

Reverse Lachman Test

Patient information

Name:

Date of birth:

Gender:

Date of test:

Height:

Weight:

Test overview

The Reverse Lachman Test is used to assess posterior cruciate ligament (PCL) tears, especially when the Posterior Drawer Test is difficult to perform due to patient discomfort. This test provides moderate clinical value, with a sensitivity of 63% and a specificity of 89%, as reported by Rubinstein et al. (1994).

Instructions for the patient

- Wear comfortable clothing that allows clear visibility of the knee.
- Lie on your back with the test leg slightly flexed.
- Follow the clinician's instructions carefully during the test.

Test procedure

1. Have the patient lie in a supine position with the knee flexed to 30°. Stabilize this position by placing your knee under the patient's knee.
2. Place your contralateral hand on the lateral femur and your ipsilateral hand on the medial tibia, similar to the normal Lachman test. Ensure both hands are close to the joint line to facilitate translation.
3. Ensure the tibia is anatomically reduced and rotation is neutral to avoid recruiting secondary stabilizers.
4. Exert a posteriorly directed force to the tibia and assess the end feel and the degree of translation.

Grading posterior translation

Grade 1: 0-5mm, with the tibial plateau remaining anterior to the femoral condyle.

Grade 2: 6-10mm, with the tibial plateau flush with the femoral condyle.

Grade 3: >10mm, allowing the tibial plateau to translate posteriorly to the femoral condyle.

Results

The test is positive if the end feel is soft or absent, along with an increased posterior translation of the tibia compared to the other side.

Select one:
<input type="checkbox"/> Negative
<input type="checkbox"/> Positive
• End feel: <input type="checkbox"/> Soft <input type="checkbox"/> Absent <input type="checkbox"/> Firm
• Posterior translation:
Additional considerations
If there is increased translation with the Reverse Lachman test but not with the Posterior Drawer Test, it may indicate an injury to the posterior lateral corner (PLC). To distinguish between a PLC and a PCL injury, perform the Dial Test.
Healthcare practitioner's notes
Additional observations:
Patient feedback:
Recommendations and follow-up:
Healthcare practitioner's information
Name:
Signature:

References

- Lubowitz, J. H., Bernardini, B. J., & Reid, J. B. III. (2008). Current concepts review: Comprehensive physical examination for instability of the knee. *The American Journal of Sports Medicine*, 36(3), 577-594. <https://pubmed.ncbi.nlm.nih.gov/18219052/>
- Rubinstein, J. R., Shelbourne, K. D., McCarroll, J. R., Van Meter, C. D., & Rettig, A. C. (1994). The accuracy of the clinical examination in the setting of posterior cruciate ligament injuries. *The American Journal of Sports Medicine*, 22(4), 550-557. <https://pubmed.ncbi.nlm.nih.gov/7943523>