Knee ligaments. Clinical examination

Guy Liorzou, 108 pages, Springer-Verlag, Berlin, Heidelberg, New York, 1990
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For many years now, the multifarious aspects of the structure and function of the knee ligaments and the consequences of injuries for knee function have been in focus in the orthopedic literature. In this light, then, the present book is somewhat uncommon owing to its emphasis on the clinical examination. It combines the knowledge of the English- and French-speaking parts of the world, and is dedicated to 17 well-known orthopedic surgeons. The presentation is mainly a summary of the work of these pioneers in the field. Among the 54 references, 15 are in French, and 22 have been published during the past 5 years.

Many orthopedic surgeons have read basic textbooks on the clinical examination of the knee, but there has been a hiatus as regards the availability of a comprehensive textbook on a "higher" clinical level. The present book fills this gap. The reader will find descriptions of the anterior drawer test according to Palmer, Hughston, Slocum, Noyes, and others. Further, she or he will also learn that the anterior drawer test according to Lachman was not originally described by Lachman's pupil Torg, but by the French surgeon Albert Trillat in Lyon. Even the jolt of the pivot-shift sign was according to the author originally described by the surgeon Lemaire! The following history of the pivot-shift sign is given in a book by Dr. Galway, one of Dr. MacIntosh's residents. A hockey player consulted Dr. MacIntosh complaining that "when I pivot, my knee shifts." The different techniques of testing this phenomenon according to Lemaire, MacIntosh, Loose, Slocum, Hughston, Noyes, Müller, Dejour, Dupont, and Jacob are thoroughly described. One is impressed by the numerous photographs, with each originator personally performing his own test, which was made possible by the author's personal visit to each of the tests' originators. The book is concluded by a chapter on different arthrometers, and instrumented stress radiographic techniques are meritoriously presented.

It is an advantage that the author consistently uses the word *laxity* for the translatory/rotatory movements found upon testing and the word *instability* for the subjective symptoms. A drawback of the book, to a certain extent, is a repetition of dogmas. Further, there is a lack of a scientific approach in proving the validity of the history of the initial injury and of the different clinical tests. Also, the interpretation of the tests as 1+, 2+, 3+, and even 4+ is very subjective. Some caution must even be raised as regards the risk of overloading the knee and thus creating a second injury with some of the functional tests described by the originators.

The relation between ligamentous and meniscal injuries is not discussed, nor is the pain problem addressed. The referrals to references are surprisingly often incorrect, and the abbreviations used are confusing, because the same letter(s) is used for more than one anatomic structure or laxity, or for both.

In conclusion, however, the book will, without a doubt, be of value to doctors practicing orthopedics and/or sports medicine who treat knee problems, and possibly it will be of value to physiotherapists and others who are involved in the rehabilitation of the injured knee. Finally, in our era of possible arthroscopic overuse, the book also has a timely message with its emphasis on the importance of the clinical examination.

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