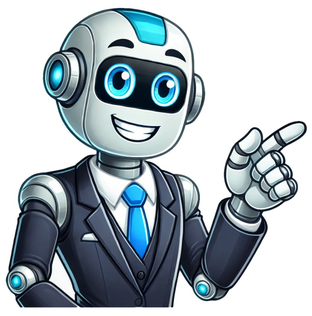
I'm not a bot



Apprehension knee test

Patellar Apprehension Test (or Fairbank Apprehension Test) is used to test whether the patella is likely to dislocate laterally (Patellar Instability). The patient is supine with the knee extended and the thigh muscles relaxed. The examiner attempts to simulate a dislocation (in a manner similar to the apprehension test in anterior instability of the shoulder) by placing both thumbs on the medial aspect of the knee and pressing the patella laterally. The patient is then asked to ex the knee. Examiner observes patient's reaction. The Patellar Apprehension Test is conducted slowly enough so that it can be terminated once the anticipated response is elicited but before causing the patient undue discomfort. See Also: Patellar Instability See Also: Patellofemoral Joint Patellar Apprehension Test – The examiner glides the patella laterally Where a patellar dislocation has occurred, the patient will report severe pain and will be apprehensive of another dislocation in extension or, at the latest, in flexion. This apprehension manifests itself with behavior ranging from verbal expressions of anxiety to an involuntary quadriceps contraction that prevents further knee flexion. A positive Patellar Apprehension Test indicates laxity of the medial patellar retinaculum, predisposing the patient to patellar subluxations or dislocations See Also: Patellofemoral Pain Syndrome A Cohort study by Christopher S Ahmad 1 found that the patellar apprehension test is an accurate physical examination in assessing Patellar Instability, the Sensitivity & Specificity of this test was: Sensitivity: 100 % Specificity: 88 % To improve the specificity of the test by isolating the medial patellofemoral ligament, move the patella distally and laterally. Patellar Instability True (frank) dislocation of the patella causes it to shift laterally and lock out of place, resulting in obvious gross deformity and spasm of the quadriceps group as it guards the injury (see Acute Patellar Dislocation). Acute, chronic, or congenital laxity of the medial patellar restraints or abnormal tightness of the lateral retinaculum causes an increased lateral glide of the patella. Subtle patellar subluxations may occur without the patient's interpretation as such, producing symptoms described as the knee "giving out" during weight bearing. Patients suffering from chronic patellar instability also produce a positive Patellar Apprehension Test, which should be performed before conducting a valgus stress test. The patella is most apt to dislocate or subluxate when the maximum tensile strain is placed on the lateral patellar restraints, normally within the range of 20 to 30 degrees of knee flexion, pulling the patella laterally, or after a valgus blow to the knee. Several factors predispose an individual to patellar subluxations and dislocations, these include: Lateral patellar tracking. increased Q-angle; tight lateral restraints; lax medial restraints; family history of patellar dislocation/subluxation . MRI of a laterally dislocated patella. This view, obtained in the transverse plane, demonstrates the patella resting on the lateral femoral condyle. Ahmad CS, McCarthy M, Gomez JA, Shubin Stein BE. The moving patellar apprehension test for lateral patellar instability. Am J Sports Med. 2009 Apr;37(4):791-6. doi: 10.1177/0363546508328113. Epub 2009 Feb 3. PMID: 19193601. Luo, ZP, et al: Tensile stress of the lateral patellofemoral ligament during knee motion. Am J Knee Surg, 10:139, 1997. Clinical Tests for the Musculoskeletal System 3rd Edition. Dutton's Orthopaedic Examination, Evaluation, And Intervention 3rd Edition. Sarvdeep S. Dhatt, Sharad Prabhakar – Handbook of Clinical Examination in Orthopedics. Campbel's Operative Orthopaedics 12th edition Book. Millers Review of Orthopaedics -7th Edition Book. Ronald McRae – Clinical Orthopaedic Examination 6th Edition Book Netter's Orthopaedic Clinical Examination An Evidence-Based Approach 3rd Edition Book In most cases with patellar dislocations, the patellar dislocates laterally. This results in stretching of the medial tissues and can result in continued instability. While most patients with first time patellar dislocations should undergo a nonoperative treatment program, patients who have recurring patellar instability should consider a surgical reconstruction to prevent recurrent instability in the future. The best test to determine whether a patient is having symptoms from a subluxing or dislocating patella, is the lateral patellar apprehension test. For some patients who have normal joint laxity and if they do not feel as if the patella is going to dislocate, increased lateral subluxation may be normal for them. In this case, one should assess the contralateral normal knee to verify their exam. In patients who feel like the patella is going to redislocate especially when it reproduces their symptoms, one should be concerned that their symptoms are due to recurrent patellar subluxation or dislocation.
 Special Test: Patellar Apprehension Test PURPOSE: To test whether the patella is likely to dislocate laterally Video Demo Instructions, Procedure, Positive Test: Special Test: Patellar Apprehension Test Video Demo (Procedure below) Special Test: Patellar Apprehension Test: PROCEDURE: • Patient is supine with their affected knee extended • Therapists uses a slow and moderate pressure against the medial aspect of the patella moving it in a lateral direction • Therapist observes patient's reaction Like what you're learning? BUY THE FULL PHYSIOTUTORS ASSESSMENT BOOK 600+ Pages e-Book Interactive Content (Direct Video Demonstration, PubMed articles) Statistical Values for all Special Tests from the latest research Available in □□ □□ □□ □□ □□ □□ □□ And much more!