away from the area, or stay localized?

PERIPHERAL NERVE CONTRIBUTION:

Which dermatomes correspond to the area of their pain?

Which peripheral nerves correspond to the area of their pain?

Which spinal nerve roots do these peripheral nerves arise from?

AUTONOMIC INPUT:

Does the patient have any trophic changes or spinal issues at T10-L2?

BIOMECHANICAL ASSESSMENT

HIP CONTRIBUTION:

<p>Does your patient have any inhibition in gluteus medius/minimus, maximus, or adductors?</p>	
<p>Do they have any trigger points or restrictions in the deep hip external rotators, adductors, or hip flexors?</p>	
<p>Do they have any restrictions in hip extension, flexion, internal or external rotation?</p>	

ANKLE CONTRIBUTION:

<p>Does your patient have any inhibitions of the peroneals, tibialis anterior, or tibialis posterior?</p>	
<p>Is your patient able to activate their intrinsic foot muscles?</p>	
<p>Do they have any restrictions at the talocrural or subtalar joints, or in the midfoot or first ray?</p>	

BIOMECHANICAL ASSESSMENT

HIDDEN GEM (POPLITEUS):

Does your patient have any inhibition of the popliteus muscle?

LUMBAR SPINE CONTRIBUTION

REFERRAL FROM LUMBAR SPINE:

Is there a possibility that your patient's symptoms are being referred from the lumbar spine?

Do they have any positive neurodynamic tests?

SEGMENTAL ASSESSMENT:

Does your patient exhibit trophic changes or any other spinal issues at any segments you identified in your Neurovascular Assessment?

POSTURE:

What is your patient's resting posture like?

Can they easily move between various postures or are they stiff in any sections of the spine through movement?

LUMBAR SPINE CONTRIBUTION

CORE WEAKNESS:

Is your patient able to demonstrate good core control with functional movements?

PREGNANCY:

Have you inquired about previous pregnancies - type of delivery, post-natal rehab and recovery, presence of pelvic floor dysfunction?

TREATMENT CONSIDERATIONS

METABOLIC FACTORS:

If you have identified any metabolic contributing factors, have you communicated to your patient why these are important to address?

Do you have a colleague to whom you can refer to manage these issues (naturopathic doctor, functional medicine, nutritionist, etc)?

Have you discussed with your patient any hesitations or barriers to treatment?

CENTRAL NERVOUS SYSTEM:

Have you considered how you need to adjust your treatment inputs so they are appropriate for where your patient is on the autonomic nervous system spectrum? (hint: highly sympathetically-wound patients are going to be super reactive, so you have to start low and go slow)

TREATMENT CONSIDERATIONS

CENTRAL NERVOUS SYSTEM:

If there is a significant CNS component to the case, have you communicated this to your patient? Do they understand why it is important to address this facet of their case?

If your patient needs to learn to modulate their central nervous system, have you provided specific resources for them to do so? (books, podcasts, articles, practitioners)

NEUROVASCULAR:

Have you addressed the relevant peripheral nerves and corresponding spinal segmental levels, using manual therapy, exercise, acupuncture, or other techniques?

Have you examined and treated the entire trajectory of the nerves in question, not just at the location of symptoms?

BIOMECHANICAL:

Have you assessed the mobility and strength of the joints above and below the knee (lumbopelvic, hip and ankle) in addition to the knee?

Have you prioritized the list of dysfunctions in the kinetic chain that you identified? Remember to pick off the low-hanging fruit first!

LUMBAR SPINE:

Does your core re-training program coordinate breath with movement? Is it functional and relevant to the patient's goals? Are you tying in other target muscles from your assessment?

Have you addressed trophic changes, using manual therapy (cupping/scraping) and/or acupuncture, as well as addressing the metabolic contributions?