

SUMMARY OF KNEE (TIBIOFEMORAL) DIAGNOSTIC CRITERIA AND PT MANAGEMENT STRATEGIES

DISORDER	HISTORY	PHYSICAL EXAM	PT MANAGEMENT
Knee Mobility Deficit “Knee Capsulitis”	Aching – worse with wt. bearing Stiffness	ROM deficits – esp. loss of flexion Pain at end ranges	PROM/Joint Mobs Ther Ex’s
Knee Muscle Power Deficit “Iliotibial Band Friction Syndrome”	Lateral knee pain Overuse MOI – precipitated by unaccustomed wt. bearing – e.g., stair climbing or running on unlevel surfaces	SR w/ provocation of Gurdy’s tubercle or Lateral Femoral Condyle	Reduce overuse Physical agents (Ice, US) STM, C/R, FM, to ITB and Lat thigh PF Taping Rx LE biomechanical impairments
Knee Muscle Power Deficit Pes Anserinus Bursitis	Medial knee pain Overuse MOI – such as long distance running in the presence of a LE biomechanical abnormality (e.g., abnormal pronation)	SR w/ palpation or provocation of the pes anserine bursa	Reduce overuse and LE biomechanical impairments Physical agents (US/Phono) Gentle FM
Knee Movement Coordination Deficit “Anterior Cruciate Ligament Sprain/Insufficiency”	Trauma Swelling (often acute hemarthrosis) Giving way	Excessive anterior tibial translation with Lachman’s Test	Physical agents if acute P.R.I.C.E. instructions Proprioceptive and functional strength training
Knee Movement Coordination Deficit Medial Collateral Ligament Sprain	Trauma – involving a valgus stress Swelling	Pain – and possibly laxity – with valgus stress test at 30° of flexion	Physical agents if acute (Ice, US) P.R.I.C.E. instructions Proprioceptive and functional strength training Friction massage
Knee Pain “Medial or Lateral Meniscal Tear”	Twisting/pivoting MOI Joint line pain Locking Cannot fully bend or straighten knee	SR w/: Joint line palpation or provocation Hyperflexion, hyperextension, or McMurray’s maneuvers	Painfree Ther Ex’s
Knee and Leg Radiating Pain “Peroneal Nerve Entrapment”	Line of pain on Lat side of knee/calf Paresthesias, sensory & motor deficits Onset MOI – trauma or pressure to lateral side of knee (e.g., brace)	SR w/: Peroneal Nerve bias LLTT Palpation/provocation of the Peroneal Nerve	Rx entrapment (STM/JM to Sup. Tib-Fib area) Peroneal Nerve Mob (PROM and AROM Ex’s)