









- History
- Inspection
- Palpation
- Range of motion
- Provocative tests

5



knee history: most common diagnoses in PC						
	Patellofemoral pain syndrome (PFPS)	Meniscus tear	ΟΑ			
Demographic	Younger/female	Young- middle age	Older			
Activity	Overuse injury	Acute or degenerative	Acute or overuse			
Swelling	Soft tissue (no effusion)	+/- effusion	+/- effusion			
Locking	May endorse but usually crepitus	If bucket handle tear	May endorse but usually crepitus			
Instability	Pain may lead to this esp. down hills/ stairs	Not usually	Preceded by pain			

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conditions						
	ACL tear	MCL tear	Pes anserine bursitis	ITB syndrome		
Demographic	Usually under 40	Any age	Middle/Upper age	Any age		
Mechanism of injury	Traumatic/twisting injury (noncontact)	Valgus force to the knee	Overuse/limping	Running, overuse		
Swelling	Yes, within an hour	Yes, medially	Yes	No		
Locking	No, unless concomitant bucket handle meniscal tear	No	No	No		
Location of pain	Nonlocalizable, possibly lateral	Medial knee	Anteromedial aspect of the proximal tibia	Lateral knee		
Instability	Yes	No, unless high grade tear	No	No		

















Palpation with knee extended Evaluate for effusion Quad, patellar tendons, tibial tubercle Patellar facets

• Patellar grind test







Patellar grind test

Examiner positions hand at superior pole of patella to 'trap' patella then asks patient to gradually and gently contract the quadriceps muscle. Anterior knee pain with this motion is (+) patellar grind test indicating patellofemoral joint pathology.



Note:There is no audio accompanying this video





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