

### Pivot shift test for anterolateral knee instability

Patient supine and relaxed. Examiner lifts heel of foot to flex hip 45° keeping knee fully extended; grasps knee with other hand, placing thumb beneath head of fibula. Examiner applies strong internal rotation to tibia and fibula at both knee and ankle while lifting proximal fibula. Knee permitted to flex about 20°; examiner then pushes medially with proximal hand and pulls with distal hand to produce a valgus force at knee.

As internal rotation, valgus force, and forward displacement of lateral tibial condyle maintained, knee passively flexed. If anterior subluxation of tibia (anterolateral instability) present, sudden visible, audible, and palpable reduction occurs at about 20°–40° flexion. Test positive if anterior cruciate ligament ruptured, especially if lateral capsular ligament also torn.