❖ Standing Safely if the Knee Buckles

A patient's weak knee usually buckles for one of two reasons:

- Fatigue is the most common factor. The therapist should always be aware of a change in the patient's breathing patterns and should note if they perspire excessively or if their color or level of alertness changes. Give them an option to sit down before they become overly fatigued.
- The second reason a patient's knee might buckle is due to sensory loss. They can't feel it and, if they are standing close to a table or cabinet, they may not be able to see it. Sometimes patients are so engrossed in a task or activity that they have no idea that the leg has buckled. Fatigue, in this case, is not usually a factor. Sometimes a verbal or tactile cue may be enough and the patient will "straighten up" again.

Starting Position

First, follow the guidelines for *How to Safely Stand a Patient*.

1. Stand next to the patient on their weak side and a half step behind.
2. Place your hands on the patient's hips firmly.
3. Make contact with the front of your hip against the back of their weak side.

Handling

1. Stay close to your patient. The contact at the hip, shoulder, and pelvis is extremely important.
2. As the weak knee buckles, slide your hand from the pelvis down the femur (to just above the knee). This will help keep the knee from buckling any further. Do not push the knee into extension. This may cause the patient to fall forward at the waist.
3. With very solid contact of your hand at the leg and your shoulder against their shoulder, move yourself away from the contact of your hip against theirs. Move yourself around perpendicular to the patient. It will be easier for you if you move your back leg away and around first, then your front leg.
4. When you are perpendicular to the patient, flex your knees slightly (the actual amount will be determined by your height and the patient's height) and place the inside of your knees on the anterior and posterior surface of the patient's knee. It is very important that your leg is completely in front of the patient's knee, to keep it from buckling any further.
5. Using your lower extremity adductors, clamp your legs on the front and back of the patient's buckled knee to prevent further buckling. Don't just block the knee, as it will not feel as secure to the patient. (Some therapists describe this as similar to doing a "snowplow" in skiing.)
6. If necessary, you can bring both of your arms around your patient's waist onto the opposite pelvis, like a "bear hug".

You and the patient are now safe from falling. You can sit your patient back down in the chair or ask someone to bring the wheelchair if it is not nearby. If fatigue was not the underlying factor, you can continue on with the treatment.

Tips

If your patient pushes against you as the knee buckles, slowly and carefully shift their weight back to midline or even over toward their strong side. If you feel like you're falling backwards, adjust the position of your feet. Give yourself a slightly wider base of support by putting one foot in front and one foot in back.

Common Mistakes

- The therapist pushes the knee into extension, instead of allowing slight flexion.
- The therapist doesn't have their leg directly in front of the patella.
- The therapist moves their front leg first.

⌘23 Pause and Practice with a Partner

This can feel very awkward at first, especially if you aren't used to standing closely with patients. With practice it will become more comfortable.

Notes