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Diagnosis-Driven Physical Examination of the Knee

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The Diagnosis-Driven Physical Exam of the Knee Checklist

Maneuver	Notes
Inspection	
<ul style="list-style-type: none"> • Abnormal gait 	
<ul style="list-style-type: none"> • Alignment deformity (varus, valgus, neutral) 	
<ul style="list-style-type: none"> • Bony abnormalities 	
<ul style="list-style-type: none"> • Quad atrophy 	
<ul style="list-style-type: none"> • Erythema 	
Palpation – Knee extended	
<ul style="list-style-type: none"> • Effusion 	
<ul style="list-style-type: none"> • Quad tendon 	
<ul style="list-style-type: none"> • Patellar tendon 	
<ul style="list-style-type: none"> • Tibial tubercle 	
<ul style="list-style-type: none"> • Patellar facet 	
<ul style="list-style-type: none"> • Patellar grind (Quad apprehension) test 	
ROM	
<ul style="list-style-type: none"> • 0 - 135 degrees 	
<ul style="list-style-type: none"> • crepitus 	
Palpation – Knee flexed at 90 degrees	
<ul style="list-style-type: none"> • Medial joint line tenderness 	
<ul style="list-style-type: none"> • Medial collateral ligament (MCL) 	
<ul style="list-style-type: none"> • Pes anserine bursa 	
<ul style="list-style-type: none"> • Lateral joint line 	
<ul style="list-style-type: none"> • Lateral collateral ligament (LCL) 	
<ul style="list-style-type: none"> • Iliotibial band - Noble Compression test 	
Provocative testing	
<ul style="list-style-type: none"> • Anterior drawer (ACL at 90) 	
<ul style="list-style-type: none"> • Posterior drawer (PCL at 90) 	
<ul style="list-style-type: none"> • Lachman's test (ACL at 30) 	
<ul style="list-style-type: none"> • Valgus stress (MCL) 	
<ul style="list-style-type: none"> • Varus stress (LCL) 	
<ul style="list-style-type: none"> • McMurray (medial and lateral compression) 	
<ul style="list-style-type: none"> • **Thessaly test 	
<ul style="list-style-type: none"> • **Squat test 	

** Tests performed if you suspect meniscal pathology and patient doesn't have significant OA which would cause pain with weight bearing maneuvers

Description of Tests

Inspection

Varus deformity: bowlegged. Valgus deformity: knocked knees.

Quad atrophy: decreased bulk of quad muscle compared to contralateral side.

Palpation – Knee extended

Effusion: Milk the fluid into the supra-patellar pouch and then compress down into the knee. Palpate the sides of the knee for a fluid wave. With a large effusion you can ballot the patella up and down by pressing on it.

Patellar and Quadriceps tendon: Palpate the superior and inferior pole of the patella where the quadriceps and patellar tendons attach.

Patellar facet tenderness: palpate the medial and lateral facets of the patella for tenderness.

Patellar grind: press down on the patella and have the patient tighten the quad muscle. Pain behind the knee cap is a positive grind test.

Range of Motion

Range of Motion: Have the patient extend their knee fully and then bend as much as they can. Normal is approx 0-140.

Crepitus: Cracking or popping sensation felt over the patella with knee flexion/extension.

Palpation – Knee flexed at 90 degrees

Medial joint line: palpate along the joint line from anterior all the way around to back of joint.

MCL: Palpate medial femoral condyles and medial tibial plateau.

Pes anserine bursa: palpate the medial aspect of the proximal tibia just below the medial joint space. This bursa protects from friction by the conjoined tendon (sartorius, gracilis, and semitendinosus tendons).

Lateral joint line: palpate along the joint line from anterior all the way around to back of joint.

LCL: Palpate lateral femoral condyles and lateral tibial plateau.

IT Band: Palpate ITB at lateral femoral condyle (Noble Compression test) and Gerdy's tubercle (lateral proximal tibia) while flexing/extending the knee.

Provocative Tests

Anterior drawer test for ACL (not as sensitive or specific as the Lachman): place the knee flexed to 90 degrees and foot resting on the table. With thumbs resting over the joint line, apply an anterior force fingers behind proximal tibia. Assess for anterior displacement.

Posterior drawer test for PCL: place the knee flexed to 90 degrees and foot resting on the table. With thumbs resting over the joint line, apply a posterior force with palms on the proximal tibia. Assess for posterior displacement.

Lachman's test for ACL: Patient must be relaxed. Flex the knee to 30 degrees. Stabilize the femur with one hand and use the other to pull the proximal tibia anteriorly. Assess for anterior displacement and whether there is an endpoint.

Valgus stress test for MCL: Push on lateral aspect of knee while pulling ankle away from midline. Perform in 0 degrees (full extension) and 30 degrees flexion to try to isolate the medial collateral ligament

Varus stress test for LCL: push on medial aspect of knee while pulling ankle towards midline. Perform in 0 degrees (full extension) and 30 degrees flexion to try to isolate the lateral collateral ligament.

McMurray's - Medial: Place the fingers over joint line. Fully flex the knee and externally rotate the leg. Then apply valgus stress and extend the knee. Pain and click indicate medial meniscal damage.

McMurray's - Lateral: Place the fingers over joint line. Fully flex the knee and internally rotate the leg. Apply varus stress and extend the knee. Pain and click indicate lateral meniscal damage.

Standing Tests

** Tests performed if you suspect meniscal pathology and patient doesn't have significant OA which would cause pain with weight bearing maneuvers

Thessaly test for Meniscus: Patient stands on one leg, knee flexed to 20 degrees, then pivots to rotate femur on tibia medially and laterally. Foot stays planted. If medial pain when pivot medially then concern for medial meniscus tear. If lateral pain when pivoting laterally then concern for lateral meniscus tear.

Squat test for Meniscus: Patient stands while the examiner holds their hands for balance. The patient squats down as low as is comfortable. The test is positive for a meniscal tear if there is pain at the medial or posterior joint line or a feeling of locking during knee flexion.