



*Shelbourne Knee Center*  
at Methodist Hospital  
Specialized Care for Knee Injuries

1815 N Capitol Ave, Ste 600 Indianapolis, IN 1.888.349.5633 1.317.924.8636

K Donald Shelbourne MD  
Scott E Urch MD  
Physical Therapy

**Correlation of Joint Line Tenderness and Meniscal Lesions in Patients with Acute Anterior Cruciate Ligament Tears. K. Donald Shelbourne, MD, Douglas J. Martini, MD, John R. McCarroll, MD, Charles D. VanMeter, MD: *Am J Sports Med* 23: 166-169, 1995**

We sought to evaluate the accuracy with which joint line tenderness is associated with meniscal lesions in knees with acute anterior cruciate ligament tears. The physical assessment of joint line tenderness was performed at a mean of 8 days after the initial injury in 173 patients who subsequently underwent anterior cruciate ligament reconstruction. Identification of meniscal lesions was documented at the time of anterior cruciate ligament reconstruction. Eight-nine patients (56%) had medial joint line tenderness; of this subgroup, 40 (45%) had no medial meniscal tear. Eight-four patients (49%) had no medial joint line tenderness; of this subgroup, 29 (35%) had a medial meniscus tear. Fifty-nine patients (34%) had lateral joint line tenderness; of this subgroup, 34 (58%) had a lateral meniscal tear. One hundred fourteen patients (66%) had no lateral joint line tenderness; of this subgroup, 56 (49%) had a lateral meniscal tear. Medial joint line tenderness was 44.9% sensitive and 34.5% specific in predicting medial meniscal injury. Lateral joint line tenderness was 57.6% sensitive and 49.1% specific in predicting lateral meniscal injuries. Therefore, we determined that the presence of absence of joint line tenderness in patients with an acute anterior cruciate ligament tear is not a reliable criterion to predict the likelihood of an associated meniscal tear.