

Assessment of the Knee

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The Knee

- Evaluation
- Diagnosis
- Treatment Plan
- Return to Sport Plan

Region: Lower Limb (Right)



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Course Objectives



- Anatomical features of the knee subjected to injury
- Mechanism of injury for pertinent structures
- Evaluation protocols for injury to the knee
- Injury assessment skills
- Functional mechanisms in injury
- Physiotherapy protocols in injuries to the knee
- Return to sport plan post knee injury

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The Medial Knee Ligaments




Medial Collateral Ligament
-Valgus Force Injury
- Valgus Stress Test in 0 and 30°

Medial Patellofemoral ligament. - Sprain or rupture in the instance of patella subluxation/dislocation



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Region: Lower Limb (Right)



The Lateral Knee Ligaments


- Lateral Collateral Ligament
 - Injury occurs as a result of a varus force to the knee
 - Test- Varus Stress Test

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Lateral collateral ligament

Medial collateral ligament

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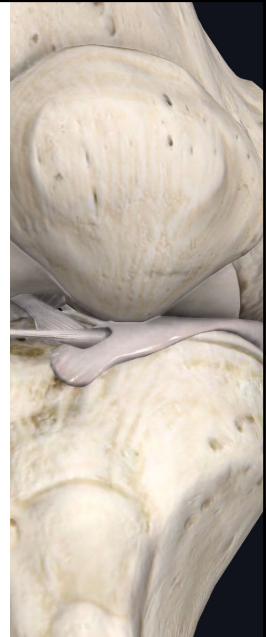
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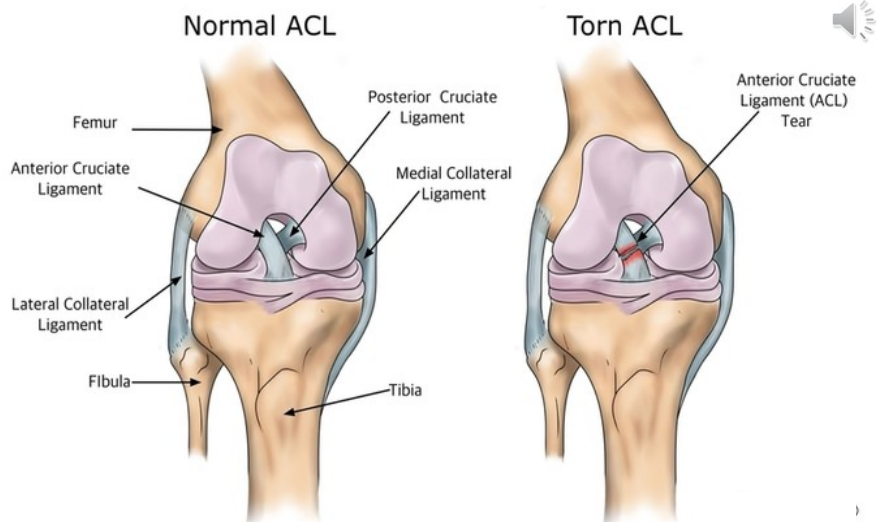
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Anterior Cruciate Ligament

- ACL- prevention of anterior tibial translation on the femur
 - Contact and non-contact injuries
- Foot planted and flexed knee with internal rotation of the tibia
- Making sure to look at mechanics in the instance of non-contact rupture



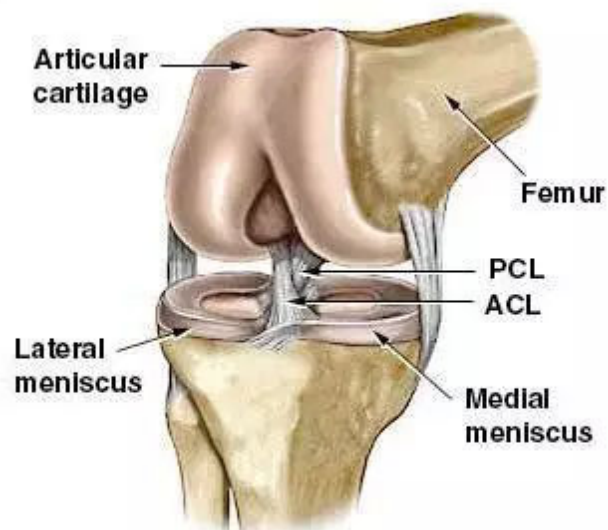
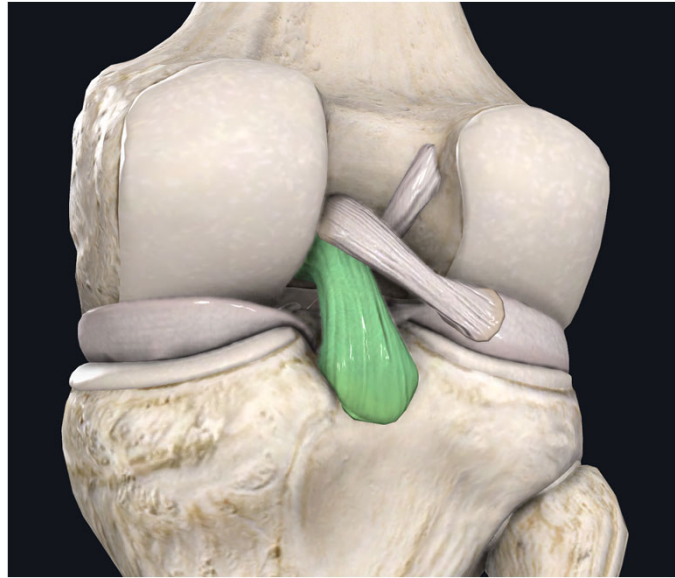
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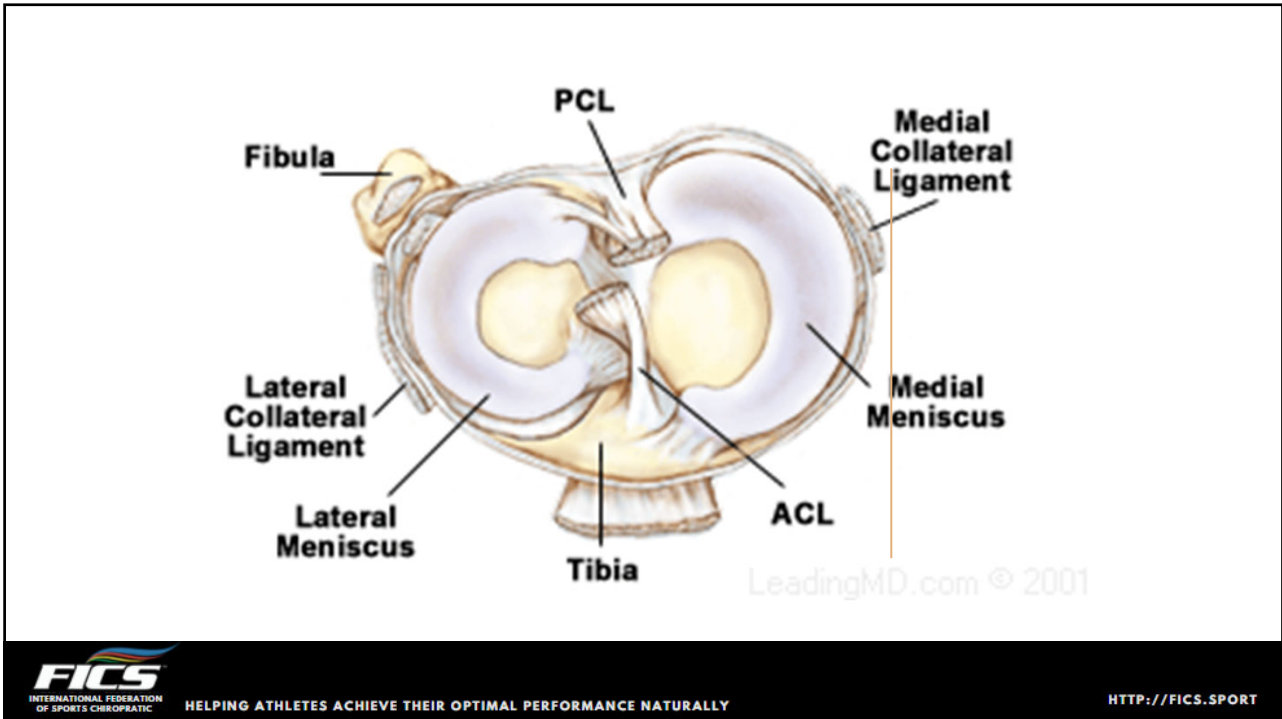


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Posterior Cruciate Ligament

- Mechanism of Injury-
Hyperextension of the knee
- Tests: Posterior Sag Sign





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Menisci of the Knee

– Injured in the instance of knee flexion and rotation

The medial menisci has an association with the medial collateral ligament

Most frequently torn in the posterior medial aspect

Complete Physio
Meniscal Tear - Have You Torn Your Meniscus? View

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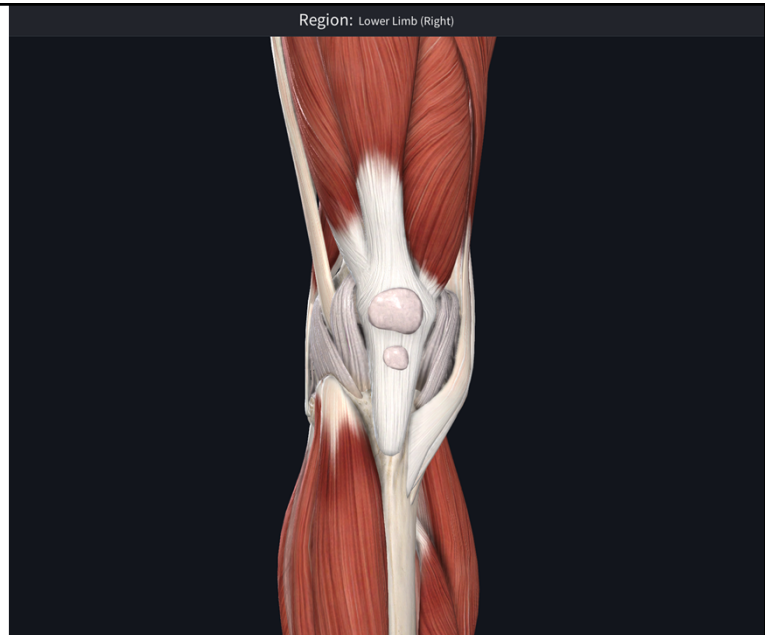
Medial and Lateral Meniscus

- Tests
 - McMurray's Test
 - Thessaly's Test
 - Apley's Test




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The Knee Muscular Layer



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TIBIAL COLLATERAL LIGAMENT (RIGHT)

The Medial Knee Musculotendinous Region


- Sartorius
- Gracilis
- Semitendinosus
- Semimembranosus

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The Lateral Knee Musculotendinous Region

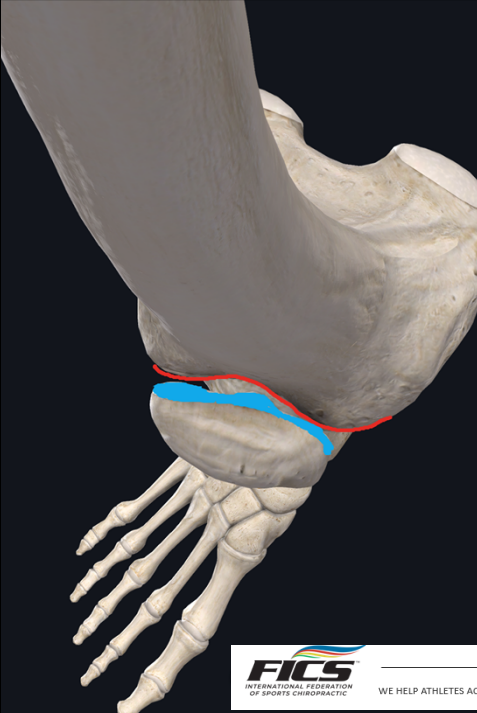
- ITB
- Vastus Lateralis
- Biceps Femoris
- Anterior Tibialis
- Extensor Digitorum Longus

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Patellofemoral Articulation

- The most common of ALL Sports and Non-Sports Injuries
- Understand the Conformation, Faults Patterns and the Mechanisms of Injury




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THE PATELLOFEMORAL ARTICULATION






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Isolate Mode: Iliotibial Tract (Right)

The Iliotibial Band

- Mechanism of Injury
- Faulty Pelvic Alignment
- Footwear
- Terrain of Activity
- Biomechanical Fault



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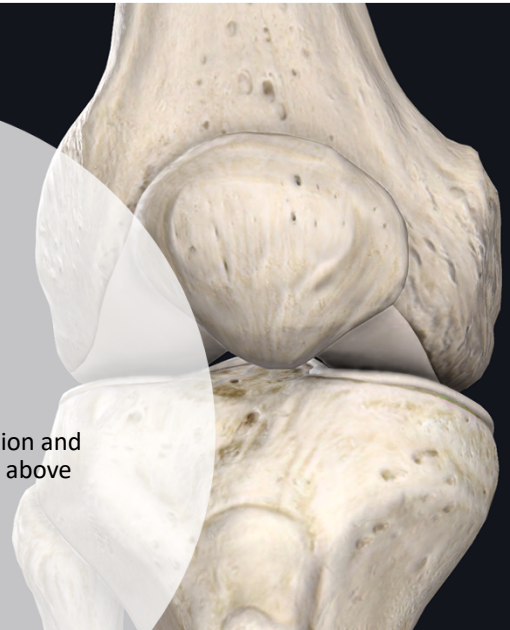
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THE KNEE

- Looking at the structure, function and the biomechanics of the joints above and below the knee.





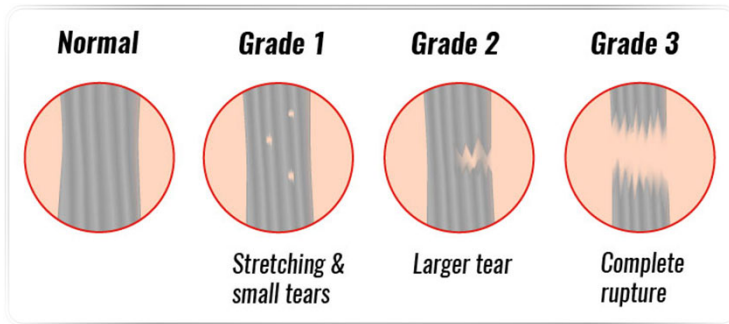
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What is your diagnosis?



- Grades of Ankle Sprains
- Grade 1-
- Grade 2-
- Grade 3-
- *What ligament(s) are affected



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The graphic features a magnifying glass focusing on the word 'CASE' within the larger text 'CASE STUDY'. The background has a subtle pattern of concentric circles.

Case Study



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What is the First and Most Important Aspect of the Patient Encounter

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17-Year-old Female reports with left knee pain and swelling

- **Onset of symptoms** was while playing soccer. She reports that she was running to get the ball and pivoted on the left leg to move quickly to the right. She does not recall getting tackled or being near any other players at the time of the injury. She does reports feeling a “pop” in the knee when she felt pain.

-Questions regarding grading severity of injury

- Where you able to continue to play the rest of the game or practice?
- Did it swell or bruise

Gather Facts

- She has a history of right ACL rupture and surgical repair, roughly 1 year ago.

She reports that she completed 9 months of rehab and was released to play.

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What is your plan?

- Exam procedure to adequately assess the knee based on the mechanism of injury and complaint



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What are your thoughts?

- What orthopedic tests should be included in the exam
- What functional exam should be included to assess the knee
- What is your plan?



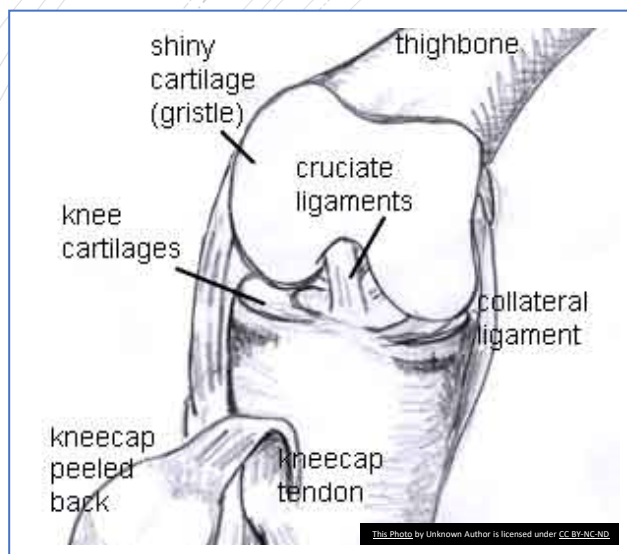
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Girth Measurements and the knee exam

- Measurement of the lower extremity to assess the status and chronicity of injury.
- Measure in three locations
 - 1. Mid joint
 - 2. 3" suprapatellar
 - 3. 6" suprapatellar



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The Exam Procedure

- Understand the MOI
- What are the predisposing factors
- Functional Assessment
- Inspection & Palpation
- ROM- Active
- MMT
- ROM – Passive
- Special Testing
- Neurovascular
- Imaging
- Referral

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Active ROM of the Knee

- 0°- 135° of knee flexion



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Orthopedic Testing of the Knee



- **Valgus Stress Test –MCL**
- Perform at 0° and 30°
- Diagnostically accurate at 86-96% sensitive at 30 °

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Varus Stress Test

- Test at 0°



Valgus Stress Test at 30°

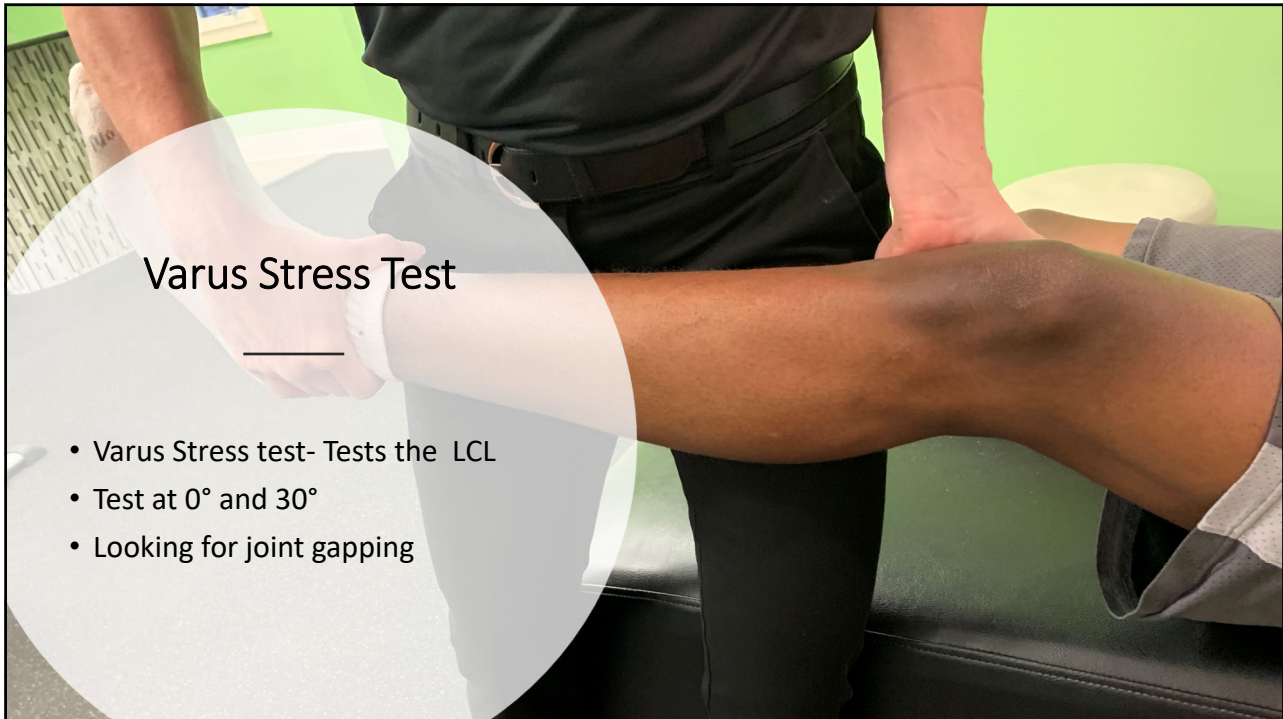


More gapping is noted
at 30 degrees in an
MCL sprain



Can pick up a less
severe sprain






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Meniscus Tests

- McMurray's Test
- Thessaly's Test
- Understanding the accuracy of meniscus testing

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ACL Tests

- Lachman's Test
- Anterior Drawer
- Pivot Shift

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Anterior Drawer Test

Assessment of the ACL

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PCL Tests

- Posterior Sag Test (Sign)

• OrthoBullets.com



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Evaluation Findings

- Positive 1"+ edema around the mid joint line of the left knee
- Symmetry within ¼ of an inch at both 3" and 6" suprapatellar when compared bilaterally
- Medial joint line tenderness
- Pain with Valgus stress at 30°
- Negative Varus Stress at both at 0° and 30°
- McMurray's test Positive for Pain and Clicking at the joint line
- Positive Anterior Drawer Test
- Negative Posterior Drawer Test
 - What is your Differential DX?

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What is Your Differential Diagnosis

- **"The Unhappy Triad"**
- Anterior Cruciate
- Medial Meniscus
- Medial Collateral Ligament



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ACL Research

• **CONCLUSIONS**

- The results of this prospective case–control study indicate an increased rate of second ACL injury (contralateral or graft re-tear) in the first 12 months after ACLR and RTS when compared with a healthy referent population in pivoting and cutting sports, especially for female athletes. Although we recommend additional research to support our findings, our data provide early evidence for the reexamination of current protocols for end-stage rehabilitation and RTS guidelines after ACLR.

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Incidence of Contralateral and Ipsilateral Anterior Cruciate Ligament (ACL) Injury After Primary ACL Reconstruction and Return to Sport

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Abstract
Objective—Incidence rate (IR) of an ipsilateral or contralateral injury after anterior cruciate ligament reconstruction (ACLR) is unknown. The hypotheses were that the IR of anterior cruciate ligament (ACL) injury after ACLR would be greater than the IR in an uninjured cohort of athletes and would be greater in female athletes after ACLR than male athletes.
Design—Prospective case-control study.

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 The authors report no conflicts of interest.

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What is your plan

- Wrap or tape
- Brace
- Imaging
- Referral

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Post Surgical Repair

- Medial Meniscus
- ACL reconstruction




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Case Study

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35-year-old Male with a History of Cerebral Palsy

- -Acute left knee pain after tripping while walking.
- -Prior history of left meniscus repair 1 year ago

What is your Evaluation Plan

- What is your plan?
- What structures are you looking at specifically?
- What you may see differently in this patient?
- Will you alter your exam?





KNEE EVAL



- Observe the muscle symmetry, edema, ecchymosis or deformity
- Quad firing synchronicity (VMO first)
- Patellar mobility and tracking
- Girth Measurements (Bilateral Comparison)
- Lachman's
- ROM
- McMurray's
- Pivot Shift
- Bounce Home
- Valgus/Varus (0 and 30 degrees of flexion)
- Drawer
- MMT the LE (Popliteus too!)
- Palpate all structures
- Thessaly's



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Examination Findings

- Negative Valgus/Varus
- Negative Anterior Drawer
- Negative Posterior Sag
- Rom limited into flexion due to apprehension
- General edema around the knee
- Pain to palpation over the medial patellar border and medially
- Patient is ambulating but with a straight leg and with pain.



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What is your treatment plan for the day

- WHAT IS YOUR TREATMENT PLAN FOR THE WEEK
- WHAT ABOUT TRAINING CONSIDERATIONS



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THOUGHTS

- DOES YOUR EVAL ADD UP TO THE REPORTS OF PAIN
- DOES YOUR EVAL EXPLAIN THE INJURY
- DOES YOUR EVAL ANSWER THE .. WHY

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S/P SURGICAL

- What to look for
- What are the protocols for each procedure



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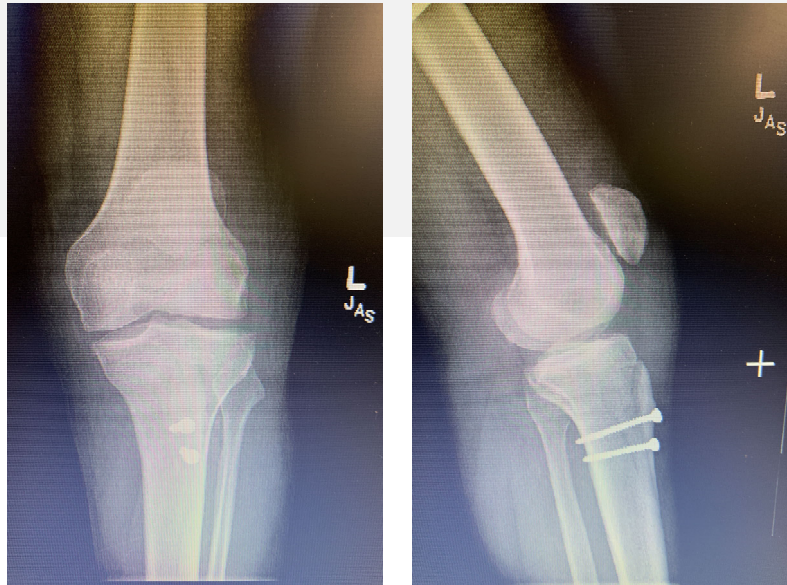
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Post Surgical Inspection

- What do we look for and why

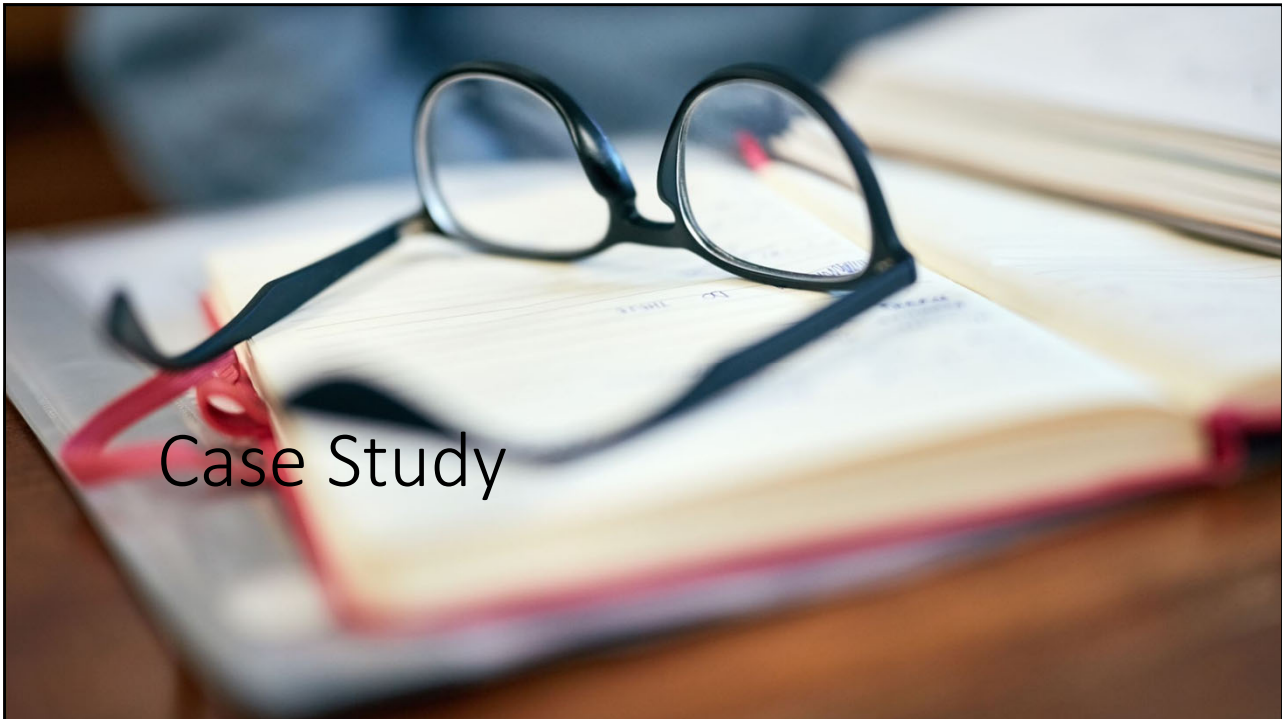


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- What should be happening in care at this stage.
- What are the doctor's protocols?
- ROM restrictions and why
- Surgical site healing

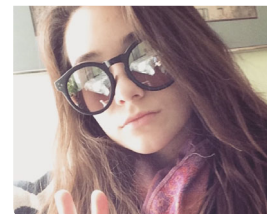
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Patient reports with increase right knee pain with activities

- 35-year-old female runner reports with a history of 1 year of increasing right knee pain
- She admits that the knee was drained about 9 months ago
- injected with cortisone with minimal effect
- She has swelling, locking and loss of flexion



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What do I evaluate?



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KNEE EVAL

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- Lachman's
- ROM
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- Valgus/Varus (0 and 30 degrees of flexion)
- Drawer
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- Palpate all structures
- Thessaly's

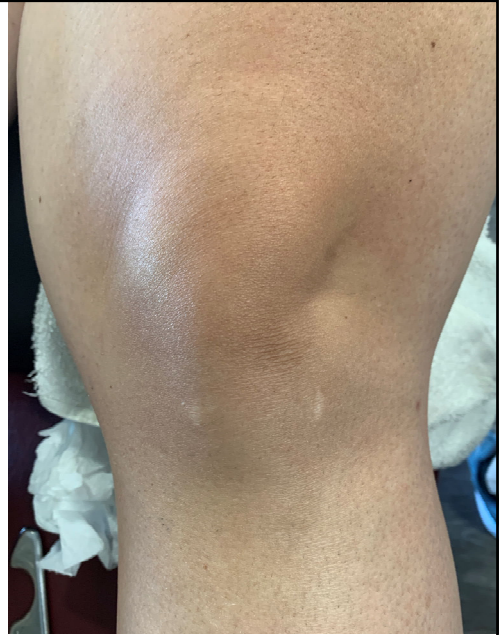
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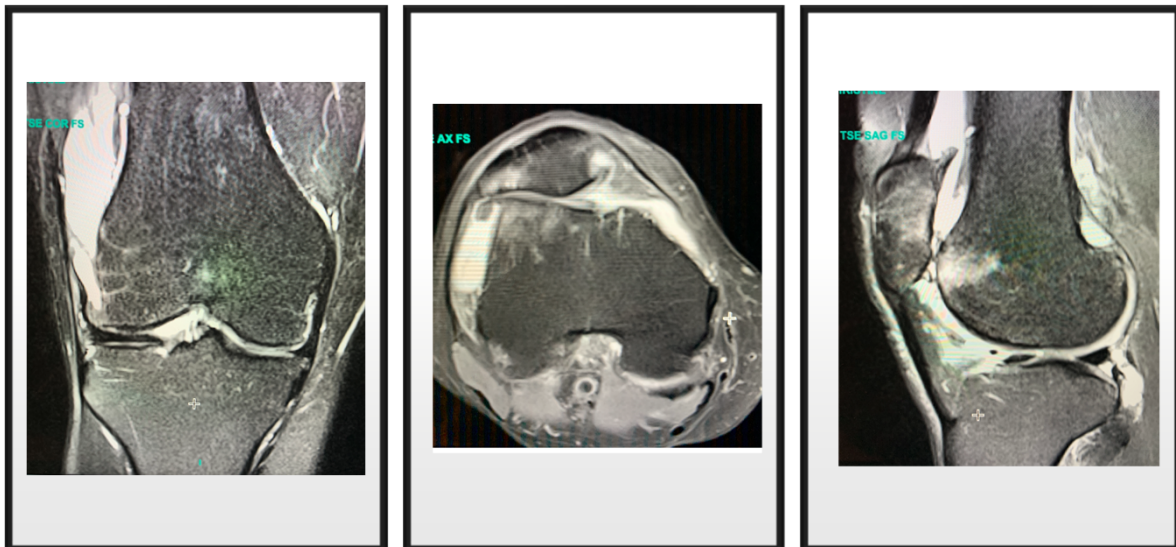
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Eval Findings

- Negative Valgus/Varus stress test
- Negative Anterior Drawer test
- Negative Lachman's test
- Some mild pain with McMurray's test
- Negative Bounce Home
- Some pain at extreme flexion
- Positive Patellar Grind test



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Research in the Management of Patellofemoral Pain

- One of the most common musculoskeletal complaints amongst athletes and nonathletes.
- Treatment Strategies should include offloading the knee

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Position Statement

National Athletic Trainers' Association Position Statement: Management of Individuals With Patellofemoral Pain



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Objective: To present recommendations for athletic trainers and other health care providers regarding the identification of risk factors for and management of individuals with patellofemoral pain (PFP).

Background: Patellofemoral pain is one of the most common knee diagnoses; however, this condition continues to be one of the most challenging to manage. Recent evidence has suggested that certain risk factors may contribute to the development of PFP. Early identification of risk factors may allow clinicians to develop and implement programs aimed at reducing the incidence of this condition. To date, clinicians have

used various treatment strategies that have not necessarily benefited all patients. Suboptimal outcomes may reflect the need to integrate clinical practice with scientific evidence to facilitate clinical decision making.

Recommendations: The recommendations are based on the best available evidence. They are intended to give athletic trainers and other health care professionals a framework for identifying risk factors for and managing patients with PFP.

Key Words: anterior knee pain, patella, risk factors, therapeutic exercise, hip musculature, quadriceps strength

Patellofemoral pain (PFP) is one of the most common knee conditions in patients presenting to orthopaedic practices.^{1,2} Although frequently seen in a wide range of populations, PFP is particularly prevalent in younger people who are physically active.³⁻⁷ In addition, females are reported to be at higher risk for the development of PFP than males.^{8,9} The significance of PFP is highlighted by the fact that as many as 70% to 90% of individuals with this condition have recurrent or chronic symptoms.^{1,5,10} Interventions for PFP have shown positive short-term outcomes, but long-term clinical outcomes are less compelling.^{10,11} The apparent lack of long-term success in treating this condition

and involves an intricate interplay of anatomical variations and biomechanical abnormalities.¹²

The purpose of this position statement is to present recommendations for health care providers regarding the identification of risk factors and management of PFP. The recommendations outlined here represent the best available evidence to date. Continued research is necessary to refine these recommendations and to advance our understanding of this complicated condition.

The National Athletic Trainers' Association (NATA) suggests the following guidelines to identify risk factors for and manage patients with PFP. The strength of recommendations is based on the Strength of Recommendation (SOR)

What is your plan

- ROM?
- Strength?
- Stability?
- Proprioception

- How do you begin?



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Knee Rehabilitation Protocols

- Understanding where to begin and what are your goals in rehab of ANY extremity
- What is going to be required of that body part and the whole system
- What are your timelines
- **Align your goals with your patients**



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Onset of Rehab

The first goal for the knee to reestablish efficient contraction of the quadriceps



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First Phase of Care Quad Synchronicity and Contractability



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Heel Slides



- Improving ROM
- The benefits of Active ROM



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Beginning Posterior Chain Activation

- The importance of glute activation in functional movement
- Keep in mind the final goal and work in progression to get there



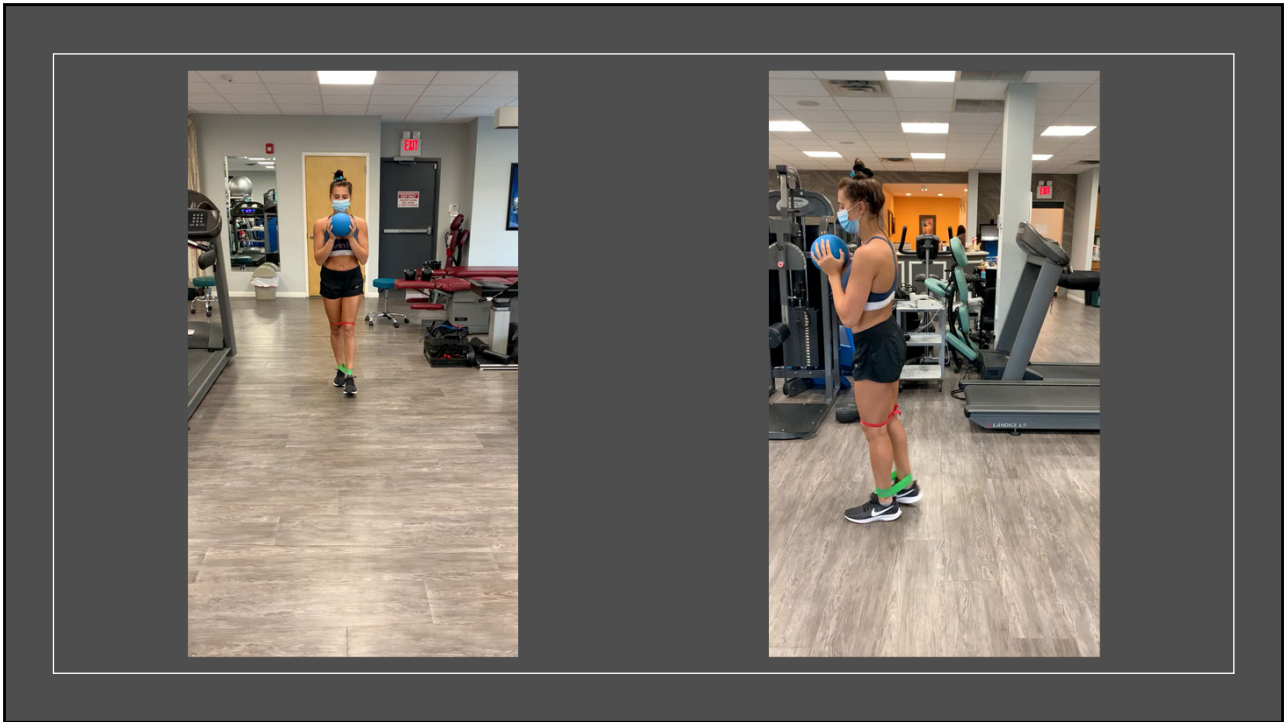
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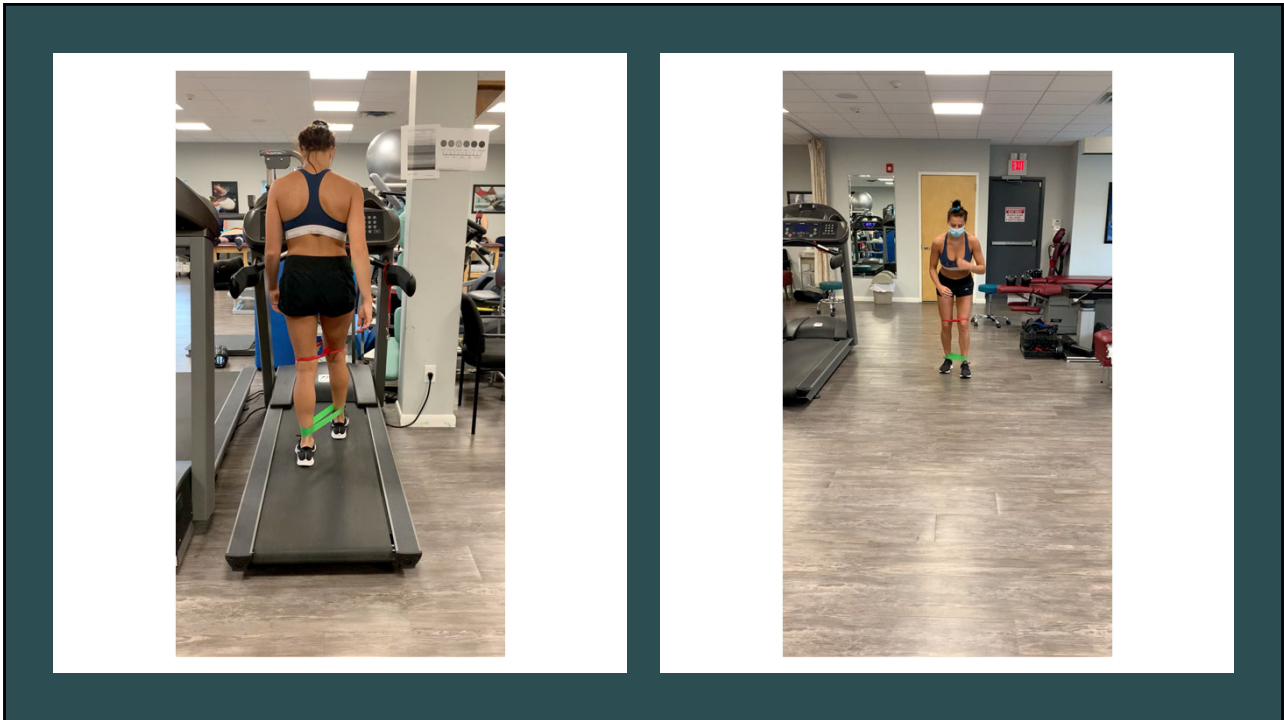
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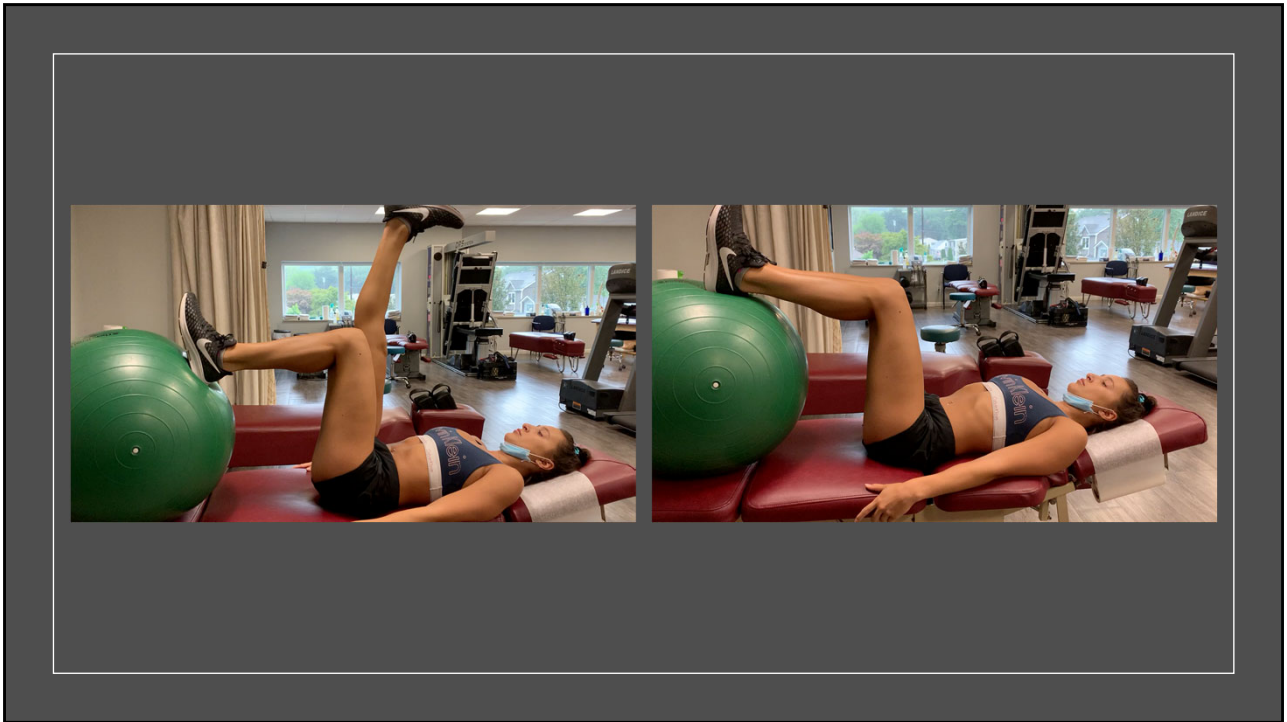
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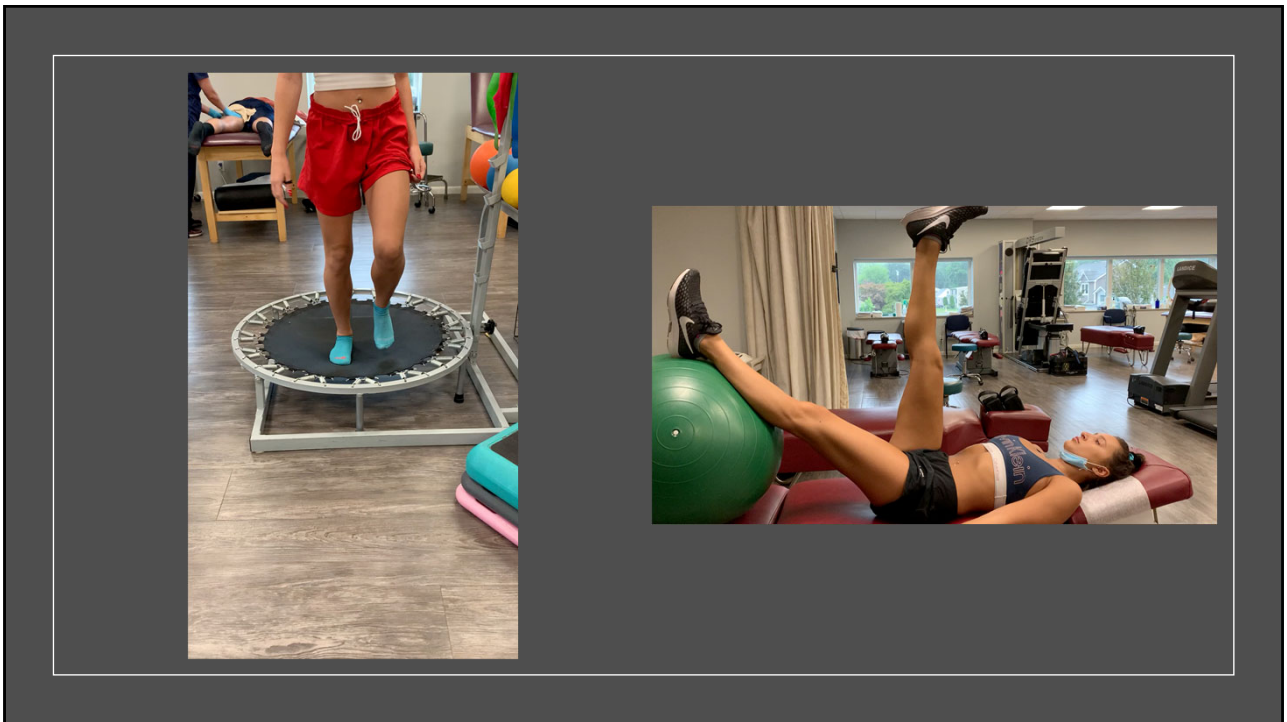
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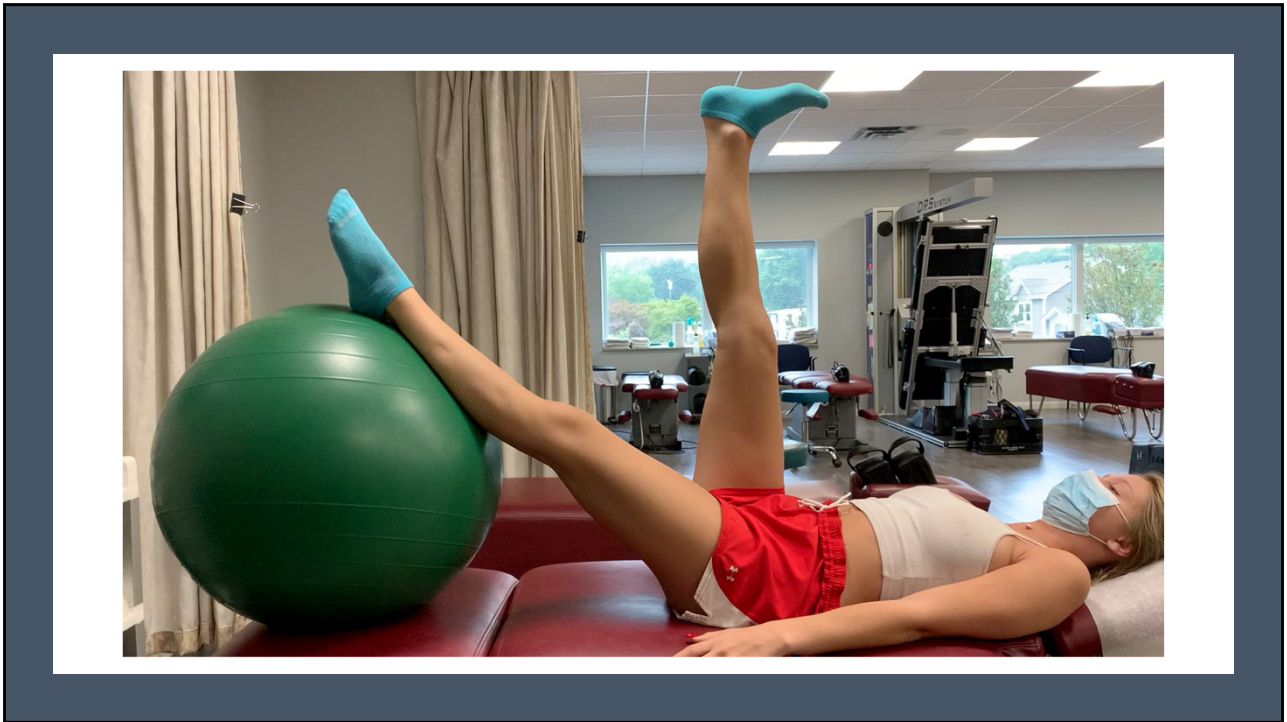
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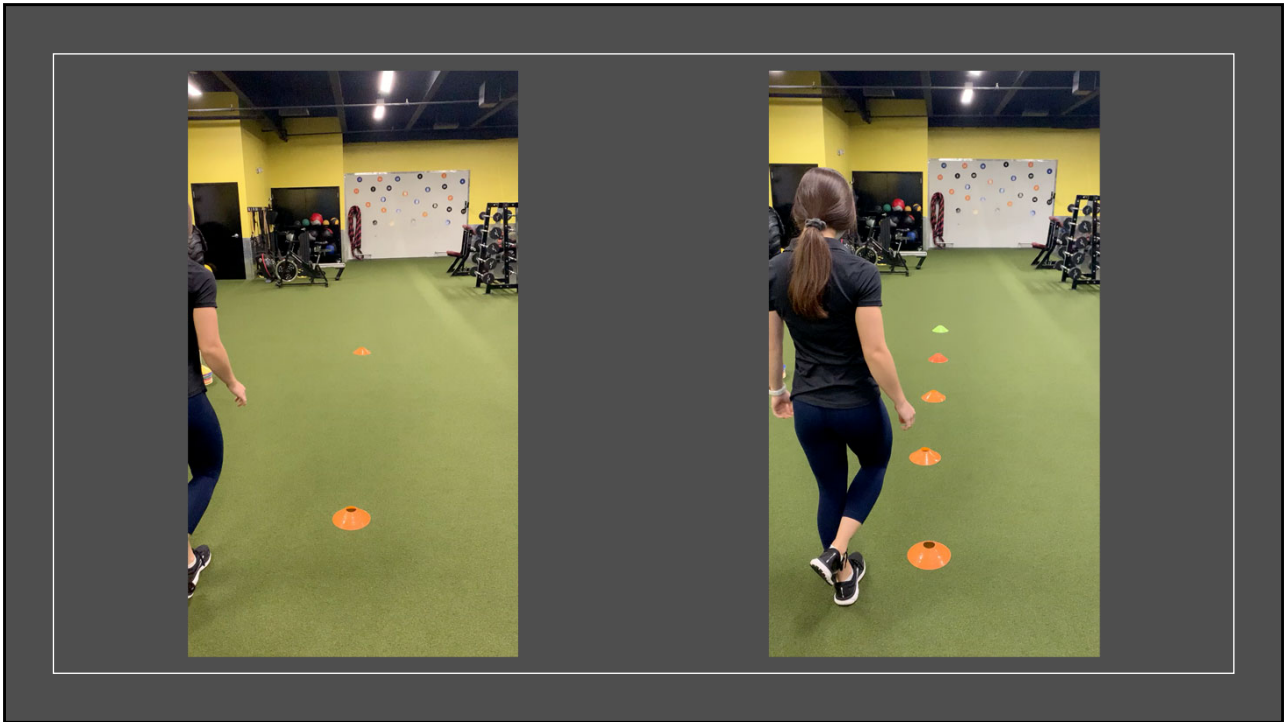
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Gait analysis



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Return to Sport

- CAN THEY WALK WITHOUT A LIMP- ok to start progression in walking there
- CAN THEY RUN WITHOUT A LIMP- OK TO BEGIN SHORT DISTANCE RUNNING TYPE THERE
- SPORTS SPECIFIC THERE AS YOU INCREASE FUNCTION
- Begin with straight movements
- Proprioception
- Strength in the region and globally
- Add in time and intensity
- Continued strengthening plan

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15-year-old Male Lacrosse player

Reports getting "clipped" at last night's game and injured his knee

He reports that the athletic trainer evaluated him on the field

He reports to your office the next morning

What are your first questions??



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The Patient Encounter

Walk through your initial exam

What type of treatment would you do that day

What is your plan



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Parent Considerations



HOW TO EFFECTIVELY COMMUNICATE TO THE PARENTS.



THE BEST BET IS TO BE HONEST AND PUT THE ATHLETE'S BEST INTEREST ABOVE EVERYTHING ELSE.



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Does the Age and Gender of the Athlete Matter?

- What are some considerations for the pediatric athlete
- What are some considerations for the older athlete
- What may be different in the female athlete

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Patterns of Biomechanical Faults or Injury

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PATTERNS OF USE

- How does this paint a picture as to complaint
- Think about how you are going to evaluate the patient based on your findings
- Put the static findings to the test by testing function



The Cascade of Injury



Considerations in Lower Extremity Pathology

- What is the cascade of events that may cause an injury?
- How can you unpeel that injury
- What can you do to prevent that injury from happening again?



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The Reality

- What are the long-term effects of biomechanical faults



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What is your diagnosis



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Foot-Ankle-Leg?




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A word
about
footwear



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Treating Athletes At A Competition

- How do we document our encounter
- How do we communicate effectively with little time
- You may only see the person one time.. Make it count!




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Return to Sports Plan

- What is your measure of readiness?
- How will you progress and return the athlete to play

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Look
beyond the
obvious

Explore all aspects of injury

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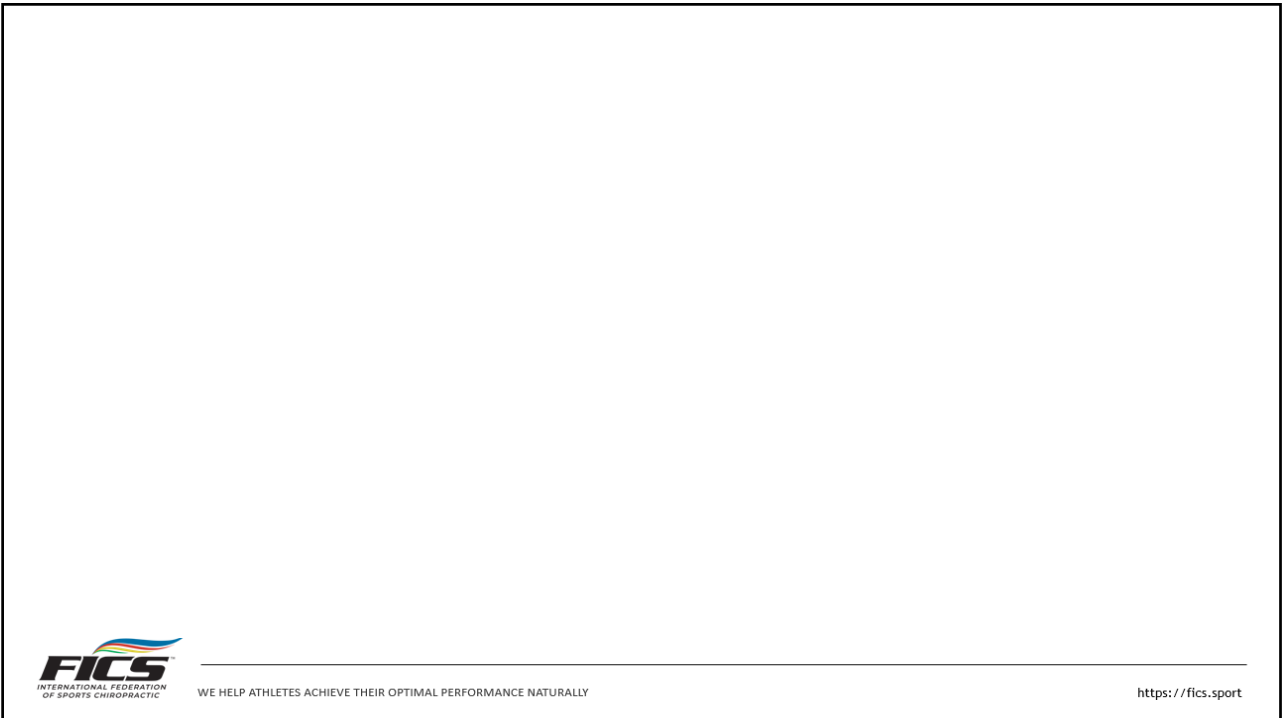


Thank you for your
time and
dedication to this
amazing profession



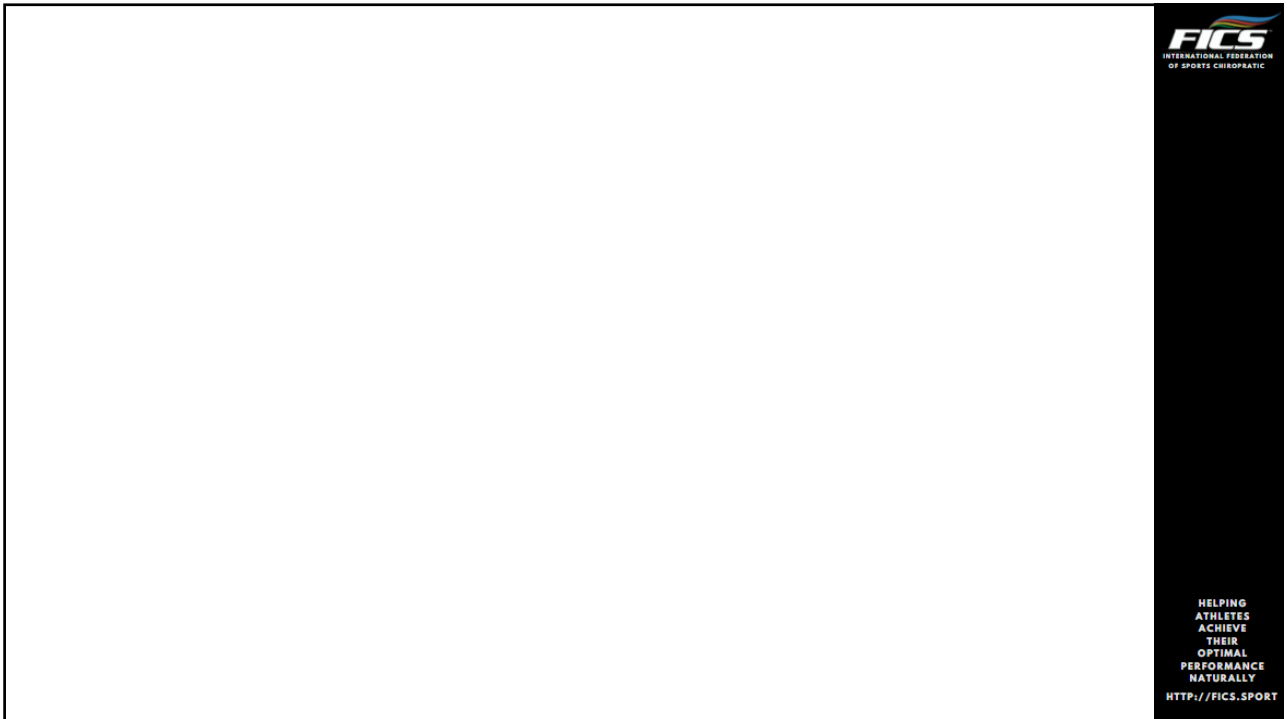
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