

Knee Orthopedic Test

Patient information

Name:

Date of birth:

Contact number:

Address:

Patient medical history

Any personal/family history of degeneration diseases?

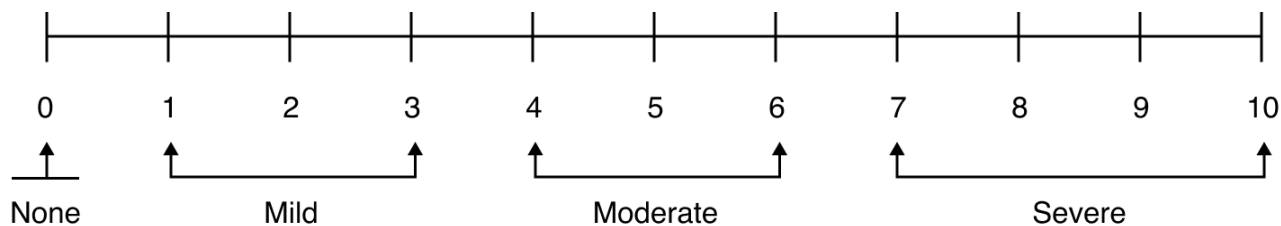
Any previous knee injuries/problems? Please include when they happened:

Treatments taken for knee injuries/problems:

Surgeries undergone, if any (make sure to indicate what kind and when):

Observations and patient reporting

Pain rating:



Is there swelling?

- Yes
- No

Are there clicking/popping sounds?

- Yes
- No

Do they experience morning knee stiffness?

- Yes
- No

Other observations and palpation findings:

Are they dealing with activity/mobility limitations? Please list them down:

Physical examination maneuvers

McMurray Test

1. Ask the patient lie down on a flat surface in a supine position. The patient must also flex the knee that will be examined.
2. You must position yourself on the side that will be examined.
3. You must use your proximal hand to hold the patient's knee as well as to palpate the joint line. Your thumb must be on one side while your fingers should be on the other.
4. You must hold the sole of the patient's foot with your distal hand. You will use this to support the limb and move it as instructed.
5. From a position of maximal flexion, extend the knee with internal rotation (IR) of the tibia and a VARUS stress. This is for checking the patient for lateral meniscus tears.
6. Return to maximal flexion and extend the knee with external rotation (ER) of the tibia and a VALGUS stress. This is for checking the patient for medial meniscus tears.

Results:

- Positive:** Sharp pain in medial or lateral side of the knee = potential meniscal injury
- Positive:** Snapping movement or shift = potential loose or torn meniscus fragment
- Positive:** Clicking/popping sounds = potential torn or displaced flap of meniscus fragment
- Positive:** Locking when bending or extending the knee = potential displaced meniscal tear
- Negative:** No medial/lateral knee pain, snapping, clicking, popping, or locking observed during movement, suggesting no evidence of meniscal injury

Apley's Compression Test

1. Have the patient lie prone (face down) on the examination table.
2. Flex the patient's knee to 90 degrees.
3. Secure the patient's thigh firmly against the examination table by placing your knee on the posterior thigh. This prevents unwanted movement and ensures accurate assessment.
4. Grasp the patient's ankle and apply an upward force (distraction) to the tibia while rotating it laterally and medially.
5. Observe for excessive movement, restriction, or discomfort compared to the unaffected knee.
6. Apply a downward force (compression) through the tibia while continuing to rotate it laterally and medially.
7. Observe for pain, restricted motion, or abnormal grinding sensations.

Results:

- Positive:** Patient feels pain with distraction and increased rotation, which may suggest a ligamentous injury.
- Positive:** Patient feels pain with compression and restricted rotation, which may suggest a meniscal injury.
- Negative:** Patient does not experience pain or restriction with distraction, compression, or rotation, suggesting no evidence of ligamentous or meniscal injury.

Lachman Test

1. The patient should lie flat on their back with their leg bent to a 20-30 degree angle.
2. Using one hand to stabilize the femur bone (thigh bone), whilst the other manipulates the tibia bone.
3. Gently pull the tibia bone forward to assess the amount of anterior translation or forward movement.
4. This movement should be compared to the opposite, unaffected knee.
5. The amount of anterior translation should be recorded and scaled below based on the results from the test; this will give an indication to the type of injury present, if any.

Anterior translation:

Results:

- Negative:** No abnormal anterior tibial translation observed, indicating the ACL is intact and functioning normally.
- Grade I (Mild):** 0–5 mm of anterior tibial translation, consistent with a minor injury and partial preservation of ACL function.
- Grade II (Moderate):** 6–10 mm of anterior tibial translation, suggesting significant ACL compromise but some ligament continuity remains.
- Grade III (Severe):** 11–15 mm of anterior tibial translation, consistent with a complete ACL rupture.
- Grade IV (Very severe):** >15 mm of anterior tibial translation, indicating gross instability and complete loss of ACL function.

Anterior Drawer Test

1. Lie the patient on their back in a relaxed supine position.
2. Test the uninjured side first.
3. Flex their hip to 45 degrees.
4. Then flex their knee 90 degrees.
5. Ensure that their foot is flat on the surface. Sit on their foot to keep it still.
6. Grasp the bent knee with your thumbs in front of the knee (on the superior anterior of the tibia) and tuck your fingers behind the knee (inside the flexed part). You may use the diagram above as a guide.
7. Gently pull the tibia forward and check how far it moves.
8. Repeat steps 3 to 7 on the injured side and compare.

Results:

- Grade 0 (Normal):** Translation amount of 0–2 mm
- Grade 1 (Almost normal):** Translation amount of 3–5 mm
- Grade 2 (Abnormal):** Translation amount of 6–9 mm
- Grade 3 (Severely abnormal):** Translation amount of ≥ 10 mm

Posterior Drawer Test

1. Confirm that the patient has had no recent lower limb surgeries or injuries, recent knee surgeries or injuries, and ensure the examination room is free of obstacles for safe patient positioning.
2. Position the patient in a supine position with the knee to be tested flexed to approximately 90 degrees.
3. Sit on the toes of the tested extremity to help stabilize it.
4. Grasp the proximal lower leg, approximately at the tibial plateau or joint line, with the thumbs placed on the tibial tuberosity.
5. Attempt to translate the lower leg posteriorly.
6. Observe the movement to assess for a lack of end feel or excessive posterior translation.

Results:

- Positive:** Lack of end feel or excessive posterior translation, indicating a possible posterior cruciate ligament (PCL) tear.
- Negative:** Normal end feel with limited posterior translation, indicating an intact PCL.

Overall interpretations

Overall results and conclusions

Healthcare provider's full name:

Signature: