KNEE ORTHOPEDIC EXAMS

BOUNCE HOME: With the patient supine, the examiner lifts the heel and passively flexes the knee, then allows the knee to drop into extension.
(+) knee fails to fully extend smoothly, stopping short or giving a rubbery/springy resistance
DDx: meniscal tear

PATELLA APPREHENSION: Patient supine and knee slightly flexed, the examiner gently pushes the patella laterally.
(+) patient shows apprehension, resists maneuver, or reports sensation of dislocation
DDx: patellar instability, patellar dislocation

PATELLA GRIND: With the patient supine and knee extended, the examiner presses down on the patella and instructs the patient to contract their quadriceps muscles.
(+) pain or grinding sensation beneath patella
DDx: chondromalacia patella, patellofemoral pain syndrome

VARUS STRESS TEST: With the patient supine, the examiner flexes the knee to about 20-30 degrees, stabilizes the thigh with one hand, and applies a **varus (inward)** force to the distal tibia.
(+) increased pain
(+) lateral joint gapping
DDx: LCL tear/sprain

VALGUS STRESS TEST: With the patient supine, the examiner flexes the knee to about 20-30 degrees, stabilizes the thigh with one hand, and applies a valgus (outward) force to the distal tibia.
(+) increased pain
(+) medial joint gapping
DDx: MCL tear/sprain

APLEY'S DISTRACTION: Patient prone and knee flexed to 90 degrees, the examiner stabilizes the thigh with their knee or hand, grasps the patient's ankle, and applies upward traction force while rotating tibia internally & externally.
(+) increased pain or laxity
DDx: ligament injury

ANTERIOR DRAWER: With the patient supine and knee flexed to 90 degrees, the examiner stabilizes the foot (often by sitting on it) and pulls the tibia forward with both hands around the proximal tibia.
(+) excessive forward tibial movement on femur
DDx: ACL tear

LACHMAN'S: With the patient lying supine and their knee flexed about 20-30 degrees, the examiner stabilizes the distal femur with one hand and pulls the proximal tibia forward with the other.
(+) excessive forward tibial translation
DDx: ACL tear

POSTERIOR DRAWER: With the patient lying supine and knee flexed to 90 degrees, the examiner stabilizes the foot (often by sitting on it) and pushes the proximal tibia posteriorly.
(+) excessive forward tibial movement on femur
DDx: PCL tear

MCMURRAY'S: Patient lying supine, the examiner flexes the hip and knee fully, then applies rotation to the tibia while extending the knee. External rotation stresses the medial meniscus. Internal rotation stresses the lateral meniscus.
(+) palpable or audible clicking
DDx: meniscus injury

APLEY'S COMPRESSION: With the patient lying prone and knee flexed to 90 degrees, the examiner presses downward on the heel, applying an axial load through the tibia while internally and externally rotating it.
(+) pain, clicking, grinding
DDx: meniscus injury

PATELLA BALLOTTEMENT: With the patient supine and knee extended, the examiner applies downward pressure above the patella to push fluid into the joint, and then presses the patella toward the femur.
(+) floating patella over knee joint
DDx: knee joint effusion, bursitis

MEDIOPATELLA PLICA: With the patient supine and knee flexed to about 30 degrees, the examiner presses the patella medially with the thumb to pinch the medial plica between the patella and femoral condyle.
(+) medial patella pain or clicking
DDx: medial plica syndrome

THESSALY'S: With the patient standing on one leg and the knee flexed to about 20 degrees, the examiner supports the patient's hands while the patient rotates their body and knee internally and externally.
(+) increased pain
DDx: meniscal tear