

# Mock IME: A Behind the Scenes Look at an Independent Medical Exam

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## Objectives

- \* Understand the basics of a medical exam
- \* Understand objective evidence vs subjective evidence during a medical exam
- \* Review details of specific physical exam findings
- \* Review progression of a physical exam

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## Parts to the IME

- \* Medical Record Review
- \* Observation
- \* History
- \* Physical Exam
- \* Observation (again)

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## Medical Record Review

- \* Overview of injury
- \* Overview of documented mechanism of injury
- \* What do you want from me?

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## Observation



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## History

- \* Review injury date
- \* Review mechanism of injury
- \* Allow patient to talk
- \* Review initial symptoms vs current symptoms vs pertinent past symptoms



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## Question

42 year old male injures his low back while lifting a box of cheese. He has a history of mechanical low back pain. He heard a "pop" and immediate pain. Pain radiated down his right leg to his calf. No numbness or tingling.

True or false, does radiation of pain indicate an immediate MRI to evaluate for a "pinched" nerve?

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## Physical Exam

- \* Lumbosacral spine/hip/knee
- \* Inspection
- \* Palpation
- \* Range of motion
- \* Neuromuscular
- \* Special Tests



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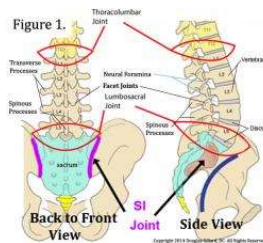
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## Lumbosacral Exam



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## Lumbosacral Spine

- \* Inspection
  - \* Muscular atrophy
  - \* Asymmetry
  - \* Scars
  - \* Discoloration
  - \* Spine curvature



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## Lumbosacral Exam

- \* Palpation
  - \* Spinous process
  - \* Facets
  - \* Transverse Process
  - \* Sacrum
  - \* Sacroiliac joints
  - \* Iliolumbar ligament



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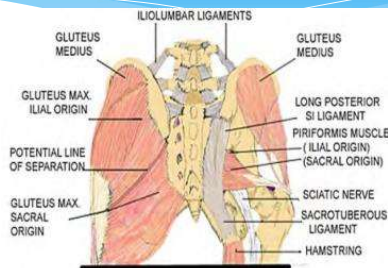
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## Sacral/Gluteus Exam

- \* Palpation



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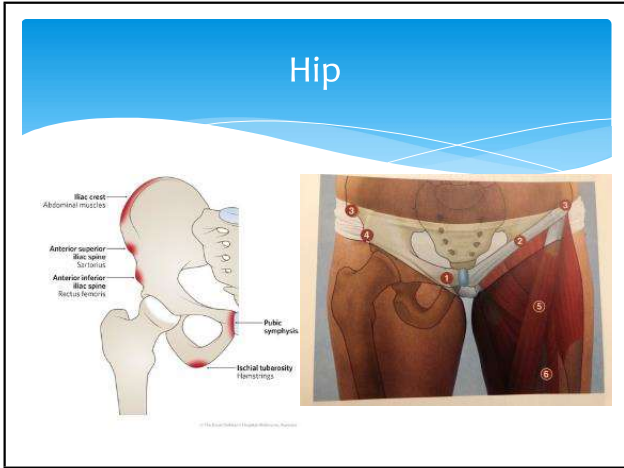
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## Question

52 year old overweight female warehouse worker with long standing right knee pain complains of worsening knee pain secondary to overuse. She has anterior knee pain. Subjective swelling. She denies any catching, locking or giving out. She cannot lead with her right leg up or down stairs. Sitting causes worsening pain especially while driving. Pain worsens with squatting and kneeling. Primary MD orders MRI to rule out meniscus tear. MRI is normal except for severe cartilage loss under the patella (knee cap). What is the best approach to this patient?

- Refer to orthopedics for surgical consult
- Physical therapy to focus on strength and flexibility
- Recommend cortisone/PRP or hyaluronic acid injections
- High dose narcotic therapy for pain management
- "Patellaectomy"

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## Knee

\* Palpation

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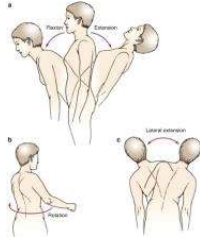
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## Range of Motion-Lumbar



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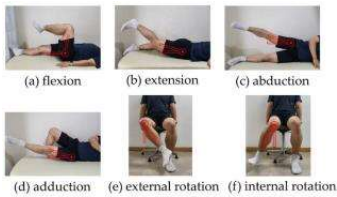
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## Range of Motion-Hip



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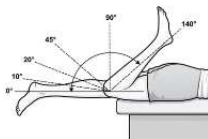
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## Range of Motion - Knee



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## Lumbosacral Exam

- \* Straight leg raise test
- \* Slump test
- \* Tension Sign
- \* Single leg stance test (stork test)
- \* FABER's test

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## Hip Exam

- \* Inspection
- \* ROM (active/passive)
- \* Log Roll
- \* Straight leg lifts
- \* FABER's Test
- \* FADIR's Test
- \* Hip Abduction
- \* Ober's test

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## Knee Exam

- \* Inspection
- \* Palpation
- \* Lachman's test
- \* McMurray's test
- \* Varus/Valgus test
- \* Patellar belotment
- \* Anterior/Posterior drawer test

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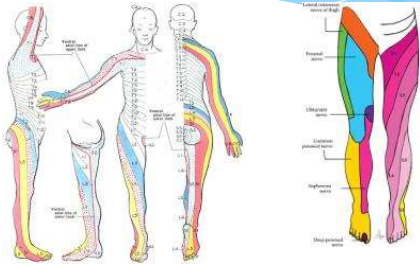
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## Dermatomes of Lower Extremities



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## Let's Do a Full Exam



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