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Knee Swelling

When assessing swelling, the examiner must determine the type and amount of swelling that are present.

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The examiner must differentiate between swelling and synovial thickening. Normally the knee contains 1–2 ml synovial fluid. If the swelling consists of blood (hemarthrosis) it may be caused by a ligament tear, osteochondral fracture, or peripheral meniscus tear, "Blood" swelling comes on very quickly (within 1–2 hours) and the shin becomes very taut. On palpation it has a "doughy" feeling and is relatively hard to the touch. The joint surface fells warm. Normally synovial fluid swelling caused by joint irritation occurs in 8–24 hours. The feeling within the joint is a fluctuating or "boggy" feeling. The joint surface feels warm and tender. Swelling usually occurs with activity and disappears after a few days of inactivity.

Brush (Stroke, Wipe) Test

For assessing minimal effusion.

Procedure: The patient lies supine. The examiner places one hand and index finger on the lateral leg distal and medial to the patella. With the other hand the examiner presses the superior recess moving distally from a proximal and lateral position.

Assessment: In slight joint effusion a wave of fluid and spreading of the forefingers and the thumb may be felt.





"Dancing Patella" Test

Indicates effusion in the knee,

Procedure: The patient is supine or standing. With one hand, the examiner smoothes the suprapatellar pouch from proximal to distal while pressing the patella against the femur with the other hand or moving it medially and laterally with slight pressure.

Assessment: Resilient resistance (a dancing patella) is abnormal and suggests effusion in the knee.

Patella

Patellar Chondropathy (Chondromalacia, Anterior Knee Pain)

Malformations of the patella (patellar dysplasia) and of the trochlear groove (llattening of the lateral femoral condyle) and abnormal position of the patella (patella alta or lateral displacement) create abnormal mechanical stresses in the trochlear groove and with time can lead to arthritis. Aging processes, injuries (such cartilage impingement or fractures), recurrent patellar dislocations, and inflammations (as in gout or rheumatism) are other factors that can lead to stecoarthritis.

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