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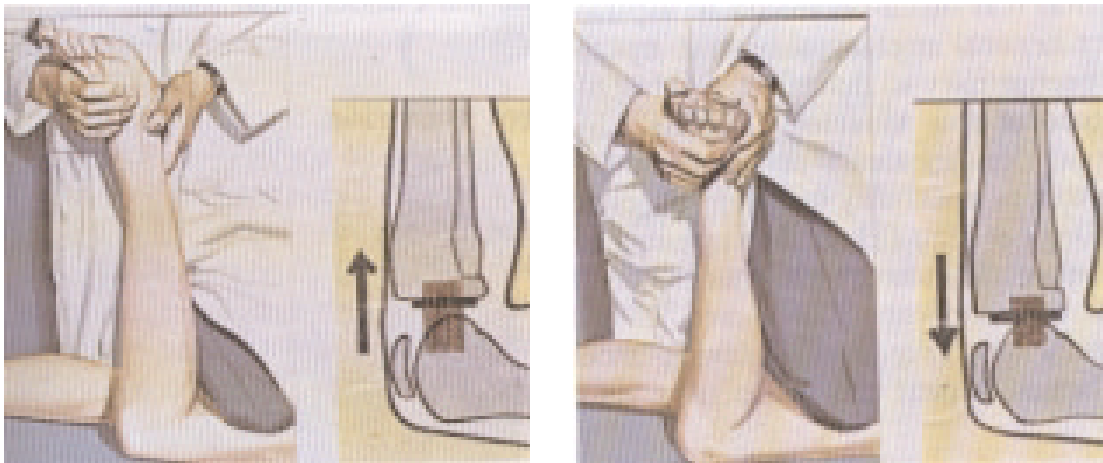
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*Apley's Test.* \* The patient lies on his face on a couch well towards the edge with the clinician standing at the side on a platform of moderate height. He tests first the unaffected side, then the affected side by proceeding to grasp the foot with both hands, and then flexes the knee to a right-angle. *Lateral* rotation of the foot is performed, and it is noted whether this causes pain or discomfort—normally it should cause no more than slight discomfort. Following this, the clinician places his knee on the patient's ham, so as to fix the femur and without changing the position of his hands he pulls the leg upwards while performing lateral rotation. If, on *distraction*, pain on rotation is produced, a lesion of the medial collateral ligament is diagnosed. The clinician then leans well over the patient, and repeats the test (*Fig. 34.7*) while his body-weight compresses the tibial plateau onto the condyles of the femur. If lateral rotation with the addition of compression produces increased pain, the *grinding* test is positive and a tear of the medial meniscus is diagnosed.



**Fig. 34.7** *a*, Apley's distraction test. Pain signifies damage to the medial ligament. *b*, Apley's grinding test. Pain signifies damage to the medial cartilage.

To test the *lateral* meniscus a reversed test is performed, the foot being rotated *medially* instead of laterally.

**Lateral Meniscus.** The original accident is seldom definite; sometimes it is so trivial as to have been forgotten. Locking is uncommon, and incidents of this, or of the knee 'giving way', are not necessarily followed by effusion, as injury of the more mobile cartilage causes less synovial reaction. Moreover, to this vague, unhelpful symptomatology must be added the fact that, for a reason as yet undetermined, *the pain can be referred to the medial aspect of the joint*. However, both tenderness to pressure and pain on manipulation are definitely on the lateral aspect, and coincide with the site of the lesion. Apley's test when modified to try out the lateral meniscus is valuable in confirming the diagnosis.

\* In author's opinion this test is easier to interpret and more reliable for the beginner than the classical McMurray's Test which was previously also described. It must be re-emphasized that arthroscopy is now as essential to the orthopaedic surgeon working with the knee joint as cystoscopy is to the urologist.