**Diagnosis**

**Review: physical diagnostic tests have low diagnostic accuracy for meniscal lesions of the knee**


**QUESTION:** In patients with meniscal lesions of the knee, what is the diagnostic accuracy of physical diagnostic tests?

**Data sources**

Studies were identified by searching Medline (1966–99) and EMBASE/Excerpta Medica (1988–99) with terms describing knee joint, knee, menisci tibial, and effusion. The bibliographies of relevant studies were scanned.

**Study selection**

2 reviewers independently selected studies that were published in English, French, German, or Dutch; reported the accuracy of ≥1 physical diagnostic test for the assessment of meniscal lesions of the knee; and used arthroscopy, arthroscopy, or magnetic resonance imaging (MRI) as the diagnostic standard. Studies were excluded if they did not have a reference group, included only people with positive test results, pertained to cadavers only, or considered physical examination under anaesthesia only.

**Data extraction**

2 reviewers independently assessed the quality of study methods and extracted data on the spectrum of lesions, number of patients, patients’ ages, duration of symptoms, prevalence, sensitivity, specificity, and likelihood ratios.

**Main results**

13 studies (2231 patients) were included. The index test and diagnostic standard were assessed blindly in 2 studies. 9 studies used arthroscopy and 1 study used MRI as the diagnostic standard. Verification bias (ie, patients with an abnormal physical test finding had a greater likelihood of receiving the diagnostic standard) was present in most studies. The table shows the ranges for sensitivity, specificity, and likelihood ratios for the joint effusion test (4 studies), the McMurray test (11 studies), the joint line tenderness test (13 studies), and the Apley compression test (4 studies).

**Conclusion**

In patients with meniscal lesions of the knee, physical diagnostic tests have low diagnostic accuracy.