ANEE EXAM a visual learning guide



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KNEE EXAM	
	MOVE SPECIAL TESTS OTHER
Gait	Antalgic - (limp) - shortened stance phase, reduced flexion of knee Thrusting - knee appears to give way Foot-drop - damage to common peroneal nerve

360 inspection



Exposure: - Quads should be visible and patient barefooted.

Overall alignment and willingness to weight bear

Deformity - varus/valgus, fixed flexion deformity, hyperextension, feet/ankles

Scars - arthroscopy, knee replacement

Wasting - quadriceps and gastrocnemius muscles

Swelling - effusion, (Baker's) cysts, inflammation, bursitis

Skin changes - erythema, bruising, nodules

Position



Semi-recumbent on a couch

KNEE EXAM

LOOK

Temperature



Back of hands

FEEL

Compare sides - over the patella usually cooler than the rest of the knee

MOVE

SPECIAL TESTS

Warmth suggests inflammatory process

Effusions



Patella tap test

Place one hand above the supra-patellar pouch & gently press down towards the knee, pushing any excess fluid under the patella.

With the fingers of the other hand press down gently on the patella.

A medium to large effusion will cause the patella to 'tap' on the femur and feel like its bouncing



Sweep test/bulge test

Sweep fluid from up from the medial side of the patella, pushing it over and to the lateral side of the knee.

OTHER

Now push the lateral side and see if a the excess fluid of a small effusion causes a bulge to appear on medial side

Palpation



With knee flexed Feel around the structures of the knee noting any areas of tenderness, swelling or abnormality.

Quadriceps tendon Patella margins Patella tendon Tibial tubercle Joint lines - usually on the same plain as the bottom of the patella (common mistake to feel too high). Joint line tenderness often suggestive of underlying meniscal damage or OA Collateral ligaments Tenderness of hamstrings Swelling behind the knee



If pain or reduced RoM on active movement then GENTLY move the joint passively

(hyper) Extension



Fixed flexion deformity - inability to fully extend knee

"Can you push the back of your knee into the bed please" Bone/tissue in the joint

Knee bends the opposite way

Fix the thigh by pressing down on it and lift patients leg by the ankle - normal for a knee to extend up to 5-10 degrees ?Joint hypermobility syndrome



Cruciate Ligaments



Posterior Sag (PCL) Knee appears to sag back

It's a subtle sign, visualised on the anterior aspect of the knee

PULL for ACL ← PUSH for PCL → FIX

Draw Tests

Subluxation of the tibia from the femur Knee flexed to >90° with feet flat on couch Pain and/or lack of firm end-point implies tear in ligament

Anterior draw test (ACL)

Gently fix foot by sitting on it - hold leg just below knee with thumbs at top of tibia - check hamstrings are relaxed then pull

Posterior draw test (PCL) As anterior draw test but push tibia backwards

Collateral Ligaments







LATERAL

MEDIAL

Stress the ligaments

Pain or lack of firm end-point implies tear in ligament. Hold knee with one hand and ankle with the other

Flex the knee to about 30 degrees

Medial Collateral Ligament (MCL) Apply inward force the knee & outward force to ankle

Lateral Collateral Ligament (LCL) Apply outward force to knee & inward force to ankle



Joint Above: Hip



Internal Rotation of the Hip (in flexion)

Flex both the hip and knee to 90 degrees.

Rotate the lower leg out to the side.

Pain free internal rotation of the hip is a useful screening test for most common hip problems.

Neurovascular

COMMON PERONEAL NERVE



POWER: EXTENSION OF TOES



SENSATION



POWER: FLEXION OF ANKLE



SENSATION

DISTAL PULSES

