

**POSITIVE FINDING**

A palpable “clunk” or shift at ~20 to 30 degrees of flexion is indicative of anterolateral rotary instability secondary to tearing of the ACL and posterolateral capsule.

**SPECIAL CONSIDERATIONS/COMMENTS**

It is important to provide the axial load before flexing the knee, as this helps to accentuate the “clunk” or shift that will facilitate detection of a trace pivot shift. It should be noted that this test often reproduces the mechanism of injury, which may create subject anxiety and apprehension, thus increasing the potential for false-negative findings. This may be the most sensitive and accurate test for assessing anterior tibiofemoral instability. However, it is difficult to perform and subject anxiety reduces the opportunity for the clinician to gain experience as compared to administering other special tests.

**EVIDENCE**

	Benjaminse et al (2006)	van Eck et al (2013)
<b>Study design</b>	Meta-analysis	Meta-analysis
<b>Conditions evaluated</b>	ACL injuries	ACL ruptures
<b>Study number</b>	15	14
<b>Reliability</b>	Not evaluated	Not evaluated
<b>Sensitivity</b>	24	28
<b>Specificity</b>	98	81

**REFERENCES**

- Anderson AF, Rennirt GW, Standeffer WC Jr. Clinical analysis of the pivot shift tests: description of the pivot drawer test. *Am J Knee Surg.* 2000;13(1):19-23.
- Benjaminse A, Gokeler A, van der Schans CP. Clinical diagnosis of an anterior cruciate ligament rupture: a meta-analysis. *J Orthop Sports Phys Ther.* 2006;36(5):267-288.