WEBVTT

NOTE duration:"00:17:10"

NOTE recognizability:0.929

NOTE language:en-us

NOTE Confidence: 0.9323559

00:00:11.100 --> 00:00:13.062 we're going to talk now about

NOTE Confidence: 0.9323559

00:00:13.062 --> 00:00:14.370 the physical examination of

NOTE Confidence: 0.9323559

00:00:14.430 --> 00:00:15.978 the lower extremity joints.

NOTE Confidence: 0.9323559

00:00:15.980 --> 00:00:17.912 The patient should be lying down

NOTE Confidence: 0.9323559

00:00:17.912 --> 00:00:20.165 on an examining table to get a

NOTE Confidence: 0.9323559

00:00:20.165 --> 00:00:21.660 good examination of the joints.

NOTE Confidence: 0.9323559

00:00:21.660 --> 00:00:23.058 And the patient should be undressed,

NOTE Confidence: 0.9323559

00:00:23.060 --> 00:00:24.656 wearing shorts or a gown so

NOTE Confidence: 0.9323559

00:00:24.656 --> 00:00:26.900 you can get a good examination,

NOTE Confidence: 0.9323559

00:00:26.900 --> 00:00:30.056 particularly of the feet and knees.

NOTE Confidence: 0.9323559

00:00:30.060 --> 00:00:31.705 So we're going to start with the

NOTE Confidence: 0.9323559

00:00:31.705 --> 00:00:33.646 feet and we shouldn't pass over

NOTE Confidence: 0.9323559

00:00:33.646 --> 00:00:35.386 all foot problems to podiatrist.

NOTE Confidence: 0.9323559

00:00:35.390 --> 00:00:37.959 You get an awful lot of information

NOTE Confidence: 0.9323559

00:00:37.959 --> 00:00:39.470 from examining the feet.

NOTE Confidence: 0.9323559

00:00:39.470 --> 00:00:40.462 So in the feet,

NOTE Confidence: 0.9323559

00:00:40.462 --> 00:00:42.518 we're going to look at the distal

NOTE Confidence: 0.9323559

00:00:42.518 --> 00:00:44.550 and proximal interphalangeal joints.

NOTE Confidence: 0.9323559

00:00:44.550 --> 00:00:46.598 We're going to look at the car,

NOTE Confidence: 0.9323559

00:00:46.598 --> 00:00:48.710 the tarsal metatarsal joints.

NOTE Confidence: 0.9323559

00:00:48.710 --> 00:00:51.242 We're actually going to look at

NOTE Confidence: 0.9323559

00:00:51.242 --> 00:00:53.870 three ankle joints and the three

NOTE Confidence: 0.9323559

00:00:53.870 --> 00:00:56.450 ankle joints are the tibio tail

NOTE Confidence: 0.9323559

00:00:56.450 --> 00:00:58.774 joint between the the tibia and

NOTE Confidence: 0.9323559

00:00:58.774 --> 00:01:00.617 the tailus logically enough the

NOTE Confidence: 0.9323559

00:01:00.617 --> 00:01:02.879 so-called sub tail joint and this

NOTE Confidence: 0.9323559

00:01:02.879 --> 00:01:05.612 is below the tailus and right

NOTE Confidence: 0.9323559

00:01:05.612 --> 00:01:07.640 here underneath the calcaneus,

NOTE Confidence: 0.9323559

00:01:07.640 --> 00:01:10.209 between the tailus and the calcaneus and

NOTE Confidence: 0.9323559

00:01:10.209 --> 00:01:12.438 finally the so-called mid tarsal joints.

NOTE Confidence: 0.9323559

00:01:12.440 --> 00:01:14.968 And those are all the joints between the

NOTE Confidence: 0.9323559

00:01:14.968 --> 00:01:17.158 tarsal bones and the metatarsal bones.

NOTE Confidence: 0.9323559

00:01:17.160 --> 00:01:19.960 Here in examining the foot,

NOTE Confidence: 0.9323559

00:01:19.960 --> 00:01:21.511 you're particularly interested

NOTE Confidence: 0.9323559

00:01:21.511 --> 00:01:24.096 in the interfalangeal joints and

NOTE Confidence: 0.9323559

00:01:24.096 --> 00:01:26.399 the metatarsal phalangeal joints.

NOTE Confidence: 0.9323559

00:01:26.400 --> 00:01:28.356 When you see swelling of the

NOTE Confidence: 0.9323559

00:01:28.356 --> 00:01:30.000 interphalangeal joints of the toes,

NOTE Confidence: 0.9323559

00:01:30.000 --> 00:01:32.344 think psoriatic arthritis or

NOTE Confidence: 0.9323559

00:01:32.344 --> 00:01:33.516 Reiter's syndrome.

NOTE Confidence: 0.9323559

00:01:33.520 --> 00:01:35.696 If the patient has a good deal of

NOTE Confidence: 0.9323559

00:01:35.696 --> 00:01:37.798 pain and the balls of their feet

NOTE Confidence: 0.9323559

00:01:37.800 --> 00:01:39.304 that maybe rheumatoid arthritis.

NOTE Confidence: 0.9323559

00:01:39.304 --> 00:01:41.982 It's the most common joint to be

NOTE Confidence: 0.9323559

00:01:41.982 --> 00:01:43.390 involved in rheumatoid arthritis

NOTE Confidence: 0.9323559

00:01:43.390 --> 00:01:45.520 we can't see them very well.

NOTE Confidence: 0.9323559

00:01:45.520 --> 00:01:47.557 So what we usually do is we'll

NOTE Confidence: 0.9323559

00:01:47.557 --> 00:01:49.405 simply press the foot like that

NOTE Confidence: 0.9323559

00:01:49.405 --> 00:01:50.915 see if that causes pain.

NOTE Confidence: 0.9323559

00:01:50.920 --> 00:01:52.936 But tenderness is not a great test,

NOTE Confidence: 0.9323559

00:01:52.940 --> 00:01:55.628 so I really have a hard time making

NOTE Confidence: 0.9323559

00:01:55.628 --> 00:01:57.979 a diagnosis of metatarsal phalangeal

NOTE Confidence: 0.9323559

00:01:57.979 --> 00:02:00.659 joints on the physical examination.

NOTE Confidence: 0.9323559

00:02:00.660 --> 00:02:03.117 Now there are a lot of abnormalities

NOTE Confidence: 0.9323559

00:02:03.117 --> 00:02:04.740 that occur as we age.

NOTE Confidence: 0.9323559

00:02:04.740 --> 00:02:05.956 Of the interphalangeal joints

NOTE Confidence: 0.9323559

00:02:05.956 --> 00:02:08.379 of the toes we have a clot toe.

NOTE Confidence: 0.9323559

00:02:08.380 --> 00:02:10.137 We have a whole variety of things,

NOTE Confidence: 0.9323559

00:02:10.140 --> 00:02:12.065 probably due to little abnormalities

NOTE Confidence: 0.9323559

00:02:12.065 --> 00:02:14.740 in the nerves and muscles down there,

NOTE Confidence: 0.9323559

00:02:14.740 --> 00:02:16.528 but not due to the joints.

NOTE Confidence: 0.9323559

00:02:16.530 --> 00:02:18.170 So you'll see a people with curved up,

NOTE Confidence: 0.9323559

00:02:18.170 --> 00:02:21.010 curled up toes and their joints are fine.

NOTE Confidence: 0.9323559

00:02:21.010 --> 00:02:22.685 That's just the changes that

NOTE Confidence: 0.9323559

00:02:22.685 --> 00:02:23.690 occur with aging.

NOTE Confidence: 0.9323559

00:02:23.690 --> 00:02:25.685 So this is what's called a bunion.

NOTE Confidence: 0.9323559

00:02:25.690 --> 00:02:29.113 And a bunion is caused by malalignment

NOTE Confidence: 0.9323559

00:02:29.113 --> 00:02:32.148 of the metatarsal bone where it

NOTE Confidence: 0.9323559

00:02:32.148 --> 00:02:34.603 articulates with a tarsal bone.

NOTE Confidence: 0.9323559

00:02:34.610 --> 00:02:37.410 Here it moves a little bit medially,

NOTE Confidence: 0.9323559

00:02:37.410 --> 00:02:39.010 and because it moves medially,

NOTE Confidence: 0.9323559

00:02:39.010 --> 00:02:40.654 the toe moves laterally,

NOTE Confidence: 0.9323559

00:02:40.654 --> 00:02:43.760 and this is called a hallux valgus.

NOTE Confidence: 0.9323559

00:02:43.760 --> 00:02:45.671 And you very often will get a

NOTE Confidence: 0.9323559

00:02:45.671 --> 00:02:47.364 little bit of local irritation

NOTE Confidence: 0.9323559

00:02:47.364 --> 00:02:49.770 over the medial aspect of the

NOTE Confidence: 0.9323559

00:02:49.770 --> 00:02:51.719 first metatarsal phalengeal joint.

NOTE Confidence: 0.9323559

00:02:51.720 --> 00:02:54.240 The treatment of this is to have a wide shoe,

NOTE Confidence: 0.9323559

00:02:54.240 --> 00:02:57.030 so there's no pain that occurs

NOTE Confidence: 0.9323559

00:02:57.030 --> 00:02:59.840 when this joint is involved.

NOTE Confidence: 0.9323559

00:02:59.840 --> 00:03:02.558 The ankle joints we mentioned earlier,

NOTE Confidence: 0.9323559

00:03:02.560 --> 00:03:05.320 the Tibio Tailor joint is here,

NOTE Confidence: 0.9323559

00:03:05.320 --> 00:03:07.720 the synovial pouching is here.

NOTE Confidence: 0.9323559

00:03:07.720 --> 00:03:09.920 And if you want to aspirate that joint,

NOTE Confidence: 0.9323559

00:03:09.920 --> 00:03:13.042 you go just immediately to the extensor

NOTE Confidence: 0.9323559

00:03:13.042 --> 00:03:15.463 helicus longest right at the level

NOTE Confidence: 0.9323559

00:03:15.463 --> 00:03:17.815 of the Maleoli and you point your

NOTE Confidence: 0.922411

00:03:17.893 --> 00:03:20.595 needle in just a little bit Medially,

NOTE Confidence: 0.922411

00:03:20.600 --> 00:03:22.964 the second elbow ankle joint which

NOTE Confidence: 0.922411

00:03:22.964 --> 00:03:25.826 is not connected to the Tibio tailor

NOTE Confidence: 0.922411

00:03:25.826 --> 00:03:28.640 joint is a so-called sub tailor joint.

NOTE Confidence: 0.922411

00:03:28.640 --> 00:03:31.466 So the sub tailor joint is

NOTE Confidence: 0.922411

00:03:31.466 --> 00:03:34.080 below the Maleoli between the

NOTE Confidence: 0.9135959

00:03:36.320 --> 00:03:39.890 tibia, between the tailus and the calcaneus,

NOTE Confidence: 0.9135959

00:03:39.890 --> 00:03:42.110 and if you want to aspirate

NOTE Confidence: 0.9135959

00:03:42.110 --> 00:03:43.700 fluid from that joint,

NOTE Confidence: 0.9135959

00:03:43.700 --> 00:03:44.858 you have to take your needle,

NOTE Confidence: 0.9135959

00:03:44.860 --> 00:03:49.865 go under the malleolus and you have to

NOTE Confidence: 0.9135959

00:03:49.865 --> 00:03:52.860 angle your needle about 45 degrees superior.

NOTE Confidence: 0.9135959

00:03:52.860 --> 00:03:54.576 It's actually pretty easy to tap,

NOTE Confidence: 0.9135959

00:03:54.580 --> 00:03:56.638 but the tibio tailor joint and the

NOTE Confidence: 0.9135959

00:03:56.638 --> 00:03:58.619 sub tailor joint are not connected,

NOTE Confidence: 0.9135959

00:03:58.620 --> 00:04:00.552 so a patient might come in after

NOTE Confidence: 0.9135959

00:04:00.552 --> 00:04:02.450 a hard weekend of drinking with

NOTE Confidence: 0.9135959

00:04:02.450 --> 00:04:04.135 a very painful swollen ankle.

NOTE Confidence: 0.9135959

00:04:04.140 --> 00:04:06.336 If the disease is in the sub tailor joint,

NOTE Confidence: 0.9135959

00:04:06.340 --> 00:04:07.924 you're not going to get anything

NOTE Confidence: 0.9135959

00:04:07.924 --> 00:04:10.059 when you tap the Tibio tailor joint.

NOTE Confidence: 0.9135959

00:04:10.060 --> 00:04:11.044 The third joint,

NOTE Confidence: 0.9135959

00:04:11.044 --> 00:04:13.012 which is considered an ankle joint,

NOTE Confidence: 0.9135959

00:04:13.020 --> 00:04:17.036 is a joint between the tarsal bones and

NOTE Confidence: 0.9135959

00:04:17.036 --> 00:04:19.780 the metatarsal bones in this area here.

NOTE Confidence: 0.9135959

00:04:19.780 --> 00:04:22.811 So the Tibio tailor joint flexes and

NOTE Confidence: 0.9135959

00:04:22.811 --> 00:04:25.579 extends the foot on the lower leg.

NOTE Confidence: 0.9135959

00:04:25.580 --> 00:04:28.196 The sub tailor joint inverts and

NOTE Confidence: 0.9135959

00:04:28.196 --> 00:04:30.449 everts the hind foot, OK.

NOTE Confidence: 0.9135959

00:04:30.449 --> 00:04:32.994 The mid tarsal joint inverts

NOTE Confidence: 0.9135959

00:04:32.994 --> 00:04:35.620 and everts the four foot.

NOTE Confidence: 0.9135959

00:04:35.620 --> 00:04:38.740 So the way in which you check the mid tarsal

NOTE Confidence: 0.9135959

00:04:38.813 --> 00:04:41.507 joint is you immobilize the calcaneus,

NOTE Confidence: 0.9135959

00:04:41.510 --> 00:04:43.950 grab the Achilles tendon and move the arm,

NOTE Confidence: 0.9135959

00:04:43.950 --> 00:04:44.784 I'm sorry,

NOTE Confidence: 0.9135959

00:04:44.784 --> 00:04:47.703 move the the foot around like that.

NOTE Confidence: 0.9135959

00:04:47.710 --> 00:04:49.588 So tibia, tailor,

NOTE Confidence: 0.9135959

00:04:49.588 --> 00:04:53.045 sub tailor and mid tarsal joint.

NOTE Confidence: 0.9135959

00:04:53.045 --> 00:04:56.800 There are a number of non rheumatic

NOTE Confidence: 0.9135959

00:04:56.800 --> 00:05:00.190 conditions that will affect the foot.

NOTE Confidence: 0.9135959

00:05:00.190 --> 00:05:03.830 A very common abnormality is

NOTE Confidence: 0.9135959

00:05:03.830 --> 00:05:07.274 so-called plantar fasciitis,

NOTE Confidence: 0.9135959

00:05:07.274 --> 00:05:10.286 and plantar fasciitis is caused by

NOTE Confidence: 0.9135959

00:05:10.286 --> 00:05:12.788 irritation of the plantar fascia,

NOTE Confidence: 0.9135959

00:05:12.790 --> 00:05:15.226 just as it attached to the calcaneus.

NOTE Confidence: 0.9135959

00:05:15.230 --> 00:05:18.058 You diagnose this by simply putting your

NOTE Confidence: 0.9135959

00:05:18.058 --> 00:05:20.990 hand here and moving the foot around,

NOTE Confidence: 0.9135959

00:05:20.990 --> 00:05:22.910 and if that causes pain here,

NOTE Confidence: 0.9135959

00:05:22.910 --> 00:05:24.125 that's plantar fasciitis.

NOTE Confidence: 0.9135959

00:05:24.125 --> 00:05:27.500 A second very common problem in the foot

NOTE Confidence: 0.9135959

00:05:27.500 --> 00:05:29.825 is what's called Achilles tendonitis,

NOTE Confidence: 0.9135959

00:05:29.830 --> 00:05:31.454 and that's irritation here.

NOTE Confidence: 0.9135959

00:05:31.454 --> 00:05:33.484 And again that's usually diagnosed

NOTE Confidence: 0.9135959

00:05:33.484 --> 00:05:35.060 because of local tendonness

NOTE Confidence: 0.9135959

00:05:35.060 --> 00:05:36.910 right over the Achilles tendon.

NOTE Confidence: 0.9135959

00:05:36.910 --> 00:05:38.010 So for the foot,

NOTE Confidence: 0.9135959

00:05:38.010 --> 00:05:39.660 we are particularly interested in any

NOTE Confidence: 0.9135959

00:05:39.717 --> 00:05:41.857 involvement of the interphalangeal joints.

NOTE Confidence: 0.9135959

00:05:41.860 --> 00:05:43.642 We have to recognize that curled

NOTE Confidence: 0.9135959

00:05:43.642 --> 00:05:45.376 up toes or something that occur

NOTE Confidence: 0.9135959

00:05:45.376 --> 00:05:47.304 with a lot of people as they age

NOTE Confidence: 0.9135959

00:05:47.366 --> 00:05:49.218 don't necessarily mean arthritis.

NOTE Confidence: 0.9135959

00:05:49.220 --> 00:05:51.980 A bunion does not mean arthritis.

NOTE Confidence: 0.9135959

00:05:51.980 --> 00:05:54.076 The metatarsal phalangeal joint,

NOTE Confidence: 0.9135959

00:05:54.076 --> 00:05:56.172 although very commonly involved

NOTE Confidence: 0.9135959

00:05:56.172 --> 00:05:58.280 in rheumatoid disease is hard

NOTE Confidence: 0.9135959

00:05:58.280 --> 00:05:59.920 to examine in the foot.

NOTE Confidence: 0.9135959

00:05:59.920 --> 00:06:03.040 But you can examine the tibio tailor joint,

NOTE Confidence: 0.9135959

00:06:03.040 --> 00:06:04.660 the sub tailor joint and

NOTE Confidence: 0.9135959

00:06:04.660 --> 00:06:05.956 the mid tarsal joint.

NOTE Confidence: 0.9135959

00:06:05.960 --> 00:06:09.245 And don't forget about plantar

NOTE Confidence: 0.9135959

00:06:09.245 --> 00:06:11.873 fasciitis and Achilles tendonitis.

NOTE Confidence: 0.9135959

00:06:11.880 --> 00:06:14.528 So examining the knee,

NOTE Confidence: 0.9135959

00:06:14.528 --> 00:06:17.180 orthopedic surgeons have thousands of

NOTE Confidence: 0.9135959

00:06:17.180 --> 00:06:19.160 ebonyms about problems in the knees.

NOTE Confidence: 0.9135959

00:06:19.160 --> 00:06:21.656 I would like you to focus on several

NOTE Confidence: 0.9135959

00:06:21.656 --> 00:06:23.649 very simple aspects of the knee.

NOTE Confidence: 0.9135959

00:06:23.650 --> 00:06:24.418 First of all,

NOTE Confidence: 0.9135959

00:06:24.418 --> 00:06:25.698 look at the patient when

NOTE Confidence: 0.9135959

00:06:25.698 --> 00:06:27.209 he or she is standing.

NOTE Confidence: 0.9135959

00:06:27.210 --> 00:06:29.090 If the patient is bolated,

NOTE Confidence: 0.9135959

00:06:29.090 --> 00:06:32.590 that patient has in Latin what's called

NOTE Confidence: 0.9135959

00:06:32.590 --> 00:06:35.355 genovaris and that's a very common

NOTE Confidence: 0.9135959

00:06:35.355 --> 00:06:37.167 sign of generalized osteoarthritis.

NOTE Confidence: 0.9135959

00:06:37.170 --> 00:06:39.345 If the patient has not

NOTE Confidence: 0.9135959

00:06:39.345 --> 00:06:40.650 need socalled genovalgus,

NOTE Confidence: 0.9135959

00:06:40.650 --> 00:06:43.375 that's a common abnormality in

NOTE Confidence: 0.9135959

00:06:43.375 --> 00:06:45.555 patients with inflammatory arthritis

NOTE Confidence: 0.9135959

00:06:45.555 --> 00:06:48.270 such as rheumatoid arthritis.

NOTE Confidence: 0.9135959

00:06:48.270 --> 00:06:52.150 The distinction between the

NOTE Confidence: 0.9135959

00:06:52.150 --> 00:06:53.836 capsule of the knee and burst

NOTE Confidence: 0.9135959

00:06:53.836 --> 00:06:55.990 of the knee is absolutely key.

NOTE Confidence: 0.9135959

00:06:55.990 --> 00:06:58.142 So I have a model here that helps

NOTE Confidence: 0.9135959

00:06:58.142 --> 00:07:00.640 us when we examine in the knee and

NOTE Confidence: 0.9135959

00:07:00.640 --> 00:07:03.790 the model tells us about the Patella

NOTE Confidence: 0.92988956

00:07:03.790 --> 00:07:05.845 about the medial and lateral

NOTE Confidence: 0.92988956

00:07:05.845 --> 00:07:06.667 collateral ligaments.

NOTE Confidence: 0.92988956

00:07:06.670 --> 00:07:08.750 These ligaments here, the menisci,

NOTE Confidence: 0.92988956

00:07:08.750 --> 00:07:10.590 this little pad in here,

NOTE Confidence: 0.92988956

00:07:10.590 --> 00:07:13.170 but it also demonstrates to us

NOTE Confidence: 0.92988956

00:07:13.170 --> 00:07:15.200 where the synovial capsule is.

NOTE Confidence: 0.92988956

00:07:15.200 --> 00:07:17.636 So the capsule is capsule is

NOTE Confidence: 0.92988956

00:07:17.636 --> 00:07:19.723 above medial and lateral to

NOTE Confidence: 0.92988956

00:07:19.723 --> 00:07:21.638 the kneecap or the Patella.

NOTE Confidence: 0.92988956

00:07:21.640 --> 00:07:24.958 So swelling here is the knee capsule.

NOTE Confidence: 0.92988956

00:07:24.960 --> 00:07:27.450 Swelling here the so-called the pre

NOTE Confidence: 0.92988956

00:07:27.450 --> 00:07:29.557 Patella Bursitis or infra Patella

NOTE Confidence: 0.92988956

00:07:29.557 --> 00:07:31.801 Bursitis that if you have swelling

NOTE Confidence: 0.92988956

00:07:31.801 --> 00:07:34.549 right on top of the kneecap or

NOTE Confidence: 0.92988956

00:07:34.549 --> 00:07:36.489 swelling right below the kneecap

NOTE Confidence: 0.92988956

00:07:36.489 --> 00:07:38.712 that's Bursitis that's not arthritis.

NOTE Confidence: 0.92988956

00:07:38.712 --> 00:07:41.460 So the 1st and most important

NOTE Confidence: 0.92988956

00:07:41.545 --> 00:07:43.837 part of the knee examination is

NOTE Confidence: 0.92988956

00:07:43.837 --> 00:07:46.793 to check for fluid so the again

NOTE Confidence: 0.92988956

00:07:46.793 --> 00:07:49.038 the knee capsule extends superior,

NOTE Confidence: 0.92988956

00:07:49.040 --> 00:07:51.716 medial and lateral to the Patella.

NOTE Confidence: 0.92988956

00:07:51.720 --> 00:07:53.552 So what you want to do is take

NOTE Confidence: 0.92988956

00:07:53.552 --> 00:07:55.273 your index finger and thumb put

NOTE Confidence: 0.92988956

00:07:55.273 --> 00:07:57.464 it on either side of the Patella

NOTE Confidence: 0.92988956

00:07:57.464 --> 00:07:59.800 right here and then take your other

NOTE Confidence: 0.92988956

00:07:59.800 --> 00:08:01.859 hand and press it firmly down

NOTE Confidence: 0.92988956

00:08:01.859 --> 00:08:03.639 on the Super Patella space.

NOTE Confidence: 0.92988956

00:08:03.640 --> 00:08:07.400 So if you feel pressure coming down here,

NOTE Confidence: 0.92988956

00:08:07.400 --> 00:08:10.160 that's perfectly normal, no fluid.

NOTE Confidence: 0.92988956

00:08:10.160 --> 00:08:12.464 If you feel the pressure pushing

NOTE Confidence: 0.92988956

00:08:12.464 --> 00:08:14.824 out against your index finger and

NOTE Confidence: 0.92988956

00:08:14.824 --> 00:08:17.074 thumb from inside the knee area,

NOTE Confidence: 0.92988956

00:08:17.080 --> 00:08:18.556 that's a sign of extra fluid.

NOTE Confidence: 0.92988956

00:08:18.560 --> 00:08:19.826 So you press here and see

NOTE Confidence: 0.92988956

00:08:19.826 --> 00:08:21.160 where you feel the pressure.

NOTE Confidence: 0.92988956

00:08:21.160 --> 00:08:22.440 If you feel it here,

NOTE Confidence: 0.92988956

00:08:22.440 --> 00:08:24.474 it's a it's this extra fluid in the knee.

NOTE Confidence: 0.92988956

00:08:24.480 --> 00:08:27.113 If you feel it here, that's perfectly normal.

NOTE Confidence: 0.92988956

00:08:27.113 --> 00:08:27.484 Now,

NOTE Confidence: 0.92988956

00:08:27.484 --> 00:08:29.710 we can sometimes use what's called

NOTE Confidence: 0.92988956

00:08:29.774 --> 00:08:31.586 a positive bold sign if there's

NOTE Confidence: 0.92988956

00:08:31.586 --> 00:08:33.200 a moderate amount of fluid.

NOTE Confidence: 0.92988956

00:08:33.200 --> 00:08:34.712 So if there's 50 or 60 cc's

NOTE Confidence: 0.92988956

00:08:34.712 --> 00:08:35.920 of fluid in the knee,

NOTE Confidence: 0.92988956

00:08:35.920 --> 00:08:37.810 you're not going to get a positive bold sign.

NOTE Confidence: 0.92988956

00:08:37.810 --> 00:08:40.650 But if it's 10/15/20 cc's, you may get one.

NOTE Confidence: 0.92988956

00:08:40.650 --> 00:08:41.970 So how do we do that?

NOTE Confidence: 0.92988956

00:08:41.970 --> 00:08:42.254 Well,

NOTE Confidence: 0.92988956

00:08:42.254 --> 00:08:44.242 you can see here there's a dimple

NOTE Confidence: 0.92988956

00:08:44.242 --> 00:08:46.490 on the medial aspect of the knee.

NOTE Confidence: 0.92988956

00:08:46.490 --> 00:08:48.806 If that dimple is filled in,

NOTE Confidence: 0.92988956

00:08:48.810 --> 00:08:51.230 we'll massage it somewhat vigorously

NOTE Confidence: 0.92988956

00:08:51.230 --> 00:08:53.650 and then press down laterally.

NOTE Confidence: 0.92988956

00:08:53.650 --> 00:08:57.290 And if we see a bulge or fluid wave here,

NOTE Confidence: 0.92988956

00:08:57.290 --> 00:09:00.008 that's a sign of extra fluid in the knee.

NOTE Confidence: 0.92988956

00:09:00.010 --> 00:09:02.188 So looking for fluid in the

NOTE Confidence: 0.92988956

00:09:02.188 --> 00:09:03.640 knee is absolutely key.

NOTE Confidence: 0.92988956

00:09:03.640 --> 00:09:05.120 I'm looking for specific

NOTE Confidence: 0.92988956

00:09:05.120 --> 00:09:06.600 problems in the knee,

NOTE Confidence: 0.92988956

00:09:06.600 --> 00:09:08.280 probably the one I'm most interested in.

NOTE Confidence: 0.92988956

00:09:08.280 --> 00:09:09.560 If someone's had a trauma,

NOTE Confidence: 0.92988956

00:09:09.560 --> 00:09:12.240 someone comes in from a soccer game or

NOTE Confidence: 0.92988956

00:09:12.240 --> 00:09:14.840 skiing and has had trauma to the knee.

NOTE Confidence: 0.92988956

00:09:14.840 --> 00:09:17.040 I'm particularly interested in a

NOTE Confidence: 0.92988956

00:09:17.040 --> 00:09:18.800 torn medial collateral ligament.

NOTE Confidence: 0.92988956

00:09:18.800 --> 00:09:20.976 So the way in which we test the

NOTE Confidence: 0.92988956

00:09:20.976 --> 00:09:22.392 medial collateral ligament is we

NOTE Confidence: 0.92988956

00:09:22.392 --> 00:09:24.024 bend the knee about 30 degrees

NOTE Confidence: 0.92988956

00:09:24.024 --> 00:09:25.845 and the reason we bend the knee

NOTE Confidence: 0.92988956

00:09:25.850 --> 00:09:27.890 is a quadriceps is an excellent

NOTE Confidence: 0.92988956

00:09:27.890 --> 00:09:29.250 stabilizer of the knee.

NOTE Confidence: 0.92988956

00:09:29.250 --> 00:09:31.301 We want to get rid of that

NOTE Confidence: 0.92988956

00:09:31.301 --> 00:09:31.887 stabilizing effect.

NOTE Confidence: 0.92988956

00:09:31.890 --> 00:09:33.354 So we have the naked ligament

NOTE Confidence: 0.92988956

00:09:33.354 --> 00:09:34.330 that we're looking at.

NOTE Confidence: 0.92988956

00:09:34.330 --> 00:09:36.666 I then take the palm of my hand

NOTE Confidence: 0.92988956

00:09:36.666 --> 00:09:39.461 and I put my palm here on the

NOTE Confidence: 0.92988956

00:09:39.461 --> 00:09:41.737 lateral aspect of the knee and

NOTE Confidence: 0.92988956

00:09:41.737 --> 00:09:44.439 then I simply pull in this fashion.

NOTE Confidence: 0.92988956

00:09:44.440 --> 00:09:46.554 And if there's a swinging gait here,

NOTE Confidence: 0.92988956

00:09:46.560 --> 00:09:48.690 that's a sign of a medial

NOTE Confidence: 0.92988956

00:09:48.690 --> 00:09:49.755 collateral ligament tear.

NOTE Confidence: 0.92988956

00:09:49.760 --> 00:09:51.938 That's important because when you have

NOTE Confidence: 0.92988956

00:09:51.938 --> 00:09:53.720 a medial collateral ligament tear,

NOTE Confidence: 0.92988956

00:09:53.720 --> 00:09:55.855 you often have associated with

NOTE Confidence: 0.92988956

00:09:55.855 --> 00:09:57.990 that the so-called vicious triad

NOTE Confidence: 0.9327422

00:09:58.066 --> 00:09:59.930 that is meniscual disease

NOTE Confidence: 0.9327422

00:09:59.930 --> 00:10:01.794 and anterior crusade disease.

NOTE Confidence: 0.9327422

00:10:01.800 --> 00:10:04.439 So that's the way you look for

NOTE Confidence: 0.9327422

00:10:04.439 --> 00:10:06.040 medial collateral ligament tears.

NOTE Confidence: 0.9327422

00:10:06.040 --> 00:10:10.266 Now, if you're looking for meniscule disease,

NOTE Confidence: 0.9327422

00:10:10.266 --> 00:10:13.344 this is a little more difficult.

NOTE Confidence: 0.9327422

00:10:13.350 --> 00:10:15.960 The classic maneuver looking for meniscal

NOTE Confidence: 0.9327422

00:10:15.960 --> 00:10:18.111 disease or internal derangements is

NOTE Confidence: 0.9327422

00:10:18.111 --> 00:10:19.826 what's called the McMurray sign.

NOTE Confidence: 0.9327422

00:10:19.830 --> 00:10:22.788 And you combine extension with rotation.

NOTE Confidence: 0.9327422

00:10:22.790 --> 00:10:24.580 But the sensitivity and specificity

NOTE Confidence: 0.9327422

00:10:24.580 --> 00:10:27.030 of that test is not terrific.

NOTE Confidence: 0.9327422

00:10:27.030 --> 00:10:28.188 But here's how to do it.

NOTE Confidence: 0.9327422

00:10:28.190 --> 00:10:30.070 So you bend the knee,

NOTE Confidence: 0.9327422

00:10:30.070 --> 00:10:33.230 you put a medial pressure on the knee,

NOTE Confidence: 0.9327422

00:10:33.230 --> 00:10:34.868 you push the knee like this,

NOTE Confidence: 0.9327422

00:10:34.870 --> 00:10:37.774 and you combine rotation of the

NOTE Confidence: 0.9327422

00:10:37.774 --> 00:10:40.590 ankle with extension of the knee,

NOTE Confidence: 0.9327422

00:10:40.590 --> 00:10:44.148 and that puts strain on the

NOTE Confidence: 0.9327422

00:10:44.150 --> 00:10:44.780 medial compartment.

NOTE Confidence: 0.9327422

00:10:44.780 --> 00:10:46.985 And if you get a popping or

NOTE Confidence: 0.9327422

00:10:46.985 --> 00:10:48.787 a pain when you do that,

NOTE Confidence: 0.9327422

00:10:48.790 --> 00:10:53.186 that's a sign of a meniscal tear.

NOTE Confidence: 0.9327422

00:10:53.190 --> 00:10:55.374 One of the structures that can

NOTE Confidence: 0.9327422

00:10:55.374 --> 00:10:57.150 occasionally give you knee pain

NOTE Confidence: 0.9327422

00:10:57.150 --> 00:11:00.270 is the socalled anserene Bursa.

NOTE Confidence: 0.9327422

00:11:00.270 --> 00:11:00.987 It used to.

NOTE Confidence: 0.9327422

00:11:00.987 --> 00:11:02.421 There's a When the old anatomist

NOTE Confidence: 0.9327422

00:11:02.421 --> 00:11:03.785 looked at this and I thought

NOTE Confidence: 0.9327422

00:11:03.785 --> 00:11:05.150 it looked like a goose's foot,

NOTE Confidence: 0.9327422

00:11:05.150 --> 00:11:07.140 they called the Pez answering.

NOTE Confidence: 0.9327422

00:11:07.140 --> 00:11:08.825 So the answer reimburser is

NOTE Confidence: 0.9327422

00:11:08.825 --> 00:11:11.036 right at the insertion of the

NOTE Confidence: 0.9327422

00:11:11.036 --> 00:11:12.419 medial hamstring muscles.

NOTE Confidence: 0.9327422

00:11:12.420 --> 00:11:13.860 So you take your hand,

NOTE Confidence: 0.9327422

00:11:13.860 --> 00:11:16.086 you follow the medial hamstring muscles

NOTE Confidence: 0.9327422

00:11:16.086 --> 00:11:19.177 down the leg until it inserts in the tibia,

NOTE Confidence: 0.9327422

00:11:19.180 --> 00:11:20.868 just about two finger

NOTE Confidence: 0.9327422

00:11:20.868 --> 00:11:22.978 breasts below the joint line.

NOTE Confidence: 0.9327422

00:11:22.980 --> 00:11:25.218 That's often A cause of pain.

NOTE Confidence: 0.9327422

00:11:25.220 --> 00:11:26.620 You can't see this Bursa,

NOTE Confidence: 0.9327422

00:11:26.620 --> 00:11:28.875 but you find exquisite tenderness

NOTE Confidence: 0.9327422

00:11:28.875 --> 00:11:31.130 when you palpate this bursar

NOTE Confidence: 0.9327422

00:11:31.211 --> 00:11:32.960 on physical examination.

NOTE Confidence: 0.9327422

00:11:32.960 --> 00:11:33.315 Now,

NOTE Confidence: 0.9327422

00:11:33.315 --> 00:11:35.800 one of the compartments of the knee

NOTE Confidence: 0.9327422

00:11:35.800 --> 00:11:37.682 that frequently causes knee pain

NOTE Confidence: 0.9327422

00:11:37.682 --> 00:11:39.522 is the compartment between the

NOTE Confidence: 0.9327422

00:11:39.522 --> 00:11:41.719 kneecap or Patella and the femur.

NOTE Confidence: 0.9327422

00:11:41.720 --> 00:11:43.400 There are three compartments in the knee,

NOTE Confidence: 0.9327422

00:11:43.400 --> 00:11:45.656 medial compartment, lateral compartment,

NOTE Confidence: 0.9327422

00:11:45.656 --> 00:11:48.476 and so-called patello femoral compartment.

NOTE Confidence: 0.9327422

00:11:48.480 --> 00:11:51.128 The way way in which we test the

NOTE Confidence: 0.9327422

00:11:51.128 --> 00:11:52.667 patello femoral compartment is

NOTE Confidence: 0.9327422

00:11:52.667 --> 00:11:54.275 we take our fingers,

NOTE Confidence: 0.9327422

00:11:54.280 --> 00:11:56.128 put them right on the superior

NOTE Confidence: 0.9327422

00:11:56.128 --> 00:11:57.360 margin of the Patella.

NOTE Confidence: 0.9327422

00:11:57.360 --> 00:11:59.558 Remember, the Patella is a sesamoid bone,

NOTE Confidence: 0.9327422

00:11:59.560 --> 00:12:01.050 a bone inside a muscle.

NOTE Confidence: 0.9327422

00:12:01.050 --> 00:12:02.622 So we asked the patient to

NOTE Confidence: 0.9327422

00:12:02.622 --> 00:12:04.170 press their knee into the bed.

NOTE Confidence: 0.9327422

00:12:04.170 --> 00:12:05.690 So when Andrea does that,

NOTE Confidence: 0.9327422

00:12:05.690 --> 00:12:07.846 you can see she contracts her quadriceps.

NOTE Confidence: 0.9327422

00:12:07.850 --> 00:12:10.058 So she's extending her knee and

NOTE Confidence: 0.9327422

00:12:10.058 --> 00:12:11.530 she's contracting her quadriceps.

NOTE Confidence: 0.9327422

00:12:11.530 --> 00:12:12.910 And when that happens,

NOTE Confidence: 0.9327422

00:12:12.910 --> 00:12:14.290 the Patella moves superiorly,

NOTE Confidence: 0.9327422

00:12:14.290 --> 00:12:16.090 So this muscle contracts the

NOTE Confidence: 0.9327422

00:12:16.090 --> 00:12:17.890 bone in the muscle moves,

NOTE Confidence: 0.9327422

00:12:17.890 --> 00:12:20.326 moves superiorly, so we use that.

NOTE Confidence: 0.9327422

00:12:20.330 --> 00:12:21.158 I take my finger,

NOTE Confidence: 0.9327422

00:12:21.158 --> 00:12:22.890 put it on top of the Patella.

NOTE Confidence: 0.9327422

00:12:22.890 --> 00:12:25.220 I ask her to press her knee into the bed,

NOTE Confidence: 0.9327422

00:12:25.220 --> 00:12:27.656 and if that reproduces her pain,

NOTE Confidence: 0.9327422

00:12:27.660 --> 00:12:29.778 that's a sign that we're probably

NOTE Confidence: 0.9327422

00:12:29.778 --> 00:12:31.678 do it dealing with Patello

NOTE Confidence: 0.9327422

00:12:31.678 --> 00:12:33.748 femoral irritation as the cause

NOTE Confidence: 0.9327422

00:12:33.748 --> 00:12:35.820 of the patient's knee pain.

NOTE Confidence: 0.9327422

00:12:35.820 --> 00:12:37.640 So the key thing about examining a

NOTE Confidence: 0.9327422

00:12:37.640 --> 00:12:39.980 knee is you want to look and see if

NOTE Confidence: 0.9327422

00:12:39.980 --> 00:12:42.059 there's any signs of fluid in the knee.

NOTE Confidence: 0.9327422

00:12:42.060 --> 00:12:44.454 You want to check for ligamentous tears.

NOTE Confidence: 0.9327422

00:12:44.460 --> 00:12:45.954 You want to check the Patello

NOTE Confidence: 0.9327422

00:12:45.954 --> 00:12:47.220 femoral compartment in the knee.

NOTE Confidence: 0.9327422

00:12:47.220 --> 00:12:49.380 You want to look for the Bursa of the knee.

NOTE Confidence: 0.9327422

00:12:49.380 --> 00:12:51.618 Particularly look for the answering Bursa,

NOTE Confidence: 0.9327422

00:12:51.620 --> 00:12:55.260 which is a common source of knee pain.

NOTE Confidence: 0.9327422

00:12:55.260 --> 00:12:57.828 So a very important joint to

NOTE Confidence: 0.9327422

00:12:57.828 --> 00:12:59.540 examine is a hip.

NOTE Confidence: 0.9327422

00:12:59.540 --> 00:13:00.986 The reason for that is that

NOTE Confidence: 0.9327422

00:13:00.986 --> 00:13:01.950 hip disease can be

NOTE Confidence: 0.933248

00:13:02.009 --> 00:13:03.646 felt in four places, the groin,

NOTE Confidence: 0.933248

00:13:03.646 --> 00:13:05.697 the thigh, the knee or the buttock.

NOTE Confidence: 0.933248

00:13:05.700 --> 00:13:08.220 So back pain can be due to hip disease.

NOTE Confidence: 0.933248

00:13:08.220 --> 00:13:10.299 So the patient should be lying down,

NOTE Confidence: 0.933248

00:13:10.300 --> 00:13:12.370 should be relaxed, should be covered

NOTE Confidence: 0.933248

00:13:12.370 --> 00:13:14.900 shorts or a sheet between the legs.

NOTE Confidence: 0.933248

00:13:14.900 --> 00:13:17.476 And then you relax the patient and

NOTE Confidence: 0.933248

00:13:17.476 --> 00:13:19.659 you're checking passive range of motion,

NOTE Confidence: 0.933248

00:13:19.660 --> 00:13:21.543 analogous to what we did in the

NOTE Confidence: 0.933248

00:13:21.543 --> 00:13:23.060 glenohumeral joint of the shoulder.

NOTE Confidence: 0.933248

00:13:23.060 --> 00:13:25.067 So we take one hand and put it on

NOTE Confidence: 0.933248

00:13:25.067 --> 00:13:27.096 the lateral aspect of the pelvis.

NOTE Confidence: 0.933248

00:13:27.100 --> 00:13:28.212 We relax the patient,

NOTE Confidence: 0.933248

00:13:28.212 --> 00:13:31.048 we have one hand on the pelvis, we take

NOTE Confidence: 0.933248

00:13:31.048 --> 00:13:34.100 the leg and we very gently abduct the leg.

NOTE Confidence: 0.933248

00:13:34.100 --> 00:13:36.650 And we should be able to abduct it to

NOTE Confidence: 0.933248

00:13:36.650 --> 00:13:39.380 about 40 degrees before the pelvis tilts,

NOTE Confidence: 0.933248

00:13:39.380 --> 00:13:41.214 so about halfway through a right angle,

NOTE Confidence: 0.933248

00:13:41.220 --> 00:13:42.024 and that's normal.

NOTE Confidence: 0.933248

00:13:42.024 --> 00:13:43.560 So this is normal. Abduction.

NOTE Confidence: 0.933248

00:13:43.560 --> 00:13:46.919 I then take the leg, take the knee,

NOTE Confidence: 0.933248

00:13:46.919 --> 00:13:48.808 bend the knee, bend the hip,

NOTE Confidence: 0.933248

00:13:48.808 --> 00:13:50.464 and then take my heel and

NOTE Confidence: 0.933248

00:13:50.464 --> 00:13:52.159 I move it immediately,

NOTE Confidence: 0.933248

00:13:52.160 --> 00:13:54.680 and that's called lateral rotation.

NOTE Confidence: 0.933248

00:13:54.680 --> 00:13:55.034 Arbitrarily.

NOTE Confidence: 0.933248

00:13:55.034 --> 00:13:57.158 That's what that maneuver is called,

NOTE Confidence: 0.933248

00:13:57.160 --> 00:14:00.160 and it should be 50 to 60 degrees.

NOTE Confidence: 0.933248

00:14:00.160 --> 00:14:02.038 I then move the leg laterally,

NOTE Confidence: 0.933248

00:14:02.040 --> 00:14:04.120 which is called medial rotation,

NOTE Confidence: 0.933248

00:14:04.120 --> 00:14:07.396 and it should be roughly 15 to 20 degrees.

NOTE Confidence: 0.933248

00:14:07.400 --> 00:14:11.432 So if there is full passive range of motion,

NOTE Confidence: 0.933248

00:14:11.440 --> 00:14:12.912 40 degrees of abduction,

NOTE Confidence: 0.933248

00:14:12.912 --> 00:14:14.752 60 degrees of internal rotation,

NOTE Confidence: 0.933248

00:14:14.760 --> 00:14:17.400 20 degrees of internal rotation of the hip,

NOTE Confidence: 0.933248

00:14:17.400 --> 00:14:19.554 it's highly unlikely that the hip

NOTE Confidence: 0.933248

00:14:19.554 --> 00:14:22.528 is the cause of the patient's groin,

NOTE Confidence: 0.933248

00:14:22.530 --> 00:14:24.810 back, thigh or knee pain.

NOTE Confidence: 0.933248

00:14:24.810 --> 00:14:26.889 If the range of motion is limited,

NOTE Confidence: 0.933248

00:14:26.890 --> 00:14:28.528 then you have a few more things to do,

NOTE Confidence: 0.933248

00:14:28.530 --> 00:14:30.490 but it's a very important screening test,

NOTE Confidence: 0.933248

00:14:30.490 --> 00:14:31.626 very easy to do.

NOTE Confidence: 0.933248

00:14:31.626 --> 00:14:33.046 Any patient with back pain.

NOTE Confidence: 0.933248

00:14:33.050 --> 00:14:34.610 You should always examine the hip.

NOTE Confidence: 0.933248

00:14:34.610 --> 00:14:36.206 You just lie them down and you

NOTE Confidence: 0.933248

00:14:36.206 --> 00:14:37.928 passively do it and it gives you

NOTE Confidence: 0.933248

00:14:37.928 --> 00:14:39.163 an awful lot of information.

NOTE Confidence: 0.93821937

00:14:43.790 --> 00:14:44.794 There are many mechanical

NOTE Confidence: 0.93821937

00:14:44.794 --> 00:14:46.300 problems that can occur in the

NOTE Confidence: 0.93821937

00:14:46.349 --> 00:14:47.825 fore foot that are not arthritis.

NOTE Confidence: 0.93821937

00:14:47.830 --> 00:14:49.526 A bunion, cloroto, maloto,

NOTE Confidence: 0.93821937

00:14:49.526 --> 00:14:52.070 hammertoe are all due to neuropathic

NOTE Confidence: 0.93821937

00:14:52.143 --> 00:14:53.580 problems, not arthritis.

NOTE Confidence: 0.93821937

00:14:53.580 --> 00:14:56.070 If you see involvement of the

NOTE Confidence: 0.93821937

00:14:56.070 --> 00:14:57.710 interphalengial joints of the toes,

NOTE Confidence: 0.93821937

00:14:57.710 --> 00:14:59.048 think psoriatic arthritis

NOTE Confidence: 0.93821937

00:14:59.048 --> 00:15:00.386 or Reiter's syndrome.

NOTE Confidence: 0.93821937

00:15:00.390 --> 00:15:02.565 The metatarsal phalengial joint is

NOTE Confidence: 0.93821937

00:15:02.565 --> 00:15:05.720 actually the most common joint to be

NOTE Confidence: 0.93821937

00:15:05.720 --> 00:15:07.548 involved in inflammatory arthritis.

NOTE Confidence: 0.93821937

00:15:07.550 --> 00:15:09.146 There are three joints of the ankles,

NOTE Confidence: 0.93821937

00:15:09.150 --> 00:15:10.426 A Tibio Tailor joint.

NOTE Confidence: 0.93821937

00:15:10.426 --> 00:15:12.340 The capsule is over the anterior

NOTE Confidence: 0.93821937

00:15:12.401 --> 00:15:14.207 aspect of the ankle and that

NOTE Confidence: 0.93821937

00:15:14.207 --> 00:15:15.770 flexes and extends the foot.

NOTE Confidence: 0.93821937

00:15:15.770 --> 00:15:18.530 The subtala joint is a very separate joint.

NOTE Confidence: 0.93821937

00:15:18.530 --> 00:15:20.778 The capsule is below the maleal eye and

NOTE Confidence: 0.93821937

00:15:20.778 --> 00:15:22.806 that inverts and inverts the hind foot.

NOTE Confidence: 0.93821937

00:15:22.810 --> 00:15:24.067 The metatarsophyllingeal joint.

NOTE Confidence: 0.93821937

00:15:24.067 --> 00:15:27.000 The capsule is over the forefoot and

NOTE Confidence: 0.93821937

00:15:27.068 --> 00:15:29.288 it inverts and inverts the forefoot.

NOTE Confidence: 0.93821937

00:15:29.290 --> 00:15:30.538 Examining the knee.

NOTE Confidence: 0.93821937

00:15:30.538 --> 00:15:30.954 Remember,

NOTE Confidence: 0.93821937

00:15:30.954 --> 00:15:33.034 the synovial capsule is superior

NOTE Confidence: 0.93821937

00:15:33.034 --> 00:15:35.137 medial and lateral to the Patella.

NOTE Confidence: 0.93821937

00:15:35.140 --> 00:15:37.762 We find diffusions by finding pressure

NOTE Confidence: 0.93821937

00:15:37.762 --> 00:15:40.773 coming out against our fingers as we

NOTE Confidence: 0.93821937

00:15:40.773 --> 00:15:43.531 palpate down on the Super Patella region.

NOTE Confidence: 0.93821937

00:15:43.540 --> 00:15:45.738 Positive bold sign is when a fluid

NOTE Confidence: 0.93821937

00:15:45.738 --> 00:15:47.689 wave is produced in the medial

NOTE Confidence: 0.93821937

00:15:47.689 --> 00:15:49.573 region when pressure is placed on

NOTE Confidence: 0.93821937

00:15:49.573 --> 00:15:51.620 the lateral aspect of the knee.

NOTE Confidence: 0.93821937

00:15:51.620 --> 00:15:53.894 You look at the medial collateral

NOTE Confidence: 0.93821937

00:15:53.894 --> 00:15:55.742 ligament by stressing the knee

NOTE Confidence: 0.93821937

00:15:55.742 --> 00:15:57.338 with a palm of the hand,

NOTE Confidence: 0.93821937

00:15:57.340 --> 00:15:59.937 serving as a fulcrum of that movement.

NOTE Confidence: 0.93821937

00:15:59.940 --> 00:16:03.118 You test for medial meniscal tears by

NOTE Confidence: 0.93821937

00:16:03.118 --> 00:16:06.128 combining extension and rotation of the knee,

NOTE Confidence: 0.93821937

00:16:06.130 --> 00:16:08.194 and you test for patello femoral

NOTE Confidence: 0.93821937

00:16:08.194 --> 00:16:10.230 disease by putting pressure on the

NOTE Confidence: 0.93821937

00:16:10.230 --> 00:16:11.720 superior border of the Patella

NOTE Confidence: 0.93821937

00:16:11.720 --> 00:16:13.677 and asking the patient to contract

NOTE Confidence: 0.93821937

00:16:13.677 --> 00:16:15.675 the quadriceps by pushing the leg

NOTE Confidence: 0.93821937

00:16:15.675 --> 00:16:17.186 into the examining table.

NOTE Confidence: 0.93821937

00:16:17.186 --> 00:16:19.930 Hip range of motion is extremely important.

NOTE Confidence: 0.93821937

00:16:19.930 --> 00:16:21.810 The patient must be supine.

NOTE Confidence: 0.93821937

00:16:21.810 --> 00:16:24.204 You place your hand over the lateral

NOTE Confidence: 0.93821937

00:16:24.204 --> 00:16:26.153 aspect of the pelvis and then

NOTE Confidence: 0.93821937

00:16:26.153 --> 00:16:27.563 a B duct the leg.

NOTE Confidence: 0.93821937

00:16:27.570 --> 00:16:29.018 When the pelvis moves,

NOTE Confidence: 0.93821937

00:16:29.018 --> 00:16:31.750 that's abduction and usually it's 40 degrees.

NOTE Confidence: 0.93821937

00:16:31.750 --> 00:16:33.742 You flex the hip and externally

NOTE Confidence: 0.93821937

00:16:33.742 --> 00:16:35.390 or loudly rotate the hip.

NOTE Confidence: 0.93821937

00:16:35.390 --> 00:16:37.462 You should be able to get 60

NOTE Confidence: 0.93821937

00:16:37.462 --> 00:16:39.982 degrees and you flex the hip and

NOTE Confidence: 0.93821937

00:16:39.982 --> 00:16:41.542 internally immediately rotate the

NOTE Confidence: 0.93821937

00:16:41.542 --> 00:16:44.148 hip and you should get 20 degrees.

NOTE Confidence: 0.93821937

00:16:44.150 --> 00:16:45.986 So the exam is very simple,

NOTE Confidence: 0.93821937

00:16:45.990 --> 00:16:47.314 doesn't take much time,

NOTE Confidence: 0.93821937

00:16:47.314 --> 00:16:49.963 but can be invaluable in trying to sort

NOTE Confidence: 0.93821937

00:16:49.963 --> 00:16:52.070 out what's going on with the patient.