

Hip Examination

GLOBAL MARK			
CLEAR PASS	BORDERLINE PASS	BORDERLINE FAIL	FAIL

Criteria

Introduces Self, confirms patient identify, Washes hands,	2, 1
Offers analgesia, ensures comfort of patient	2
Offers Chaperone	1
Exposes patient (to underwear both legs)	1
Inspection Gait – antalgic, aids, limping, trendelenburg Obvious deformity, scars, erythema (checks front back and sides) Trendelenburg test Asks patient to stand on one leg, pelvis shouldn't drop on unsupported side If it does shows weakness of gluteus medius, suggests hip OA, lower back pain, hip instability of subluxation, congenital hip dislocation	2 2
Inspection with patient supine More detailed look for scars, sinus, trauma, swelling, wasting, position. Measure apparent -umbilicus to medial Mal actual limb length – ASIS to medial Mal Apparent shortening due to abductor compensation or flexion compensation. Actual shortening – fractures, THR, SUFE, perthes, septic arthritis, missed congenital dislocation of hip	2 2
Feel Tenderness of greater trochanter Lesser trochanter, ischial tuberosity	2
Move – Tests active and passive movements Flexion 0 -140, hand under back to check of lumbar or pelvic movement Extension 0-10 (patient lying prone) Abduction 0-45 hand on opposite iliac crest Adduction 0-30 hand on opposite iliac crest	4

Ext-Int rotation 0-40 – with leg straight and then again with knee flexed	
Checks SLR	1
Checks distal pulses	1
Special tests Trendelenburg Thomas's – eliminate lumbar lordosis by getting both knees up, ask the patient to straighten the leg you are testing. Incomplete extension suggests a fixed flexion deformity	2
States would like to examine knee and back	1
Summarises	1
Suggests a management plan, Ix, and Rx	1
Elicits questions and answers appropriately	1
Thanks patient	1

Tom Bircher 2019