The patient was a 25-year-old man who was serving in the military. He was referred to a physical therapist by his primary care physician for a progressively worsening painful snapping sensation in the posteromedial left knee region, which began 8 months prior and now limited his ability to perform required military activities. The symptoms were insidious in onset, and there was no prior history of left knee pain or trauma. Prior magnetic resonance imaging for the left knee was interpreted as normal, except for a mild fluid signal about the left pes anserine bursa.

At the time of the physical therapist’s initial evaluation, the patient had a nonantalgic gait and there was normal strength of the lower extremity musculature. Active and passive range-of-motion assessment of the left knee from flexion to extension revealed an audible pop and a palpable painful snapping sensation that was painful. Patient positioning during the ultrasound examination is seen in the bottom right-hand corner of the images.

A dynamic real-time ultrasound examination was then ordered, which demonstrated that the pes anserine tendons changed position as the knee moved from flexion to extension, sliding across a heterogeneous rounded mass in the posteromedial knee (FIGURE 1, video available at www.jospt.org), which was thought to represent focal scarring/thickening of the joint capsule when correlated with the prior magnetic resonance image (FIGURE 2, available at www.jospt.org). The change in position of the pes anserine tendons was also accompanied by an audible pop and palpable snapping sensation that was painful. The patient was referred to an orthopaedic surgeon and subsequently underwent harvesting of the semitendinosus and gracilis tendons.1,2 At 6 weeks following surgery, the patient had no complaints of left knee pain and had successfully returned to all required military activities.

Snapping Pes Anserine Syndrome

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