**Special Tests of the Knee**

**Valgus Stress Test**

* Performed to evaluate an injury to the MCL
* Have the athlete lay supine (on their back) with their leg extended
* Hold their ankle with one hand and place your other hand on the lateral side of their knee, over the head of the fibula
* Apply a force inward in an attempt to open up the medial side of the knee
* Perform this maneuver with their leg fully extended and also at 30° of knee flexion
	+ At 30° the MCL is isolated
* A positive sign is excess laxity (movement) compared to the uninjured side



**Varus Stress Test**

* Performed to evaluate an injury to the LCL
* Have the athlete lay supine (on their back) with their leg extended
* Hold their ankle with one hand and place your other hand on the medal side of their knee
* Apply a force outward in an attempt to open up the lateral side of the knee
* Perform this maneuver with their leg fully extended and also at 30° of knee flexion
	+ At 30° the LCL is isolated
* A positive sign is excess laxity (movement) compared to the uninjured side



**Anterior Drawer Test**

* Performed to evaluate an injury to the ACL
* Have the athlete lay supine on a table with their injured leg flexed to 90°
* Sit on their toes to stabilize their foot
* Place both hands around the upper portion of their tibia with your fingers behind their leg and your thumbs on the medial and lateral joint lines
* Pull their tibia forward
* A positive sign is excess laxity (movement) compared to the uninjured side



**Lachman Test**

* Performed to evaluate an injury to the ACL
* Have the athlete lay supine on a table
* Use one hand to stabilize the distal end of the thigh, and grasp the proximal end of the tibia with the other
* Pull the tibia anteriorly
* A positive sign is excess laxity (movement) compared to the uninjured side



**Posterior Drawer Test**

* Performed to evaluate an injury to the PCL
* Have the athlete lay supine on a table with their injured leg flexed to 90°
* Sit on their toes to stabilize their foot
* Place both hands around the upper portion of their tibia with your fingers behind their leg and your thumbs on the medial and lateral joint lines
* Push their tibia backward
* A positive sign is excess laxity (movement) compared to the uninjured side

**Posterior Sag Test**

* Performed to evaluate an injury to the PCL
* Have the athlete lay supine on a table
* Flex their hips and knees to 90°
* Observe the injured side laterally
* A positive test would show the tibia on the injured side sagging compared to the uninjured side



**McMurray’s Test**

* Performed to determine a meniscus injury
* Have the athlete lay supine on a table with their leg fully flexed
* Place one hand on their foot and the other over the top of their knee
* Internally rotate their foot and extend their leg at the same time
* Reposition their leg into flexion
* Externally rotate their foot and extend their leg at the same time
* The hand on their knee feels for a clicking response
* Medial meniscus tears are felt when the lower leg is externally rotated
* Lateral meniscus tears are felt when the lower leg is internally rotated





**Apley Compression Test**

* This test is performed to detect a meniscus injury
* Have the athlete lay prone on a table with their knee flexed to 90°
* Stabilize their thigh and apply a hard downward pressure to the leg
* Rotate their lower leg internally and externally
* Pain would denote an injury to a meniscus
* Medial meniscus tears present pain with external rotation
* Lateral meniscus tears present pain with internal rotation



**Apley Distraction Test**

* This test is performed to distinguish a collateral ligament injury from a meniscal injury
* Have the athlete lay prone on a table with their knee flexed to 90°
* Stabilize their thigh and pull up on their lower leg
* Rotate their leg internally and externally
* Pain will indicate that the injury is to the ligaments
* If a meniscus is torn, no pain will be felt

