

KNEE JOINT PAIN MANAGEMENT TRACKER

Name: _____

Week Of: _____

DATE	PAIN LEVEL (1-10)	TRIGGER ACTIVITY	TREATMENT (ICE/MEDS/REST)	MOBILITY (LOW/MED/HIGH)
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1 - Minimal Discomfort 5 - Moderate / Interferes with Tasks 10 - Severe / Unable to Move

Additional Observations (Swelling, Stiffness, Morning vs. Evening):

*This template is for personal tracking purposes only. Consult a medical professional for diagnosis.