

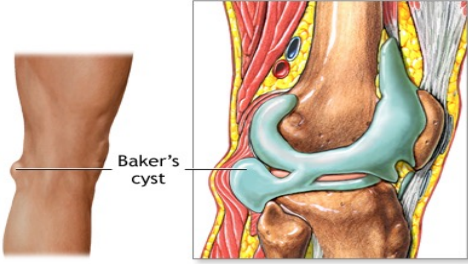
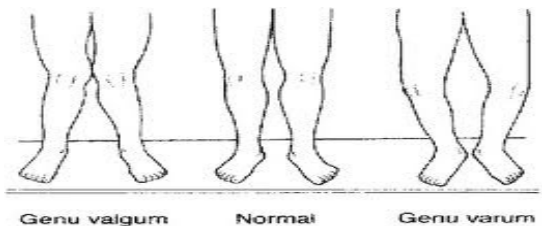
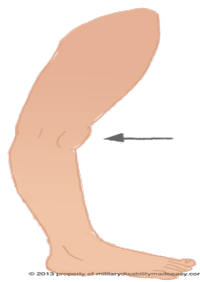
Knee Examination

Position: lying down.

Exposure: both knees and thighs are fully exposed.

Look

Inspect for mobility aids & adaptations – walking stick / wheelchair & gait

<p>Skin:</p>	<ul style="list-style-type: none"> • Atrophy and tightness. • Erythema and discoloration. • Scars. • Rashes.
<p>Muscle:</p>	<p>Wasting (Quadriceps wasting)</p>
<p>Joint:</p> <ul style="list-style-type: none"> • Swelling: <p>Backer's cyst (a swelling behind the knee) in the popliteal fossa, while the knee in complete extension.(can do it when patient standing up)</p>	 <p style="text-align: right;">ADAM</p>
<ul style="list-style-type: none"> • Deformity: 	<ul style="list-style-type: none"> • Valgus: deviation away from the midline: RA. • Varus: toward the midline: OA.  <p style="text-align: center;">Genu Recurvatum</p>  <ul style="list-style-type: none"> • Recurvatum
<ul style="list-style-type: none"> • Bone: 	<ul style="list-style-type: none"> • Subluxation.

Feel

<ul style="list-style-type: none"> • Skin: 	<ul style="list-style-type: none"> • Temperature.
<ul style="list-style-type: none"> • Joint: Palpate the following with the knee flexed at 90°: 	<ul style="list-style-type: none"> • Patella – palpate the borders for tenderness / effusion • Tibial tuberosity – tenderness may suggest Osgood Schlatter disease • Head of the fibula – irregularities / tenderness • Tibial & Femoral joint lines – irregularities / tenderness • Collateral ligaments – both the medial and lateral • Popliteal fossa – feel for any obvious collection of fluid (e.g. a Baker’s cyst)

Effusion:

<https://www.youtube.com/watch?v=Ca7cL6ZPTH4>

<https://www.youtube.com/watch?v=WwricgKz5FA>

<ul style="list-style-type: none"> • Patellar tap test: Moderate to large effusion : 	<ol style="list-style-type: none"> 1. Empty the suprapatellar pouch by sliding your left hand down the thigh to the patella. 2. Keep your left hand in position and use your right hand to press downwards on the patella with your fingertips. 3. If fluid is present you will feel a distinct tap as the patella bumps against the femur.
<ul style="list-style-type: none"> • Milking : Mild effusion : 	<ol style="list-style-type: none"> 1- Gently stroke upwards along the medial aspect of the patella, pushing fluid towards the top and lateral aspects of the joint. 2- Gently push on the lateral aspect of the joint. If there's a small effusion, the fluid which was milked to the lateral aspect will be pushed back towards the medial area of the joint, causing the medial skin to bulge out slightly .

Move

<p>Passive movement. : This involves the patient relaxing and allowing you to move the joint freely</p>	<ul style="list-style-type: none"> * Examination of crepitus - clicking of the joint with motion * Knee flexion & extension * Hyperextension – elevate both legs by the heels – note any hyperextension
<p>Active movement (E & F), note any: This involves the patient performing the movement.</p>	<ul style="list-style-type: none"> * Limitation. * Instability.

Measure

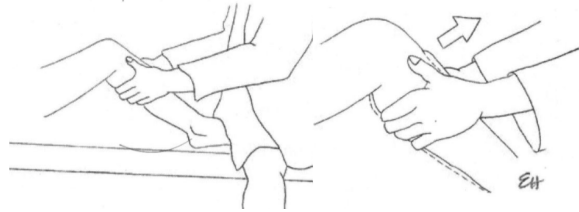
Measure and compare quadriceps bulk (20 cm above tibial tuberosity)

Range of movement.

Strength of knee ligaments:

Anterior drawer sign
- tests the anterior cruciate ligament (ACL)

o Anterior drawer sign



Posterior drawer sign
- tests the posterior cruciate ligament

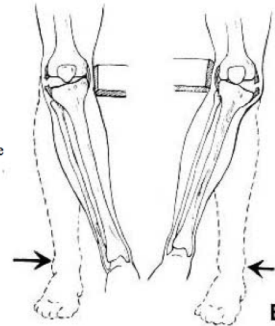
o Posterior anterior drawer sign



Valgus Stress
- tests the Medial collateral ligament

Varus Stress- tests the Lateral collateral ligament

Varus stress:
Rupture of lateral collateral ligament. This is rare but can occur when a motorcycle fall on the medial side of the knee.



Valgus stress: Rupture of medial collateral ligament. This shifts the forces to the lateral condyles and leads to a torn lateral meniscus and torn ACL. Edit: d impaction of the lateral femoral condyle or wedge fracture of the lateral tibial plateau.

Special Tests:

Patellar apprehension test:

- Done when recurrent dislocation or subluxation of patella is suspected.
- Push the patella firmly to the lateral side while slowly flexing the knee.

Look at the patient's face for any anxious expression that may suggest impending dislocation.

<https://www.youtube.com/watch?v=xXmjYVDkmVg>

Apley's grinding test. :with patient prone , apply axial load to knee while flexed to 90 degree and rotate foot

<https://www.youtube.com/watch?v=w5711cYXICA>

Distraction test.

https://www.youtube.com/watch?v=A_Lk20eiqxM

McMurray's test.

<https://www.youtube.com/watch?v=lrg3Cb4JaE8>

<https://www.youtube.com/watch?v=tzuEFk3CmAo>

To complet

Neurovascular examination of both lower limbs
ankle & hip Examination of the joint above and below
Further imaging if indicated – X-ray / MRI

videos :

<https://www.youtube.com/watch?v=fNUGyNYVhqE>

<https://www.youtube.com/watch?v=wOplC9qMfrU>

<https://www.youtube.com/watch?v=pT1ZHVbpsuw>

<https://www.youtube.com/watch?v=wILfNIs75RY>