

Knee Examination

OBJECTIVE: To conduct a proper Knee Examination.

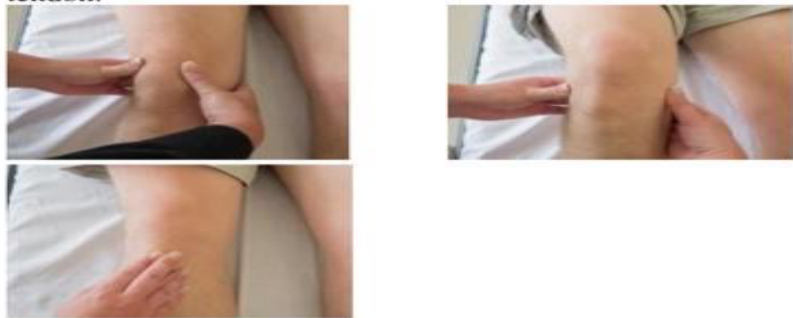
MATERIALS: Well illuminated examination room, examination table.

D: Appropriately done PD: Partially done ND: Not done/Incorrectly done

STEP/TASK	D	PD	ND
Preparation			
1. Introduce yourself to the patient.			
2. Confirm patient's ID.			
4. Get patient's consent.			
5. Wash hands.			
6. Appropriately expose the patient's both knees.			
All examination steps should be applied to both elbows separately.			
Inspection			
7. Ask the patient to walk. Observe any limp or obvious deformities such as scars or muscle wasting. Check if the patient has a varus (<i>bow-legged</i>) or valgus (<i>knock-knees</i>) deformity. Also observe from behind to see if there are any obvious popliteal swellings such as a Baker's cyst.			
8. Ask the patient to lie on the bed to allow a further general inspection. Look for symmetry, redness, muscle wasting, scars, rashes, or fixed flexion deformities.			
Palpation			
9. Check and assess the knee joint temperature using the back of your hands and compare with the surrounding areas of the leg.			

Continues on the next page

Department of Medical Education, College of Medicine, King Saud University (Updated on June 27th 2017, Shawwal 3rd 1438 H)

Knee Examination			
STEP/TASK	D	PD	ND
Palpation			
10. Palpate the border of the patella for any tenderness, behind the knee for any swellings, along all of the joint lines for tenderness and at the point of insertion of the patellar tendon.			
			
<p>Palpate the border of the patella Palpate the joint lines Palpate the point of insertion</p>			
11. Tap the patella to see if there is any effusion deep to the patella.			
12. Check and assess the movements of the knees. and possible pain and crepitation during flexion, and extension.			



Knee flexion Knee extension

Special Tests to Assess the Cruciate Ligaments			
13.	Anterior Drawer Test: Flex the knee to 90 degrees and sit on the patient's foot. Pull forward on the tibia just distal to the knee. There should be no movement. If there is however, it suggests Anterior Cruciate Ligament (ACL) damage.		
<input type="checkbox"/> <i>Continues on the next page</i>			

Department of Medical Education, College of Medicine, King Saud University (Updated on June 27th 2017, Shawwal 3rd 1438 H)

Knee Examination			
STEP/TASK	D	PD	ND
Special Tests to Assess the Cruciate Ligaments			
14.	Posterior Drawer Test: Flex the knee to 90 degrees and observe from the side for any posterior lag of the joint, this suggests Posterior Cruciate ligament damage.		
Special Tests to Assess the Collateral Ligaments			
15.	Lateral and Medial Stress: Hold the leg with the knee flexed to 15 degrees and apply Lateral and Medial Stress on the knee. Any excessive movement suggests collateral ligament damage.		
<p>Lateral Stress Medial Stress</p>			
Special Test to Assess the Meniscus Damage			
16.	McMurray's Test: Hold the knee up and fully flexed, with one hand over the knee joint itself and the other on the sole of that foot. Stress the knee joint by medially and laterally moving the foot. Any pain or a click is a positive test, confirming meniscal damage.		
After the examination			
17.	Ensure that the patient is comfortable.		
18.	Make explanations to the patient, answer his/her questions and discuss management plan.		
19.	Wash hands.		
20.	Document the procedure.		

