

**MOUNTAIN STATES REGIONAL HEMOPHILIA CENTER
COLORADO ADULT JOINT ASSESSMENT SCALE**

Evalua 11 items

4 requieren medición.

Atrofia muscular, deformidad axial, ROM y Fuerza

4 requieren observación/palpación

Edema, Crepitación, Inestabilidad, y marcha.

2 requieren interrogatorio/observación

Dolor, uso de ortesis y/o férulas

1 basado en la medición del ROM

**Colorado Adult
Joint Assessment Worksheet**

____ Patient ID

Date of Evaluation _____
MM DD YY

Height: _____ cm Waist / Hip Ratio: _____

Weight: _____ kgs Dominant Side: ☐ Left
☐ Right

Indicate any areas of joint or muscle bleeding within the last 2 weeks:

	Ankle	Elbow	Knee	Hip	Shoulder	Calf	Quad	Pitca	Trapez	Hamstring	Gait	Illoctas	Anterior tib
Left	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

Swelling	Left Ankle	Right Ankle	Left Elbow	Right Elbow	Left Knee	Right Knee
Comments:						
Puffy, Buggy, Tense (P, B, T)	<input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> T	<input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> T	<input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> T	<input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> T	<input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> T	<input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> T
Landmarks:						
Visible (V); Not Visible (NV)	<input type="checkbox"/> V <input type="checkbox"/> NV	<input type="checkbox"/> V <input type="checkbox"/> NV	<input type="checkbox"/> V <input type="checkbox"/> NV	<input type="checkbox"/> V <input type="checkbox"/> NV	<input type="checkbox"/> V <input type="checkbox"/> NV	<input type="checkbox"/> V <input type="checkbox"/> NV
Palpable (P); Not Palpable (NP)	<input type="checkbox"/> P <input type="checkbox"/> NP	<input type="checkbox"/> P <input type="checkbox"/> NP	<input type="checkbox"/> P <input type="checkbox"/> NP	<input type="checkbox"/> P <input type="checkbox"/> NP	<input type="checkbox"/> P <input type="checkbox"/> NP	<input type="checkbox"/> P <input type="checkbox"/> NP
Duration of Swelling	<input type="checkbox"/> No swelling or < 6 months <input type="checkbox"/> >= 6 months	<input type="checkbox"/> No swelling or < 6 months <input type="checkbox"/> >= 6 months	<input type="checkbox"/> No swelling or < 6 months <input type="checkbox"/> >= 6 months	<input type="checkbox"/> No swelling or < 6 months <input type="checkbox"/> >= 6 months	<input type="checkbox"/> No swelling or < 6 months <input type="checkbox"/> >= 6 months	<input type="checkbox"/> No swelling or < 6 months <input type="checkbox"/> >= 6 months
Scores:						

Swelling Scoring
0 = None.
1 = Mild – slightly puffy; slight palpable swelling may not be measurable.
2 = Moderate – looks swollen; feels firm or boggy, measurable difference; bony landmarks palpable only.
3 = Severe – looks very swollen; is tense; measurable difference; bony landmarks difficult to palpate.

Muscle Atrophy	Ankle		Elbow		Knee	
	____ cm from popliteal fossa a; Measure largest part of muscle belly		a. ____ cm above antecubital b. ____ cm below antecubital		____ cm from medial joint line. Measure up to largest point of VMO.	
	Left	Right	Left	Right	Left	Right
<p>To be measured in a non-weightbearing position.</p> <p>Muscle atrophy is a difference in circumference of > .5 cm. If difference is <=.5cm, do not note muscle atrophy unless both muscles appear atrophied by description.</p>			a. ____ cm b. ____ cm	a. ____ cm b. ____ cm		
Scores:						

Muscle Atrophy Scoring
0 = None.
1 = Mild – muscle has slightly less contour than contralateral side.
2 = Moderate – flattening of muscle belly.
3 = Severe – severe muscle wasting and depression.

Colorado Adult Joint Assessment Worksheet

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Axial Deformity	Ankle				Knee	
	Left	Right			Left	Right
	_____ valgus	_____ valgus			_____ valgus	_____ valgus
	_____ varus	_____ varus			_____ varus	_____ varus
Scores:						

Axial Deformity Scoring:
 Ankle: 0 = No deformity
 1 = 1°-10° valgus; 0-5° varus
 2 = >10° valgus or >5° varus
 Knee: 0 = No deformity
 1 = 9°-15° valgus; 0-5° varus
 2 = >15° valgus or >5° varus

Crepitus	Ankle		Elbow		Knee	
	Left	Right	Left	Right	Left	Right
Scores:						

Crepitus Scoring:
 0 = None.
 1 = Mild – crepitus slightly present; barely detectable audible or palpable sensation during motion.
 2 = Moderate – crepitus more easily felt & heard; more pronounced crackling and/or rough sound or sensation during motion.
 3 = Severe – crepitus very pronounced; very audible & palpable grinding & crunching during motion.

Colorado Adult Joint Assessment Worksheet

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Range of Motion	Ankle		Elbow		Knee	
	Left	Right	Left	Right	Left	Right
Dorsiflexion (DF) Extension (Ext)	(DF) _____	(DF) _____	(Ext) _____	(Ext) _____	(Ext) _____	(Ext) _____
Hyperextension (Hyp)	N/A	N/A	(Hyp) _____	(Hyp) _____	(Hyp) _____	(Hyp) _____
Plantarflexion (PF) Flexion (Flex)	(PF) _____	(PF) _____	(Flex) _____	(Flex) _____	(Flex) _____	(Flex) _____
Calculation formula ...						
Normal Full Range of Motion (FROM)	total 70°	total 70°	0-150°	0-150°	0-135°	0-135°
Full range of motion (FROM)	_____°	_____°	_____°	_____°	_____°	_____°
% of normal (FROM/normal x 100)	_____%	_____%	_____%	_____%	_____%	_____%
Loss of FROM (100% - % of normal)	_____%	_____%	_____%	_____%	_____%	_____%
Scores:						

Range of Motion Scoring:
 0 = No loss.
 1 = Loss of <10% of total full ROM.
 2 = Loss of 10% to 33% of total full ROM.
 3 = Loss of >33% of total full ROM.

Note: If joint is hyper extended place 0 in Extension box.
 When adding together flex & extension, use the hyperextension number. Then increase the denominator by the degrees of hyperextension.

Contracture	Ankle		Elbow		Knee	
	Left	Right	Left	Right	Left	Right
If DF / Ext >= 0 Then Contracture Score = 0. Otherwise Score = 1, 2 or 3.	DF _____	DF _____	Ext _____	Ext _____	Ext _____	Ext _____
Scores:						

Contracture Scoring:
 0 = No contracture.
 1 = 1° to 7°
 2 = 8° to 15°
 3 = >15°

Colorado Adult Joint Assessment Worksheet

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MM DD YY

Instability	Ankle		Elbow		Knee	
	Left	Right	Left	Right	Left	Right
Scores :						

Instability Scoring:
 0 = None.
 1 = Noted on exam but doesn't interfere with function or require bracing.
 2 = Instability that creates a functional deficit or requires bracing or orthotics.

Pain	Ankle		Elbow		Knee	
	Left	Right	Left	Right	Left	Right
* With Activity Scores :						
Without Activity Scores :						

Pain Scoring: * (use "With Activity" scores on final score sheet.)
 0 = No Pain - No report of stiffness, no change in activity, no use of pain medication.
 1 = Slight or Mild - Pain or discomfort present at rest or with activity. May have morning stiffness or stiffness with weather changes which works out with movement. Does not interfere with activity but activity may increase symptoms. May require occasional non-narcotic pain medication.
 2 = Moderate - Pain present at rest or with activity. Interferes with activity or ADL occasionally. May require more regular use of non-narcotic pain medication and occasional use of narcotic medication.
 3 = Severe - Limiting activity. Has regular severe pain, which limits normal activity and ADL most of the time. May require the constant use of non-narcotic pain medication and frequent or regular use of narcotic medication.

Strength	Ankle		Elbow		Knee	
	Left	Right	Left	Right	Left	Right
Scores :						

Strength Scoring:
 0 = Moves through full range of motion against gravity, takes maximal resistance (Grade 5)
 1 = Moves through full or available range of motion against gravity. Takes moderate resistance if full range. Takes maximum resistance if available range. (Grade 4 to 5-)
 2 = Moves through full or available range of motion against gravity, takes minimal resistance (Grade 3 to 4-)
 3 = Moves through full or available range of motion. (Grade 2+ / 3-)
 4 = Unable to move through full or available range due to weakness. (anything < Grade 2)

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Colorado Adult Joint Assessment Worksheet

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MM DD YY

Splint/Orthotics	Ankle		Elbow		Knee	
	Left	Right	Left	Right	Left	Right
Describe: 1. When it is used. 2. Why it is used. 3. Frequency of use.						
Number of hours used per week						
Scores:						

Splint/Orthotics Scoring:
 0 = No use of splint/orthotics.
 1 = Splint/ortho used PRN: post bleed or for occasional support.
 2 = Splint/ortho used regularly for high activity, sports, or to prevent recurrent hemarthroses.
 3 = Requires bracing/splinting/orthotics continuously.

Gait	Ankle		* Other Joint Interference: Mark "YES" to indicate that the lack of capabilities of another lower extremity joint prevented the full Gait evaluation of the joint that is being scored. The Gait score for this joint should reflect the worst observable score with an understanding that this joint might score differently (better) if more test skills could be performed. If marked "YES", the joint being scored should not score a 0 for Gait because all tasks could not be performed normally.	Knee	
	Left	Right		Left	Right
Walking :					
Stairs :					
Running :					
Skipping :					
Other Joint Interference* :	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Scores:					

Gait Scoring:
 0 = Normal walking, stairs, running, skipping.
 1 = Normal walking, abnormal stairs, running, or skipping.
 2 = Abnormal walking and stairs. - no further skills tested.

Ankle Normal Gait Components:
 1. Equal weight shift.
 2. Heel-toe pattern.
 3. Good plantarflexion push-off.
 4. Steps of equal length.
 5. Steps of equal cadence.
 6. Toes pointed symmetrically forward.

Knee Normal Gait Components:
 1. Equal weight shift.
 2. Heel strike with full knee extension.
 3. Good knee extension push-off.
 4. Steps of equal length.
 5. Steps of equal cadence.
 6. Toes pointed symmetrically forward.

COMMENTS:	Name of Assessor: _____ Date: _____
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Colorado Adult Joint Assessment Score Sheet

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	Ankle		Elbow		Knee	
	Left	Right	Left	Right	Left	Right
Swelling						
Muscle Atrophy						
Axial Deformity						
Crepitus						
Range of Motion						
Contracture						
Instability						
Pain (With Activity)						
Strength						
Splint/Orthotics						
Total (without Gait) :						

Gait						
Other Joint Interference * (Y or N)						
Total (with Gait) :						

Swelling Scoring:

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Pain Scoring (Use "With Activity" scores)*

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 4 = Unable to move through full or available range due to weakness (anything < Grade 2)

Splint/Orthotics Scoring

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