

Knee Arthrocentesis Pre-Work

1. For intraarticular knee injections, which approach has been shown to be the most accurate site for needle placement?
 - a. Lateral midpatellar
 - b. Superolateral
 - c. Anteromedial
 - d. Anterolateral
2. When performing a steroid injection using the superior- lateral approach, what is the proper patient positioning?
 - a. Supine – Leg fully extended
 - b. Supine – Leg at 30 degrees of flexion
 - c. Supine – Leg at 90 degrees of flexion
 - d. Sitting up – Leg at 90 degrees of flexion
 - e. Sitting up - Leg at 30 degrees of flexion
3. 65-year-old man with chronic R knee pain without a significant preceding injury. He has 15 minutes of stiffness in the morning which improves throughout the day. You suspect osteoarthritis; which exam finding is MOST suggestive of OA as the diagnosis?
 - a. Crepitus on passive motion
 - b. Palpable bony enlargement
 - c. Genu varum deformity
 - d. Normal temperature (e.g. no increased temperature) when palpating the joint
4. Which of the following medications have the most evidence for efficacy when injected intraarticularly for a patient with knee osteoarthritis?
 - a. Hyaluronic acid
 - b. Corticosteroids
 - c. Platelet-rich plasma
 - d. Multipotent stem cells
5. A 50-year-old patient presents to clinic with left medial knee pain that developed over the past month. She did not have any preceding trauma, but she did increase her walking over the past several months. Exam is notable for point tenderness over the upper medial tibia at the site identified in the photo. What is the most likely diagnosis?



- a. IT band syndrome
 - b. Medial meniscus tear
 - c. Medial compartment osteoarthritis
 - d. Pes anserine bursitis
 - e. Patellofemoral syndrome
6. A 70-year-old man presents to your clinic with 2 months of worsening right medial knee pain. He does not recall a preceding trauma to the knee. The pain has been impairing his ability to go on daily walks, but he's had no swelling, locking, or instability. Exam is notable for pain along the medial joint line on palpation, as well as pain and clicking during external rotation when performing McMurray's test. What is the best next step in management?
- a. Corticosteroid injection
 - b. Physical therapy referral
 - c. Order an MRI
 - d. Orthopedics referral
7. In a patient with a suspected meniscal tear, which of the following findings suggest the patient may need surgery (rather than conservative management)?
- A. Patient has moderate medial compartment osteoarthritis on plain films
 - B. Patient is unable to fully extend the leg at the knee
 - C. Swelling develops gradually (rather than immediately) over 24-48 hours after an initial injury
 - D. Patient reports pain during McMurray's maneuver only on deep knee flexion
8. When giving an intraarticular corticosteroid injection to a patient with Type 2 Diabetes, what – on average – is the effect on blood glucose that the patient should be told to expect?
- a. Increase in blood glucose of <100 mg/dL lasting 6-12 hours
 - b. Increase in blood glucose of >100 mg/dL lasting 6-12 hours
 - c. Increase in blood glucose of <100 mg/dL lasting 24-48 hours
 - d. Increase in blood glucose of >100 mg/dL lasting 24-48 hours
 - e. No increase in blood glucose
9. Which of the following is an absolute contraindication to intraarticular knee corticosteroid injection?
- a. Use of an anticoagulant

- b. Type 2 diabetes on insulin
- c. Presence of hardware in the joint
- d. Upcoming knee surgery in 6 months

10. Which insertion point and needle angle best represents an appropriate superolateral approach?

A.



B.



C.



D.



E.

