THE FEDERATED EMPLOYERS MUTUAL ASSURANCE COMPANY (RF) (PTY) LTD

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LEG AND KNEE MEDICAL REPORT
COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 AS AMENDED

Claim Number	**Date of Accident**	**Staff Number**
Name of Employer:		
Name of Employee:		

LEG AND KNEE

1	Injured side:		Left		Right		Both	
2.	Evidence of scarring:							
3.	Surgery performed:		Yes		No			
4.	Amputation			Yes		No		
	Level		cm above joint line					
			Through knee joint					
			cm above joint line					
			cm below tibial tubercle					
5.	Deformity of knee:			Yes		No		
	Describe: Varus/Valgus							
6.	Leg Length: specify measurement			Yes		No		
7.	Arthroscopy							
	Findings							
	Menisci:							
8.	Nerve lesion:		Yes			No		
Level								
Describe/Attach EMG Report:								
9.	Power/Strength							
10.	Vascular lesion		Yes		No			
	Arterial							
	Venous							
11.	**Range of movement (ROM):**							

	Knee	Measured Rom (Ankylosed joint in fixed degrees)	Comments
	Flexion	(0-150)	
	Loss of extension	(0-40)	
	Ligament stress test: If unstable please state the grade		
	Lachman	Stable	
	Lateral Stress	Stable	
	Medial Stress	Stable	
	Chondromalacia	0+\-	
12.	Radiology Report: please insert the latest report:		
13.	Other Comments		

DECLARATION	
I hereby declare that the information furnished in this report is true and correct according to my knowledge.	
Initial Surname:	Practice No
E-mail:	Tel:
Signature:	Date:

Stamp and Doctor's signature