Physical Examination of the Knee and Ankle



Kristina Wilson, MD, MPH, CAQSM, FAAP, FAMSSM

Medical Director, Pediatric and Adolescent Sports Medicine and Sports Physical Therapy

Phoenix Children's Hospital

Clinical Assistant Professor, Department of Child Health

University of Arizona School of Medicine - Phoenix

Disclosures

I, Kristina Wilson, have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity.

I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.



Objectives

At the conclusion of the workshop, participants should be able to:

- 1. Learn the basics of knee and ankle physical exam: inspection, palpation, range of motion, and strength
- 2. Develop confidence in your physical examination skills of the knee through hands-on practice
- 3. Learn how to perform provocative tests of the knee and ankle, specifically Lachman's, McMurray's (knee) and anterior drawer (ankle)
- 4. Demonstrate competency in performing a physical examination of the knee



Inspection

- Gait
- Alignment
- Swelling
- Effusion
- Muscle mass
 - Quadriceps bulk
- Skin Discoloration
 - Bruising
 - Erythema

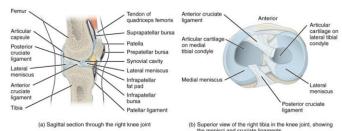






Palpation

- Anterior compartment
 - Tendons
 - Quadriceps
 - Patellar
 - Bones
 - Tibial plateau
 - Patella
 - Medial/lateral patellar facet
 - Tibial tubercle
 - Joint line
- Lateral compartment
 - Bones
 - Fibular Head
 - Femoral condyle
 - Ligaments
 - · Lateral collateral Ligament (LCL)
 - Iliotibial band
 - Iliotibial band bursae





- Medial compartment
 - Bones
 - Femoral condyle
 - Tibial plateau
 - Ligaments
 - Medial collateral ligament (MCL)
 - Patellofemoral ligament
 - Tendons
 - Pes anserine
 - Pes anserine bursae
- Posterior compartment
 - Tendons
 - Hamstrings
 - Popliteal fossa

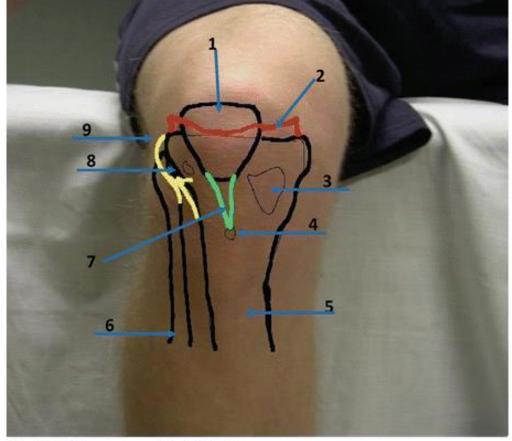




Anterior Compartment

- Tendons
 - Quadriceps
 - Patellar
- Bones
 - Tibial plateau
 - Patella
 - Medial/lateral patellar facet
 - Tibial tubercle
- Joint line





1 - Patella 2 - Meniscus

3 - Pes Anserine (Sartorius, Gracilis, semitendinosus muscles all insert here)

4 - Tibial Tuberosity (Patellar tendon inserts here)

5 - Tibia 6 - Fibula

7 - Patellar Tendon 8 - Gerdy's Tubercle (Iliotibial tract inserts here)

9 - Superficial Perone al Nerve

Lateral Compartment

- Bones
 - Fibular Head
 - Femoral condyle
- Ligaments
 - Lateral collateral Ligament (LCL)
- Iliotibial band
- Iliotibial band bursae





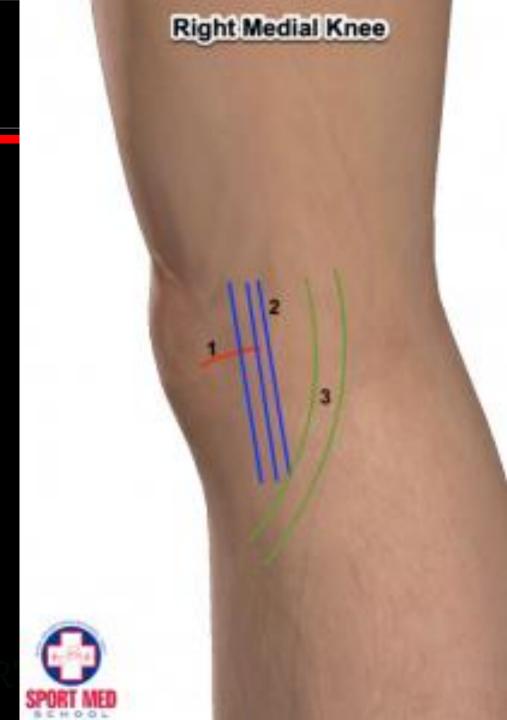


Medial Compartment

- Bones
 - Femoral condyle
 - Tibial plateau
- Ligaments
 - Medial collateral ligament (MCL)
 - Patellofemoral ligament
- Tendons
 - Pes anserine
- Pes anserine bursae

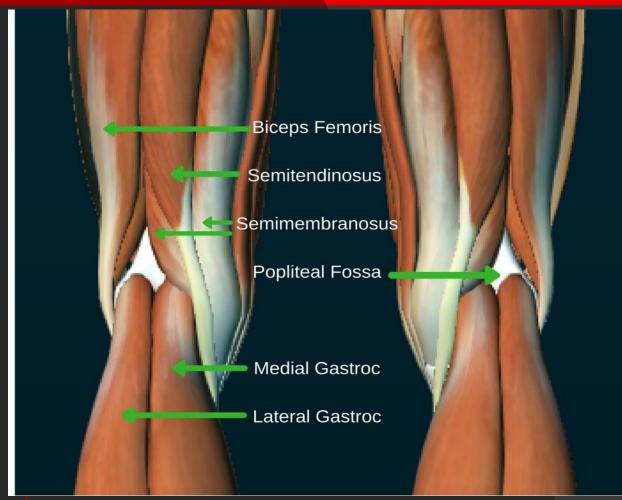






Posterior Compartment

- Muscles/Tendons
 - Hamstrings
 - Gastrocnemious
- Popliteal fossa





SPSRTSMED



Extension Lag

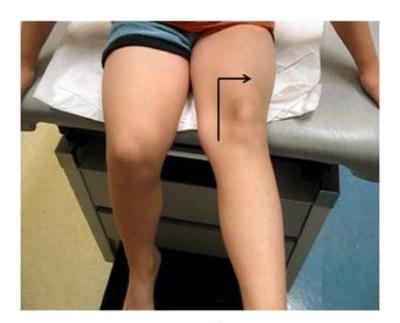
- Patient is in seated position with knee flexed to 90 degrees off edge of examination table
- Patient is asked to extend leg
- Positive test is inability to fully extend leg





J-Sign

- Patient in seated with legs in the dependent position with knee flexed to 90 degrees
- Patient extends leg
- Patella will track laterally as knee begins to move into full extension





Provocative Testing

- Patellofemoral pain
 - Patellofemoral grind test
- Patellar instability
 - Apprehension
- MCL
 - Valgus stress test
- LCL
 - Varus stress test

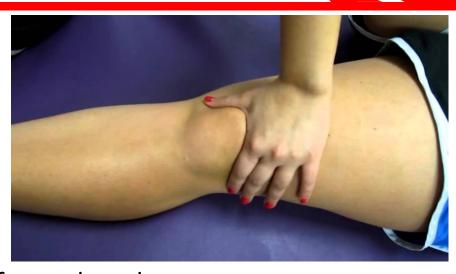
- ACL
 - Lachman's test
- PCL
 - Posterior drawer test
- Meniscus
 - McMurray's
- Iliotibial band
 - Ober's test





Patellofemoral Grind Test

- Patient in a supine position
- Knee in full extension
- Apply direct downward pressure
- Move patella medial to lateral and superior to inferior
- Also ask patient to tighten quadriceps muscle
- Pain with engaging quadriceps muscle consistent with patellofemoral syndrome

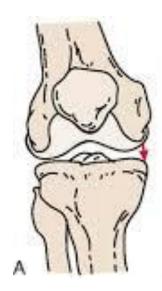






Valgus Stress Test

- Place the knee in 30 degrees of flexion
- Move the knee from side to side
- Check the opening when a valgus stress is applied
- Place the knee in 0 degrees of flexion
- Repeat steps above







Varus Stress Test

- Place knee in 30 degrees of flexion
- Move knee from side to side
- Check for opening when a varus stress is applied
- Place knee in full extension
- Repeat steps above







Lachman's Test

- Patient in supine position
- Bend knee to 20-30 degrees of flexion
- Stabilize femur with one hand, with other hand pull tibia anteriorly and posteriorly against femur
- Feel for a firm endpoint
- Positive test
 - Soft or no endpoint
 - Increased forward movement of the tibia anterior translation
- Modifications
 - Place your flexed leg under knee to stabilize the femur while testing
 - Seated position for patient
 - Patient foot stabilized between legs



Posterior Drawer Test

- Most accurate test for PCL injury
- Place patient in supine position with knee flexed to 90 degrees
- Stabilize the foot
- Push backward on the tibia
- Positive test is when there is posterior translation of the tibia







McMurray's Test

- Lie patient supine and hold the knee in flexion
- One hand is over knee joint while the other hand holds the leg on the plantar aspect of the foot
- Knee is moved from full flexion to extension with the tibia in internal rotation with a varus stress applied to the knee (lateral meniscus) or in external rotation with a valgus stress applied to the knee (medial meniscus)
- Pain or painful clinic as knee is moved from flexion to extension in either internal or external rotation
- Tibia traps the meniscus between the femoral condyle and the tibia





Knee Exam Practice

Knee Exam Highlights

- Use history and/or mechanism of injury to focus exam
- Inspection
 - Quad bulk
 - Need to have knee in full extension to assess for small knee effusion
- Palpation
 - Anterior patella (facets), quad/patellar tendons, medial/lateral joint line
 - Lateral Gerdy's tubercle, fibular head, tibial plateau, LFC, joint line, LCL, IT band, hamstring tenon bundle
 - Medial tibial plateau, pes anserine, MFC, joint line, MCL
 - Posterior popliteal fossa, medial/lateral hamstring bundles, gastrocnemius
- Functional tests
 - ROM, strength, J-sign (patellar tracking), extension lag ACL (effusion) or MCL (no effusion), occasionally patellar dislocation
- Provocative tests
 - Ligaments varus/valgus stress, Lachman's, posterior drawer
 - Patellofemoral pain grind
 - Meniscus McMurray's
 - Apprehension test
 - Ober's IT band
- If nothing hurts to palpation of the knee, make sure you examine the HIP





Inspection

- Gait
- Alignment
- Swelling
- Effusion
- Muscle mass
 - Tibialis muscles
 - Peroneal muscles
 - Gastrocnemious
- Skin Discoloration
 - Bruising
 - Erythema







Palpation

- Anterior
 - Tendons
 - Extensor
 - Ligaments
 - Tibiofibular
 - Muscles
 - Anterior tibialis
 - Bones
 - Tibia
 - Talus
 - Syndesmosis
- Posterior
 - Tendons
 - Achilles
 - Ligaments
 - Posterior tibiofibular
 - Muscles
 - Gastroc/Soleus
 - Bones
 - Tibia
 - Posterior malleolus
 - Calcaneus



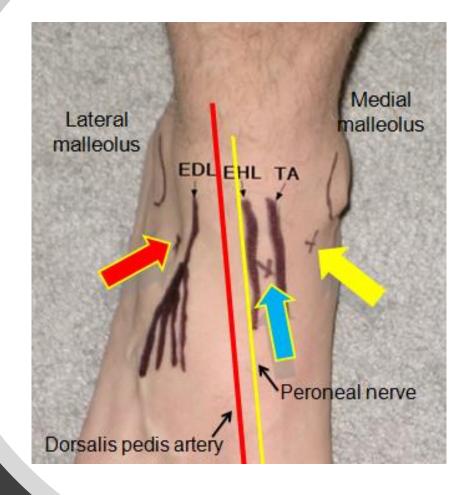
- Tendons
 - Tibialis
- Ligaments
 - Deltoid ligament
- Muscles
 - Tibialis
- Bones
 - Tibia
 - · Medial malleolus
- Lateral
 - Tendons
 - Peroneal
 - Ligaments
 - Anterior talofibular (ATFL)
 - Calcaneofibular (CFL)
 - Posterior talofibular (PTFL)
 - Muscles
 - Peroneal
 - Bones
 - Fibula
 - Lateral malleolus
 - Base of the 5th metatarsal





Anterior

- Tendons
 - Extensor
- Ligaments
 - Tibiofibular
- Muscles
 - Anterior tibialis
- Bones
 - Tibia
 - Talus
- Syndesmosis







Posterior

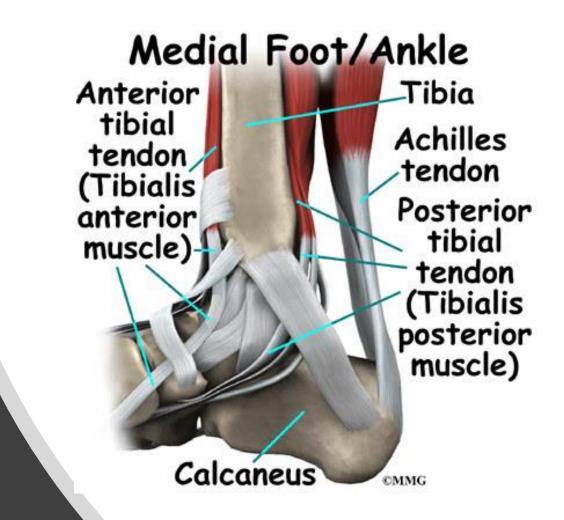
- Tendons
 - Achilles
- Ligaments
 - Posterior tibiofibular
- Muscles
 - Gastroc/Soleus
- Bones
 - Tibia
 - Posterior malleolus
 - Calcaneus





Medial

- Tendons
 - Tibialis
- Ligaments
 - Deltoid ligament
- Muscles
 - Tibialis
- Bones
 - Tibia
 - Medial malleolus





SPSRTSMED

Lateral

- Tendons
 - Peroneal
- Ligaments
 - Anterior talofibular (ATFL)
 - Calcaneofibular (CFL)
 - Posterior talofibular (PTFL)
- Muscles
 - Peroneal
- Bones
 - Fibula
 - Lateral malleolus







Functional Testing

- Range of Motion
 - Active
 - Passive
- Strength Testing
- Proprioception
- Single leg hop



Provocative Tests

- Anterior Drawer Test
- Talar Tilt
- Eversion Stress Test
- Squeeze Test



Anterior Drawer Test

- Patient sitting in dependent leg position with knee at 90 degrees
- Ankle flexed to 90 degrees
- Stabilize the anterior tibia with the heel of one hand just proximal to the ankle joint with fingers extending around to medial tibia
- Other hand on plantar aspect of heel with fingers wrapping around posterior heel
- Pull anteriorly with the hand holding the calcaneus while also pushing posteriorly with the hand stabilizing the tibia







Talar Tilt

- Patient sitting in dependent leg position with knee at 90 degrees
- Ankle flexed to 90 degrees
- Stabilize the anterior tibia with the heel of one hand just proximal to the ankle joint with fingers extending around to medial tibia
- Other hand on plantar aspect of heel with fingers wrapping around posterior heel
- Move ankle side to side to assess for increased motion in inverted position







Eversion Stress Test

- Patient is seated, but may be lying as well
- Knee is flexed to 90 degrees
- Stabilize tibia with one hand and hold the calcaneus with the other
- Keep ankle in a neutral position and apply an abduction force to the calcaneus
- Pain over the deltoid ligament is considered positive



Squeeze Test

- Squeeze tibia and fibula in middle of lower leg
- If syndesmotic injury is present, patient will have pain over the distal leg pain over the interosseous ligament





Ankle Examination Practice

Ankle Exam Highlights

- Use history and/or injury mechanism to focus exam
- Inspection
- Palpation
 - Anterior syndesmosis, anterior tibiofibular ligament, talus, extensor tendons
 - Lateral ATFL, CFL, PTFL, peroneal tendon, fibula (physis), lateral malleolus, base of the 5th metatarsal
 - Medial deltoid, medial malleolus, anterior/posterior tibialis tendons
 - Posterior Achilles
- Functional testing
 - ROM, strength, proprioception (common reason for recurrent ankle sprains), single leg hop (return to play)
- Inversion mechanism → sprains and strains
 - Lateral stability ligamentous
- Eversion mechanism → increased risk of fracture
 - Bone stability due to fibula longer than tibia
- Provocative tests
 - Anterior drawer
 - Talar tilt
 - Eversion stress test
 - Squeeze test



References

- 1. Larkins LW, Baker RT, Baker JG. Physical Examination of the Ankle: A Review of the Original Orthopedic Special Test Description and Scientific Validity of Common Tests for Ankle Examination. Arch Rehab Research Clin Translation 2020; 2(3).
- Malanga GA, Andrus S, Nadler SF, McLean J. Physical examination of the knee: a review of the original test description and scientific validity of common orthopedic tests. Arch Phys Med Rehabil 2003;84:592-603
- 3. Orndorff DG, Hart JA, Miller MD. Physical Examination of the Knee. Curr Sports Med Reports 2005;4(5):243-248.

