

**GENERAL INTERNAL MEDICINE & HEALTH SERVICES RESEARCH CASE
CONFERENCE TEACHING MODULE**

**Knee Pain - Answer Key
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Case 1

A.C. is a 25 y.o. male who c/o right knee pain and swelling. He reports an acute knee injury while skiing when he twisted his knee 2 days ago.

What historical questions do you have for him?

He felt a pop but could not hear it over his scream of pain. There was an immediate swelling and he could not ski because the knee felt unstable. He was embarrassed because the ski patrol had to bring him down the mountain via snowmobile. He has been using crutches to get around. A.C. denies any history of previous knee injuries. He denies any clicking, catching, or locking.

What physical exam testing should be performed to assess the knee pain?

On physical exam, the following was noted (please note this is how your exam should be documented!):

- Moderate knee effusion
- Full active extension with decreased flexion
- Positive Lachman's test; no posterior sag
- Positive anterior drawer sign
- No increased MCL/LCL laxity
- No joint line tenderness and negative Mc Murray's test.

- **What is your likely diagnosis?**
- **Should you order any X-rays? Which ones? What X-ray finding would confirm your diagnosis? Should you order an MRI?**
- **What is your treatment plan? Should you aspirate the knee effusion and what is it likely to show?**

Case 2

M.M. is A.C.'s mother who fell trying to help her son on the ski slope 2 days ago. She is a healthy 55 y.o. with no previous knee injuries but occasional knee and hand pain which she attributes to arthritis. She has had a gradual onset of mild swelling and occasional catching with pain on the medial aspect of her left knee. She denies any giving out or instability of her knee and is able to walk.

- **What is your differential diagnosis?**
- **What will you look for on P.E.?**

Her knee has a small effusion with FROM. She has a positive Mc Murray's test for pain and a click with anteromedial joint line tenderness at end flexion. The rest of her exam is WNL.

- **Should you order X-rays?**
- **What would be a reasonable treatment approach? (She admits that her only regular exercise is walking).**

Case 3

A. P-F. is a 35 y.o. female who c/o anterior left knee pain for one month. She denies any h/o trauma. She feels it is a dull aching pain. There is no swelling, instability, clicking, catching, or locking. She runs 5 miles approximately 3 times a week.

What other questions do you have for her?

Her running route has changed and she is now running some hills. She does note that going down stairs precipitates the pain. Recently she went to go to see a movie and had increased pain by the end of the show.

What should you look for on exam?

On exam the patient has full range of motion. She has no effusion. She has a positive patellar inhibition and apprehension test on the left with crepitus. Otherwise, the exam is WNL.

What is her likely diagnosis? What are her treatment options?