

Knee Exams

Tests for Menisceal Tear

Joint line tenderness: patient supine, knee flexed at 90, palpate soft spot between femur / tibia

McMurrays: patient supine, hip flexed, knee parallel with floor, hold patella joint line, apply valgus + internal tibial rotation and varus + external tibial rotation; positive is pain or clicking

Apley grind: patient is prone, knee flexed at 90, apply force onto knee with both internal and external rotation of tibia while moving through ROM; positive is pain or clicking

Tests for ACL / PCL Pathology

Lachman: patient supine, grasp distal femur and proximal tibia, apply anterior force on tibia; positive is excessive translation / absence of firm end point (ACL)

Anterior drawer: patient supine, flex knee at 90, sit on foot for stability, apply anterior force on tibia; positive is excessive translation (ACL)

Posterior drawer: patient supine, flex knee at 90, sit on foot for stability, apply posterior force on tibia; positive is excessive translation (PCL)

Knee Exams (cont)

Tests for MCL / LCL Pathology

Valgus stress: patient supine, knee flexed at 0 or 30, hold ankle with one hand and support thigh with other hand, apply valgus force; positive is pain / excessive gapping (MCL)

Varus stress: patient supine, knee flexed at 0 or 30, hold ankle with one hand and support thigh with other hand, apply varus force; positive is pain / excessive gapping (LCL)

Shoulder Exams

Tests for Impingement

Neers: pronate arm, passively flex it upward; positive is pain reported

Hawkins: flex arm at 90, internally rotate elbow, forcibly internally rotate humerus; positive is pain reported

Painful arc: abduct arm in full arc; positive is pain in the 60 - 120 degree area (not more or less)

Tests for Labral Pathology

O'Brian's: arm flexed at 90, abducted at 15, test flexion against external then internal rotation; positive is pain with external and relief with internal / clicking

Shoulder Exams (cont)

Crank: abduct arm to 90, apply pressure into the GH joint while internally rotating / externally rotating; positive is pain or clicking

Speed's: arm flexed at 90, supinated, resist further flexion; pain is positive (also tests biceps tendon)

Tests for Biceps Tendon Pathology

Yergason's Test: arm at side, pronated, elbow at 90, resist patient supinating / externally rotating arm; positive is pain / clicking in bicipital groove

Also see: Speed's test

Tests for Rotator Cuff

Pathology

Empty Can: flex arm to 90, abduct to 30, full internal rotation; tests supraspinatus tear / strain

Lift Off: dorsum of hand against lower back, resists against examiner; tests subscapularis tear / strain

Drop Arm: abduct arm over head, watch for lack of smooth descent; tests supraspinatus tear

Infraspinatus test: elbow at 90, patient externally rotates against you; positive is pain / weakness

Wrist Tests

Tests for Carpal Tunnel

Durkin's: press thumbs over carpal tunnel for 30 seconds; positive is reproduction of symptoms in median pattern (most sensitive)

Tinel's: tap fingers over carpal tunnel; positive is reproduction of symptoms in median pattern

Phalen's: patient maintains maximal palmar flexion for 1 minute; positive is reproduction of symptoms in median pattern

Tests for de Quervain's Tenosynovitis

Finkelstein's: patient puts thumb in fist and ulnarly deviates wrist; positive is pain in area of 1st extensor compartment

Back Tests

Tests for Lumbar Nerve Root Impingement

Straight leg: patient supine, raise leg up passively, may dorsiflex foot to accentuate; radicular leg pain below the knee reproduced at 30 - 70 degrees indicates disc herniation (at lower / higher degrees may have different meanings)

Crossed straight leg: as straight leg, but unaffected is lifted and symptoms appear on affected side; very specific, less sensitive



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Back Tests (cont)

Reverse straight leg: as straight leg, but patient is prone, and detects defect at L1 - L4

Tests for Hip / SI Joint Pathology

Patrick / Fabere: hip externally rotated, ipsilateral knee flexed at 90 and placed on opposite knee, examiner applies pressure; positive is hip / buttock pain

Trendelenberg sign

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