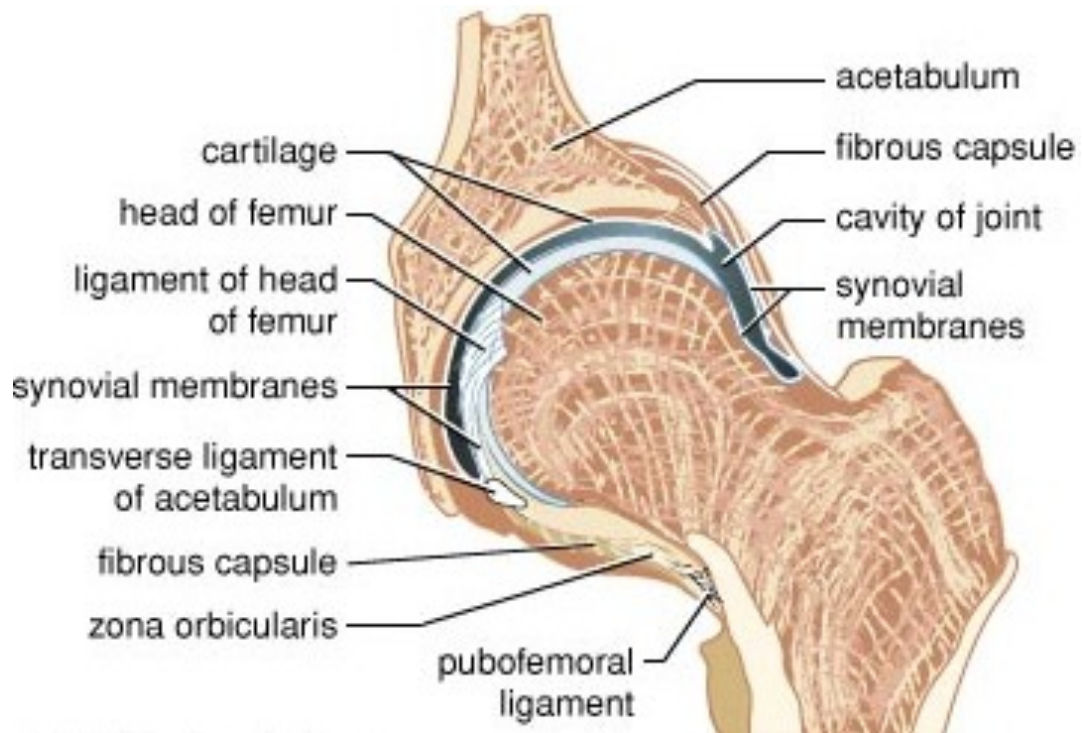
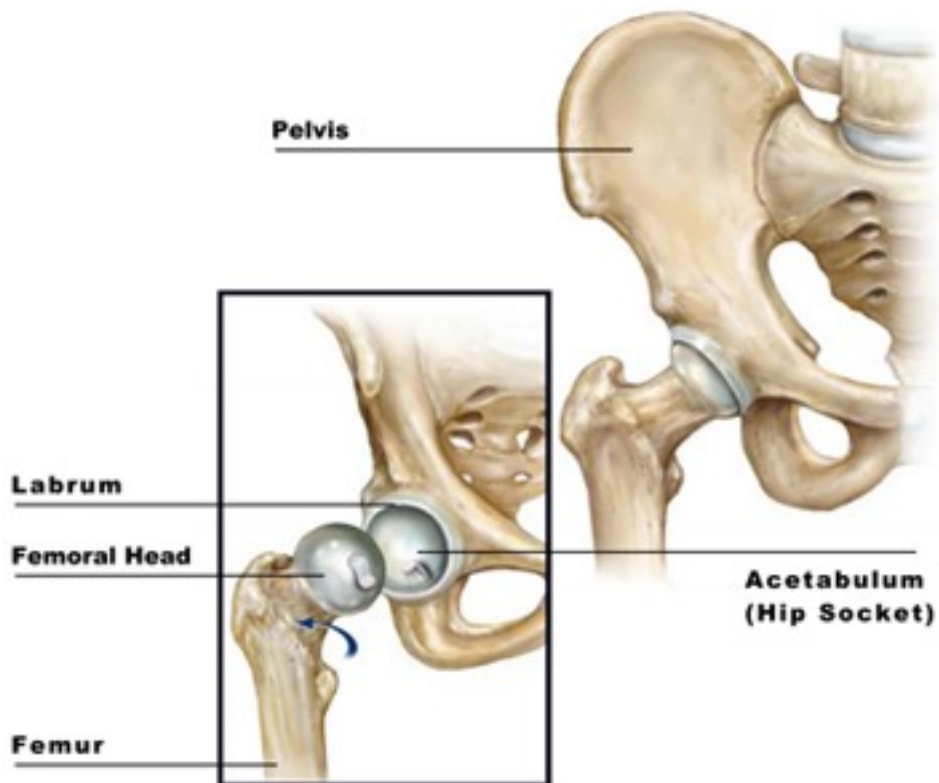


ORTHOPEDIC HIP EXAMINATION



ORTHOPEDIC HIP EXAMINATION

Subjective examination

Mechanism of injury

Previous similar injuries

Medical history

Level of activity

Skill level

Occupation

etc are all extremely relevant, as well as ascertaining what the athlete/patient has in their periodised training programme.

Objective Examination

Look

Move

Feel

Special tests

Neurological Vascular (if applicable)

Clear LX spine

Neural slump / SLR

Look / Observation

Gait

Gluteal muscle bulk

Attitude of hip and knee joints

lumbar lordosis / Spine alignment

attitude of limb

levels of ASIS, patellae, malleoli

swelling--gluteal region, trochanteric region

ORTHOPEDIC HIP EXAMINATION

scars, sinuses

skin over the joint

General muscle wasting

Move

Active and Passive

Normal range of motion

compare with opposite side

Internal rotation - 35° Internal rotation - with knee and hip both flexed at 90 degrees the ankle is abducted.

External rotation - 45° External rotation - with knee and hip both flexed at 90 degrees the ankle is adducted.

External & internal rotation in hip extension (prone) & with hip flexed 90 degrees

Flexion - 135° - In supine, assess pelvic Posterior / anterior rotation

Extension - 15° - Extension - done with the patient on their side. Alignment should be assessed by palpation of the ASIS

ORTHOPEDIC HIP EXAMINATION

Abduction - 45° - Abduction - assessed whilst palpating the contralateral ASIS

Adduction - 25° Adduction - assessed whilst palpating the ipsilateral ASIS

Feel

Ischial spines Pubic Rami

Tenderness-anterior joint line, posterior joint line

Trochanteric palpation

- level
- trochanteric tenderness- superficial /deep / transtrochanteric
- trochanteric surface--thickening / irregularity

Special tests

Trendelenburg test.

Performed with the patient standing. The patient is asked to raise one leg; the test is positive if the hip on the raised side drops. A positive test suggests weakness of the abductors of the other hip.

Obers test

The patient lies on his/her side with the unaffected leg on bottom and bent and the affected leg on top and straight. The examiner places a stabilizing hand on the

patient's upper iliac crest and then lifts the straight upper leg, extends it at the hip and slowly lowers it behind the bottom leg, allowing it to adduct below and behind the examining table. The test result is positive if the patient can't adduct the leg past the examination table. apparent length

ORTHOPEDIC HIP EXAMINATION

Thomas test

The patient lies supine on the examination table and brings one knee in direction to the chest, while the other leg remains extended. The Thomas test is said to be positive if the patient cannot keep the opposing leg extended during the test.

The Faber test (Flexion Abduction External Rotation)

is a test for evidence of pathology in the sacroiliac and/or hip joints. Pathologies like Sacroiliitis an inflammation of the sacroiliac joints. This test is similar to and often done in conjunction with the Patricks test.

Method:

1. Ask the patient to lie supine on the exam couch.
2. Place the foot of the affected side on the opposite knee.
3. Pain in the groin area indicates a problem with the hip and not the spine.
4. Press down gently but firmly on the flexed knee and the opposite anterior superior iliac crest.

True leg length

anterior superior iliac spine (ASIS) to medial malleolus pelvis should be squared (i.e. both asis should be at same level)

Apparent leg length

umbilicus to medial malleolus

For example of an hip examination follow the link;
<http://www.youtube.com/watch?v=gQeDKYclzJ8>