LCL Injury Tests

Name: _____   **Age:** _____

Background/History: _____

_____

_____

Instructions: Enter patient's name, age, and history. Use spaces for test observations and comments to ensure accurate assessment and informed decisions.

Patient Positioning and Palpation

Patient Position: Have the patient lie on an examination table with their legs crossed, and the ankle of one leg resting on the opposite knee. Ensure 90° knee flexion, hip abduction, and external rotation. This positioning relaxes the iliotibial band and facilitates LCL isolation.

Question: Is there any history of congenital LCL absence?

Procedure: Palpate the lateral and posterior joint line, noting any abnormalities or differences between sides.

Comments:

Varus (Adduction) Stress Test

Purpose: Assess for lateral joint line gaps indicative of LCL injury.

Patient Position: Ensure the patient is at 0° and 20-30° knee flexion, achieving the closed packed position.

Question: Is there pain or discomfort in the affected knee during the test?

Procedure: Stabilize the femur while palpating the lateral joint line. Apply varus stress to the ankle. With one hand stabilizing the knee and the other adducting the ankle, observe for increased adduction compared to the unaffected side.

Interpretation: A positive test indicates excessive adduction, suggesting an LCL tear. Isolated positivity at 20° suggests isolated LCL involvement, while positivity at both angles may indicate cruciate ligament participation.

Comments:

Additional Tests for LCL Injury Detection

- External Rotation-Recurvatum Test
- Reverse Pivot Shift Sign of Jakob, Hassler, and Stäubli
- Dial Test

Comments:

Reliability and Validity

- **Sensitivity:** Ranges from 25% to 68% with variations in flexion angles.
- **Specificity:** Not consistently reported.

Comments: