

Lower Extremity

Reflex	Mech	Response	Nerve supply
Patellar	Place one hand over the muscle, and with the other hand tap the patellar tendon just below the patella. <i>Exaggerated reflex:</i> <i>Inverted Patellar reflex:</i>	Knee extension Increased reflexogenic zone (tapping suprapatellar) Reflex spread (hip adduction) Knee flexion instead of extension due to femoral or L2-4 root lesions.	L2-4 Femoral
Achilles	Place the patient's legs in a figure four position, with mild dorsiflexion exerted on the ankle, tap over the Achilles tendon.	Planter flexion of the ankle	S1 Tibial nerve
Adductor	With the thigh in slight abduction, tap over the adductor tubercle (above medial epicondyle) <i>Crossed Adductor:</i> <i>Spinal adductor reflex:</i>	Ipsilateral thigh adduction Adduction of opposite thigh. Slight adduction is not abnormal but strong adduction is pathological. Tapping the spinous process if lumbar vertebra causes adductor response.	L2-4 Obturator
Internal Hamstrings	Tapping on examiner's fingers placed on the medial part of posterior aspect of the knee while leg is abducted and laterally rotated.	Knee flexion	L5 Tibial portion of sciatic
External Hamstrings	Tapping on examiner's fingers placed on the lateral part of posterior aspect of the knee while leg is flexed Another S1 reflex (besides Ankle jerk) which helps with sorting out absent ankle reflex due to neuropathy (present) from S1 radiculopathy (present)	Knee flexion	S1 Tibial portion of sciatic
Tensor Facia Lata	Tapping near the ASIS	Slight hip abduction	L4-S1 Sup Gluteal
Gluteal	Tapping over the posterior aspect of the ilium bone	Hip extension & gluteal contraction	L5-S2 Inf gluteal