

HISTORY & PHYSICAL EXAM OF THE LOWER EXTREMITY

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HISTORY

AGE

OCCUPATION

SITE & QUALITY

DURATION

ONSET

SPREAD

BEHAVIOR

ASSOCIATED SYMPTOMS

PAST MEDICAL HISTORY: disease states(dm;ca;renal;depression) meds
previous treatment and results

SOCIAL HISTORY: hand dominance; work status (work injury)
living arrangement, family & social support

CC: 52 y.o. PA w right knee pain for 6 months

HPI: ptn had gradual onset right knee pain, no known trauma, did seem to occur after playing baseball, pain is dull, achy, not burning; located deep in the knee; constant; worse when standing or walking on it; better with rest.

Has tried ibuprofen without help, no other treatment. Denies weakness, locking, giving way, does swell, feels stiff for less than 30 minutes in the am.

PM HX: no disease states, meds: aspirin daily

SURG ICAL HX: arthroscopic surgery right knee 1983

SOC HX: married, children, own home, works full time PA, job and activities not significantly affected by problem. Not work comp nor mva nor liability injury.

PHYSICAL EXAM

INSPECTION

PALPATION

RANGE OF MOTION

RESISTED MOVEMENTS

SPECIAL TESTS

NEURO/ VASCULAR

AUXILIARY TEST- xrays, labs, etc

HAVE PATIENT

POINT WITH ONE

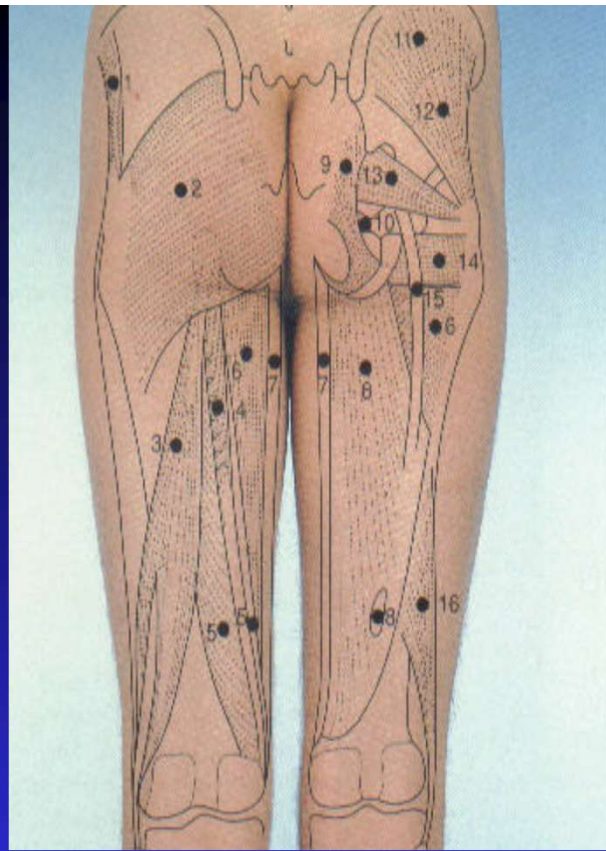
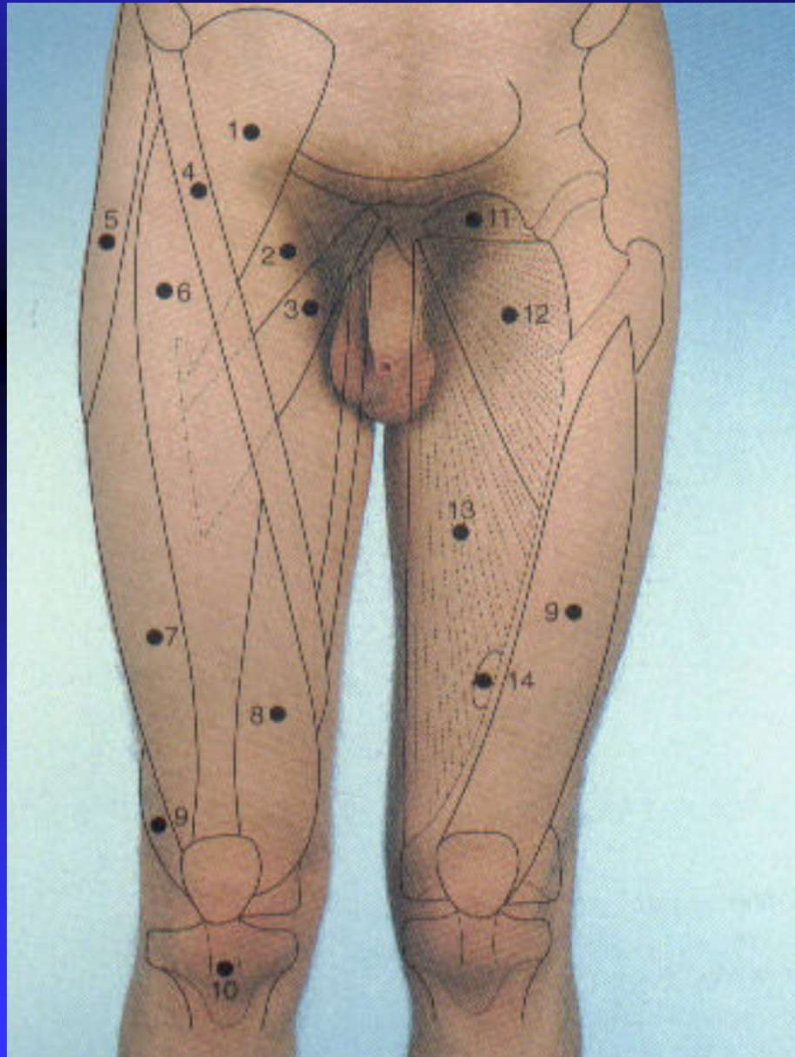
FINGER TO WHERE

PAIN IS

HIP EXAM- (screen back)

INSPECTION- watch patients movement, body habitus, affect
color- red- inflammation/infection, ecchymotic- trauma
deformity- externally rotated, abducted, shortened- femoral
neck fracture
flexion, internal rotation, adduction- posterior hip
dislocation
flexion, external rotation, abduction- anterior hip
dislocation
swelling- usually not that helpful for hip
atrophy- check quadriceps

PALPATION- start with gentle, firm, healing touch
temperature- warmth- inflammation/infection
crepitus- osteoarthritis
swelling-
tenderness- palpate greater trochanter- trochanteric bursitis,
hip joint is located 2cm distal & 2cm lateral to
femoral artery at the inguinal ligament, anterior
superior iliac crest (asis)



HIP EXAM

RANGE OF MOTION-

active- check for range, willingness, pain

flexion- 135 degrees; extension 30 degrees

abduction- 45 degrees; adduction- 20 degrees

internal rotation- 30 degrees; external rotation- 45

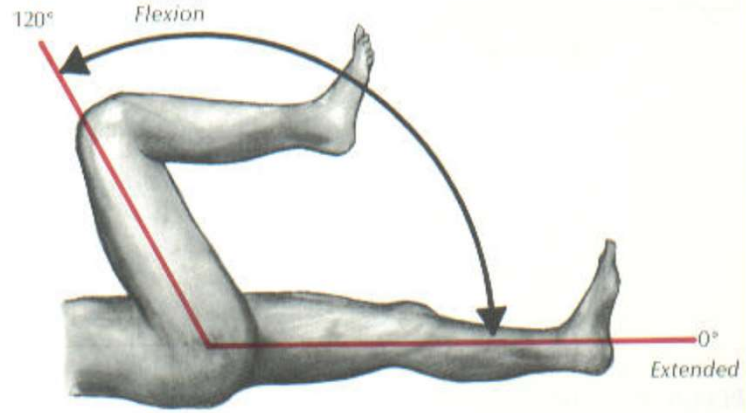
passive- check for range, end feel, pain

if active range of motion is limited do passive

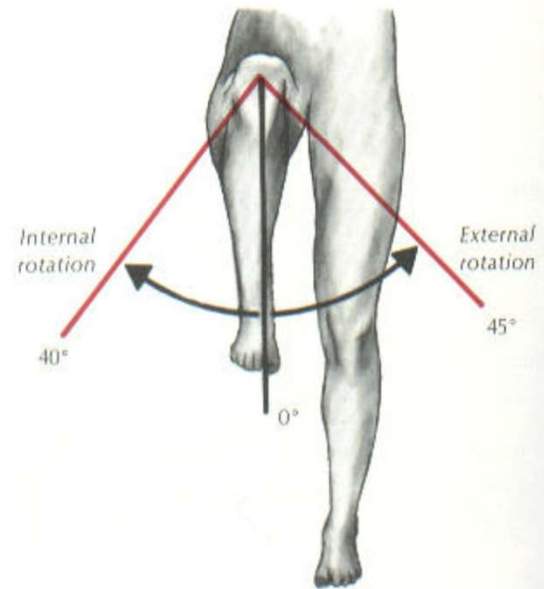
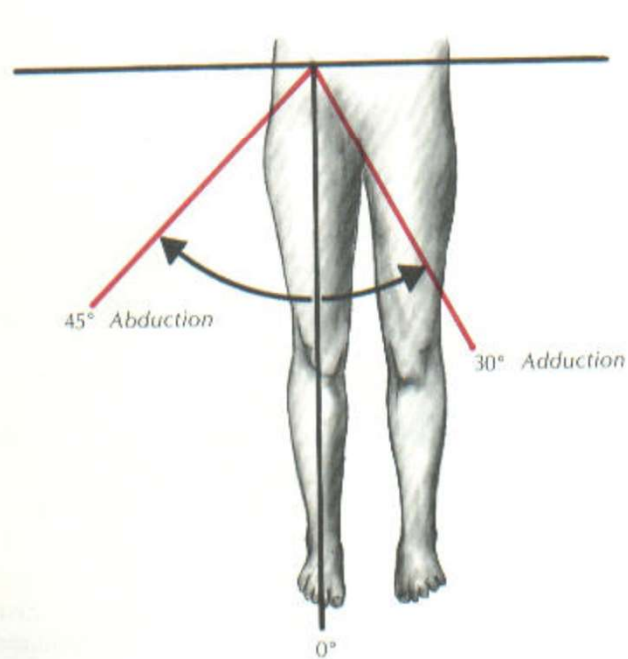
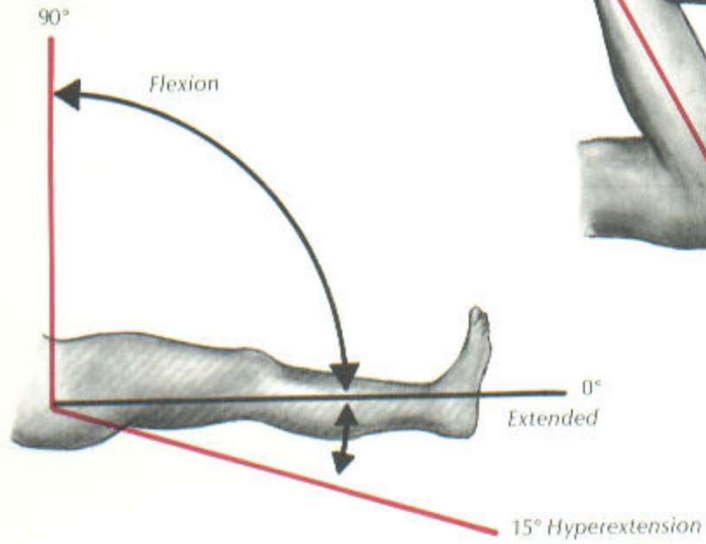
range of motion is same as active

If internal rotation is most limited- suggests hip pathology

WITH KNEE FLEXED



WITH KNEE STRAIGHT



HIP EXAM

RESISTED MOVEMENTS- grade strength from 0 to 5
flexion- iliopsoas, sartorius, rectus femoris
extension- gluteus maximus, hamstrings
abduction- gluteus medius
adduction- adductor longus, brevis, magnus, pectineus,
gracilis
external rotation- piriformis
internal rotation- gluteus medius & minimus

SPECIAL TESTS- leg length measurement- asis to medial
malleolus
trendelenburg- checks strength of gluteus medius
Thomas test-checks for hip flexion contracture

NEURO/ VASCULAR

AUXILIARY TESTS- xrays, labs, etc



6.15



6.16



6.17



6.18



6.19



6.20



KNEE EXAM

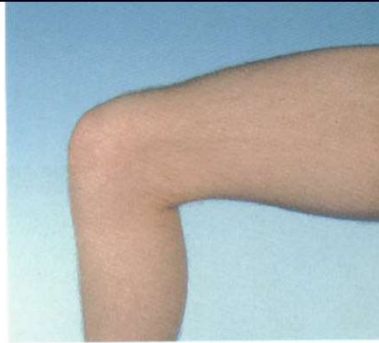
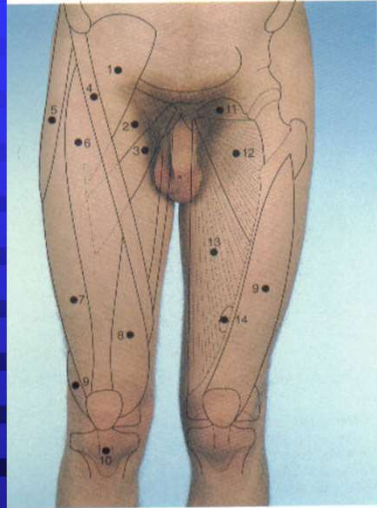
INSPECTION- watch patients movements, body habitus, affect
color- red- inflammatory/ infection, ecchymotic- trauma
deformity- varus/ valgus with osteoarthritis
swelling- localized- infrapatellar/ prepatellar bursitis;
 generalized- knee joint (suprapatellar pouch)

PALPATION- start with gentle, firm, healing touch
temperature- warmth- inflammation/ infection
crepitus- osteoarthritis
swelling- bursa, joint, synovial thickening
tenderness- think and palpate anatomically, medial & lateral
 joint line, meniscus, pes anserine bursa, patellar
 tendon, anterior tibial tubercle, hamstrings

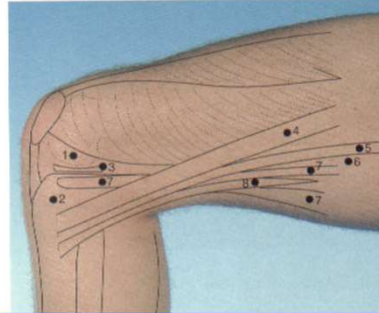
developmentally a part of the hamstring muscle group extending the hip joint.

Medial aspect of the knee

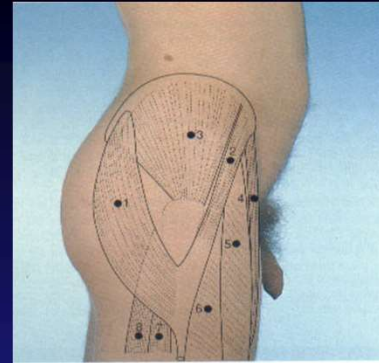
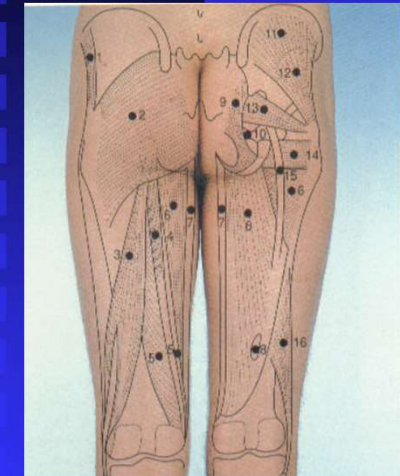
The medial collateral ligament of the knee joint is a wide flat ligamentous sheet blending with the capsule of the joint, passing from the medial epicondyle of the femur to the upper surface of the tibial shaft (Fig. 7.9, Fig 7.29, p. 97). The medial edge



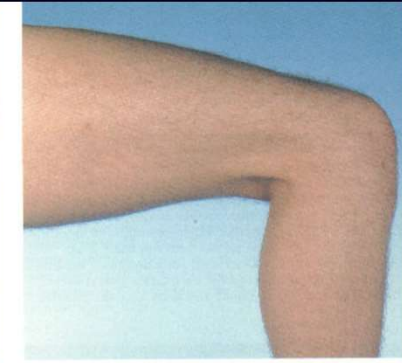
7.8 Medial aspect of the flexed knee



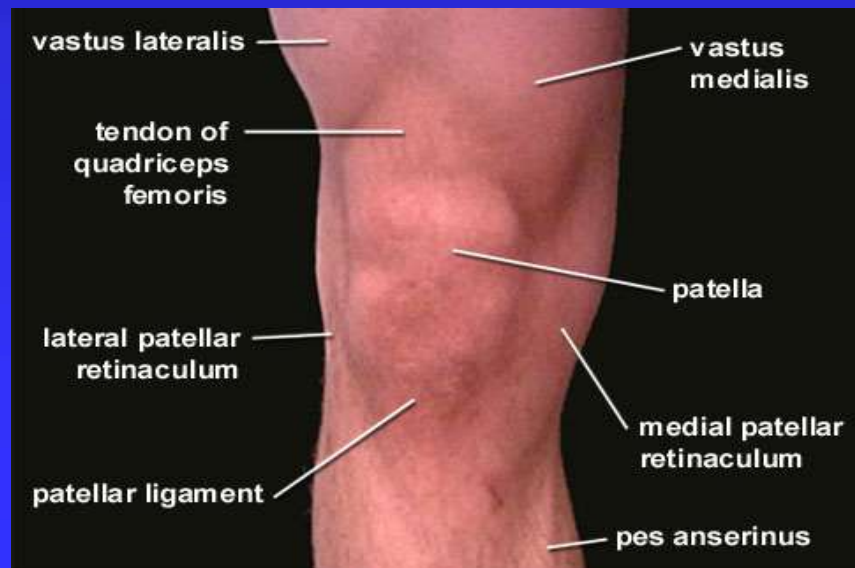
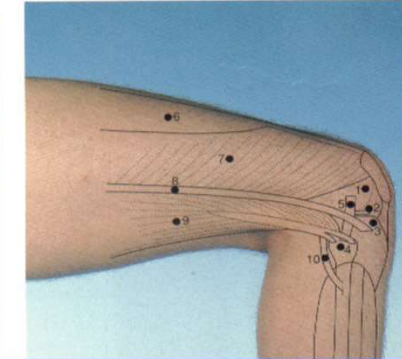
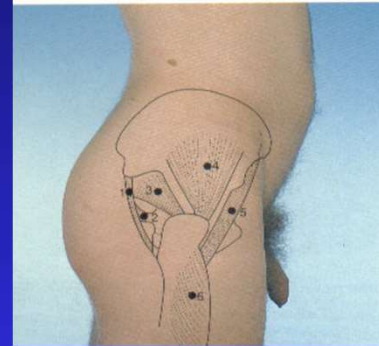
Anterior and medial aspect of the thigh: superficial (right side) (Fig. 7.10, Fig 7.29, p. 97). Items 6-10 make up



7.12 Lateral aspect of the hip joint: superficial muscles
 1 Gluteus maximus
 2 Tensor fascia lata
 3 Gluteus medius
 4 Sartorius
 5 Rectus femoris
 6 Vastus lateralis
 7 Long head of biceps femoris
 8 Semitendinosus



7.14 Lateral aspect of the flexed knee



KNEE EXAM

RANGE OF MOTION-

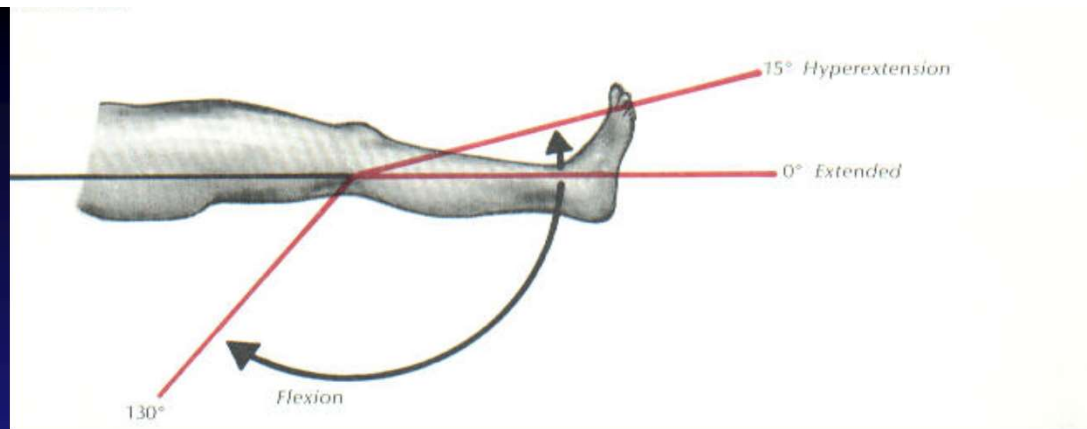
active- check for range, willingness, pain
flexion- 135 degrees; extension- 0 degrees

passive- check for range end feel, pain
if active range of motion is limited do passive
range of motion same as active

RESISTED MOVEMENTS-

grade strength from 0 to 5
flexion- biceps femoris, semimembranosus, semitendinosus-
hamstrings

extension- vastus lateralis, medialis, intermedialis, rectus
femoris- quadriceps



KNEE EXAM

SPECIAL TESTS-

medial/ lateral collateral ligament- varus/ valgus stress
anterior/ posterior cruciate- anterior drawer, Lachmans,
pivot shift
meniscal tear- McMurrays'

NEURO/ VASCULAR

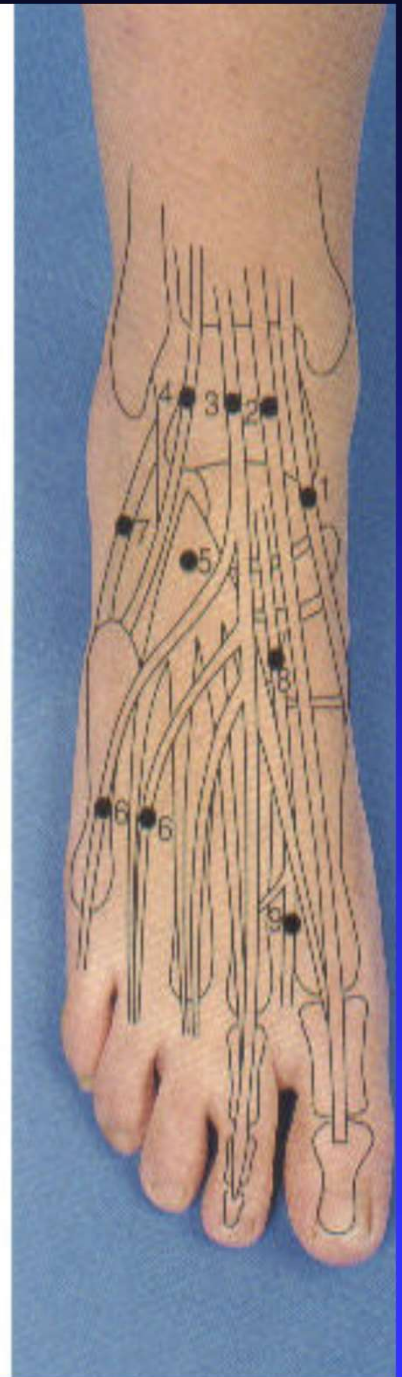
AUXILIARY TESTS- xrays, labs, etc



ANKLE & FOOT EXAM

INSPECTION- watch patients movement, body habitus, affect
color- red- inflammation (gout), infection, ecchymotic-trauma
deformity- fracture, hallux valgus, hammer/ claw toe
swelling- localized- ganglion, joint- gout, soft tissue
atrophy- gastrocnemeus/ soleus

PALPATION- start with gentle, firm, healing touch
temperature- warmth- inflammation (gout), infection
crepitus- osteoarthritis
swelling- ganglion, joint, soft tissue
tenderness- think and palpate anatomically,
lateral & medial malleolus, anterior tibialis,
extensor hallicus longus, dorsalis pedis,
tibialis posterior, peroneus



ANKLE & FOOT EXAM

RANGE OF MOTION-

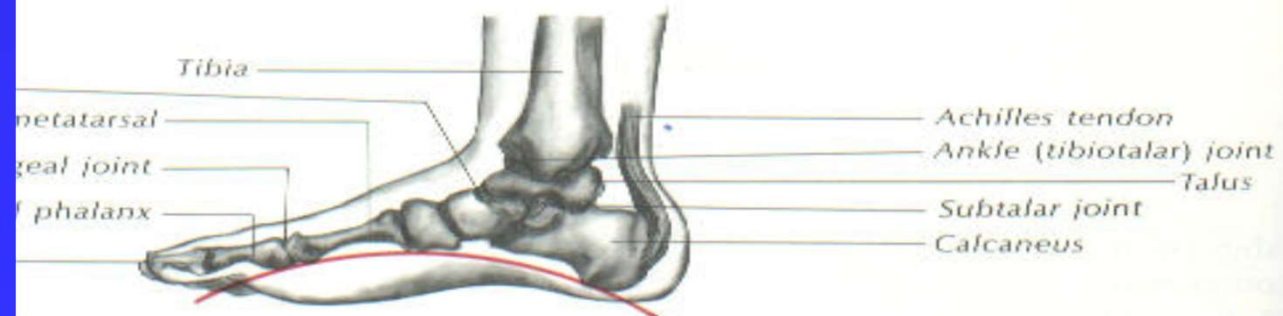
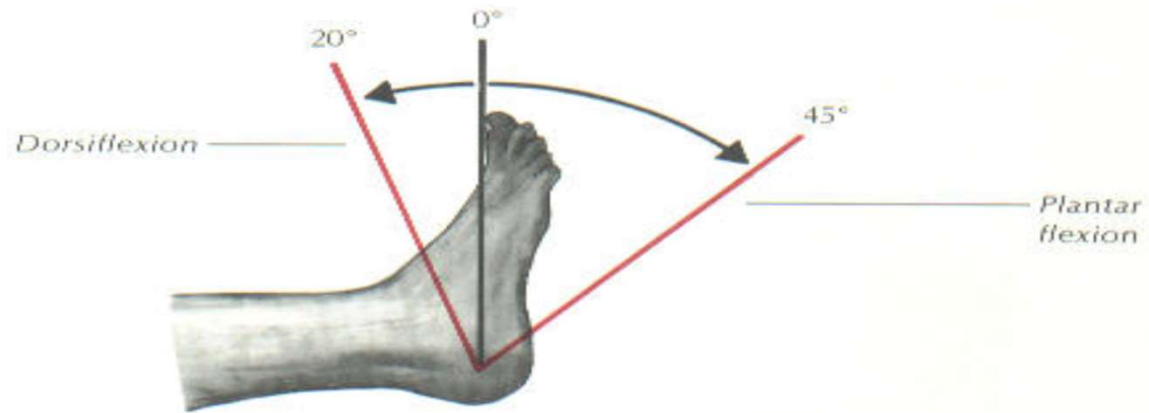
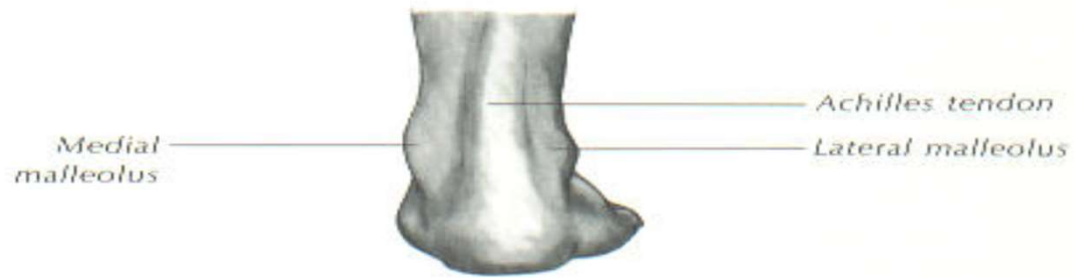
active- check for range, willingness, pain

dorsiflexion- 20 degrees

plantarflexion- 45 degrees

passive- check for range, end feel, pain

if active range of motion is limited do passive



ANKLE & FOOT EXAM

RESISTED MOVEMENTS- grade strength from 0 to 5
dorsiflexion- tibialis anterior, extensor hallucis longus, extensor digitorum
plantarflexion- gastrocnemius, soleus
inversion- tibialis posterior
eversion- peroneus longus & brevis

SPECIAL TESTS- Thompson test- check for Achilles tendon rupture
Homans' sign- screening for deep vein thromboses

NEURO/ VASCULAR

AUXILIARY TESTS- xray, labs, etc



8.2



8.3

