Lower Extremity diagnosis – Fibular Head

Possible diagnoses

Anterior fibular head or posterior fibular head dysfunction

**Brief description:** Diagnosis the fibular head by getting a firm grasp on the fibular head and passively moving the fibular head anteriorly and posteriorly. You may also dorsiflex and plantar flex the foot to induce anterior and posterior glide of the fibular head, respectively.

**Look (observation):** Observe the area for any scars, marks, trauma or swelling.

**Feel (palpation):**

**Physician position:** Standing

**Patient position:** Supine with leg bent at the knee

**Hand positioning:** Grasp the fibular head from the anterior and posterior aspect.

**Technique:**

1. Grasp the fibular head and passively move the fibular head into the anterior and posterior direction.
2. You can also dorsiflex the patient’s foot to induce an anterior motion of the fibular head and plantar flex the patient’s foot to induce a posterior motion of the fibular head.

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3. The diagnosis is named for the freedom. (Ex. The fibular head moves easily with dorsiflexion and is restricted in plantar flexion. This would be diagnosed as an anterior fibular head dysfunction.)

**Move (motion testing):**

**Active motion testing:**

1. Ask the patient to dorsiflex their foot while you monitor the fibular head. Feel for an anterior glide of the fibular head.
2. Ask the patient to plantar flex their foot while you monitor the fibular head. Feel for a posterior glide of the fibular head.

**Passive motion testing:**

1. Dorsiflex the patient’s foot while monitoring the fibular head and feel for an anterior glide of the fibular head.
2. Plantar flex the patient’s foot while monitoring the fibular head and feel for a posterior glide of the fibular head.