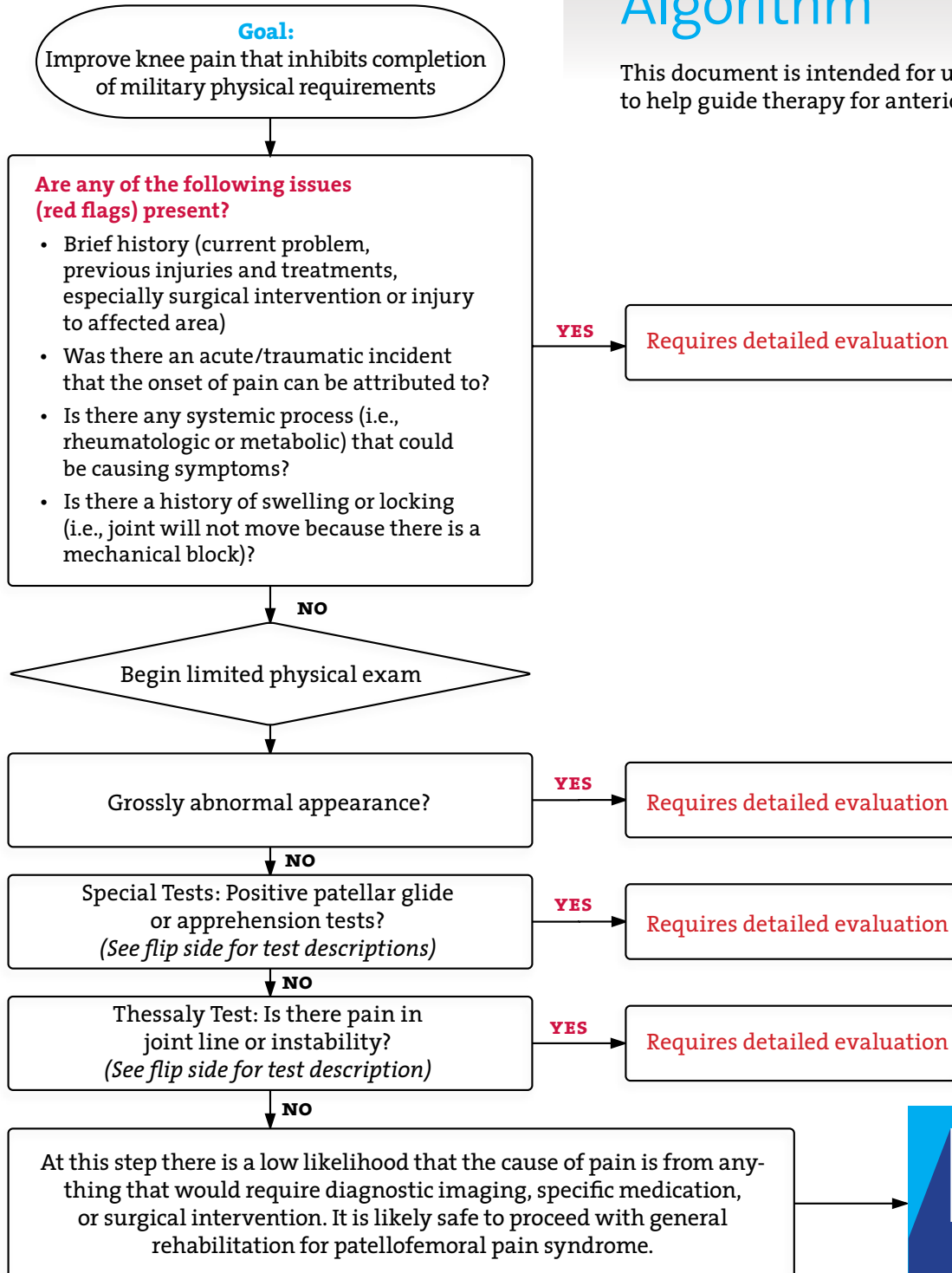




FOR THE PROVIDER: DIAGNOSTIC ALGORITHM

Anterior Knee Pain Algorithm

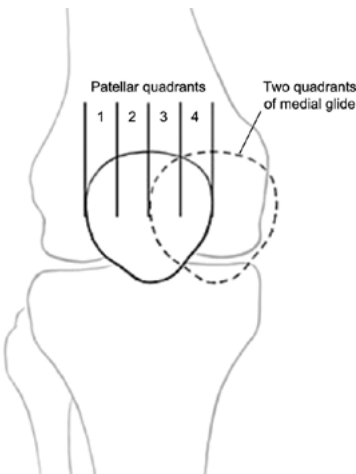
This document is intended for use by primary care providers to help guide therapy for anterior knee pain.



Directions for Special Tests

Patellar Glide Test

With the knee extended and relaxed, move patella medially and laterally. Normal is 1–2 quadrants.



Note: The Sports Medicine Experts at the Consortium for Health and Military Performance (CHAMP) can answer specific questions you may have through the online “Ask the Expert” feature on the Human Performance Resource Center (HPRC) website (<http://hprc-online.org/ask-the-expert>). HPRC is the educational arm of CHAMP located at the Uniformed Services University of the Health Sciences.

Thessaly Test

- Patient is standing on one leg w/ knee bent 20 degrees.
- Instruct patient to twist hips/trunk back and forth three times to rotate femur on tibia (patient is allowed to steady him/herself).
- This will use body weight and rotation to grind the menisci.
- Pain at the medial or lateral joint line is considered a positive Thessaly test.
- Pain under patella indicates PFPS.
- Excessive hip sway & instability indicates weak core/hip musculature.



Patellar Apprehension Test

- Patient is lying face up on the table with the knee flexed to 30 degrees and the quadriceps relaxed.
- Press on the medial aspect of the patella with both thumbs to glide the patella laterally.
- Positive test is when the patient becomes apprehensive and feels as if the patella will dislocate while doing the lateral glide.



Additional Options

1. For examples of how to perform a detailed knee examination go to:
 - <http://www.aafp.org/afp/2003/0901/p917.html>
 - http://www.researchgate.net/publication/45100927_Patellofemoral_pain_syndrome/file/50463521b82fbbebeo.pdf (Will download as PDF)
2. Consider referral to specialty care (Physical Therapy, Primary Care Sports Medicine, Orthopedic Surgery).