

# Hip Evaluation

Name: \_\_\_\_\_ Sport: \_\_\_\_\_ Date: \_\_\_\_\_  
BP: \_\_\_\_\_ HR: \_\_\_\_\_ Practice \_\_\_\_\_ Game \_\_\_\_\_ Evaluator: \_\_\_\_\_

## HISTORY

- a. Do you remember a specific episode of trauma? If yes, when and please describe. \_\_\_\_\_  
If not, do you remember when you began to feel the discomfort? How long ago? \_\_\_\_\_  
Has it progressively gotten worse? \_\_\_\_\_
- b. Have you ever had any other injuries to this body part, knee or patella. If yes, then when, what and how many times? \_\_\_\_\_  
Did you recover? Is it worse than before? \_\_\_\_\_
- c. Did you hear or feel a pop/ have a sense of giving away? \_\_\_\_\_
- d. Do you feel any crepitus/grinding/popping? \_\_\_\_\_  
Does your knee lock up on occasions? \_\_\_\_\_
- e. Do you ever have swelling or puffing around the hip joint? \_\_\_\_\_
- f. Can you put your finger on the point that gives you the most pain? \_\_\_\_\_
- g. Can you describe the pain at the time of injury? \_\_\_\_\_  
Dull, diffuse, burning throbbing, aching, sharp, knife-like? \_\_\_\_\_
- h. Do you have pain or discomfort walking up stairs? \_\_\_\_\_  
Do you have pain or discomfort walking down stairs? \_\_\_\_\_  
Do you have pain slowing down from a run or fast walk? \_\_\_\_\_
- i. Has the pain changed? Yes or no? \_\_\_\_\_ How? \_\_\_\_\_ Timespan \_\_\_\_\_  
Rate it on a scale of 0 to 10 (with 0 being none and 10 being excruciating) \_\_\_\_\_
- j. What have you done since the injury? \_\_\_\_\_
- k. What makes the pain worse/what makes it better? \_\_\_\_\_
- l. Does pain wake you up at night? \_\_\_\_\_
- m. Do you have stiffness in your hip in the morning, after awakening? \_\_\_\_\_
- n. Do you have pain in any other parts of the body? (Referred?) \_\_\_\_\_
- o. Were you taped or wrapped? \_\_\_\_\_
- p. What type of shoe were you wearing? \_\_\_\_\_ Did your shoes have a cleat? \_\_\_\_\_
- q. Do you wear any type of foot support? \_\_\_\_\_ How long have you worn them? \_\_\_\_\_
- r. Have you made a change in terrain/training regimen? \_\_\_\_\_

## OBSERVATION

- a. Condition of athlete? (Excellent - Good - Fair - Poor) \_\_\_\_\_
- b. Observe weight-description: \_\_\_\_\_
- c. Observe gait? (Non-weight bearing - Partial weight bearing - Full weight bearing) \_\_\_\_\_
- d. Observe Limp? (Pronounced - Mild - Slight - Unable to bear weight) \_\_\_\_\_
- e. Gross deformity-description: \_\_\_\_\_
- f. Swelling? (Hemarthrosis - moderate - mild effusion) \_\_\_\_\_
- g. Discoloration? (echymosis and location) \_\_\_\_\_
- h. Supinated/pronated feet? (Positive - Negative) description \_\_\_\_\_
- i. Heel cord tightness? (Positive - Negative) description \_\_\_\_\_
- j. Hamstring tightness? (Positive - Negative) description \_\_\_\_\_
- k. Patellar Alignment? patella alta \_\_\_\_\_ patella baja \_\_\_\_\_ patella lateral \_\_\_\_\_
- l. Quadriceps: VMO dysplasia \_\_\_\_\_
- m. Girth Measurements? Involved: \_\_\_\_\_ 3" \_\_\_\_\_ 6" \_\_\_\_\_ 9" Non Involved \_\_\_\_\_ 3" \_\_\_\_\_ 6" \_\_\_\_\_ 9"
- n. Tibial Torsion? yes/no (Bi lateral \_\_\_\_\_ Unilateral \_\_\_\_\_)
- o. Vanas knee? yes/no Valgus knee? yes/no
- p. Recurvatum? yes/no (Bi Lateral \_\_\_\_\_ Unilateral \_\_\_\_\_)
- q. Angle of Patella: \_\_\_\_\_ right \_\_\_\_\_ left

## PALPATION

### RULE OUT A FRACTURE

(POSITIVE - NEGATIVE)

COMPRESSION		PERCUSSION		DISTRACTION	
Tender	Crepitus	Tender	Crepitus	Tender	Crepitus
1. iliac crest	yes/no	2. anterior superior iliac spine	yes/no	3. tubercle of the ilium	yes/no
4. ischial tuberosity	yes/no	5. posterior superior iliac spine	yes/no	6. greater trochanter	yes/no
7. adductor tubercle	yes/no	8. lateral epicondyle of the femur	yes/no	9. patella	yes/no

## ASSESSING MOTION

	General ROM	Goniometer	End Feel	Muscle Testing w/Gravity	Muscle testing w/out Gravity
Flexion (0-120)	_____	_____	_____	_____	_____
Extension (0-30)	_____	_____	_____	_____	_____
Abduction (0-45)	_____	_____	_____	_____	_____
Adduction (0-30)	_____	_____	_____	_____	_____
Internal rotation (0-45)	_____	_____	_____	_____	_____
External rotation (0-45)	_____	_____	_____	_____	_____

### RATINGS

<b>General ROM</b>	(Painfull-Limited-Full)
<b>Goniometer</b>	(Percentage of Angle)
<b>End Feel</b>	Normal (Bony - Soft Tissue Apposition - Soft Tissue Stretch - Capsular Stretch)
	Abnormal (Hard - Soft- Firm - Springy Block - Empty - Spasm)
<b>Muscle Testing w/Gravity</b>	(5 4 4- 3+ 3 3- 2+)
<b>Muscle Testing w/out Gravity</b>	(2 2- 1+ 1 0)

## STRESS TESTS

(+1 +2 +3)

Hip Scouring	L_____	R_____	Patrick Test	L_____	R_____	Piriformis Test	L_____	R_____
Nelaton's Line	L_____	R_____	Trendelenburg Test	L_____	R_____	Thomas Test	L_____	R_____
Craig's Test	L_____	R_____	Ober Test	L_____	R_____	Ely's Test	L_____	R_____
90-90 Straight Leg Raise	L_____	R_____	True Leg Length Discrep. Test	L_____	R_____			

## NEUROLOGICAL EXAM

(POSITIVE - NEGATIVE)

NERVE ROOT LEVEL	SENSORY TESTING	MOTOR TESTING	REFLEX TESTING
L1	_____	_____	_____
L2	_____	_____	_____
L3	_____	_____	_____
L4	_____	_____	_____
L5	_____	_____	_____
S1	_____	_____	_____

## CIRCULATORY EXAM

(POSITIVE - NEGATIVE)

## FUNCTIONAL TESTS

Weight bearing \_\_\_\_\_

Stand on injured extremity \_\_\_\_\_

Walk \_\_\_\_\_

Hop on both feet \_\_\_\_\_

Hop on injured extremity \_\_\_\_\_

Straight line jog \_\_\_\_\_

Full speed run to a dead stop \_\_\_\_\_

Carioca to left/right \_\_\_\_\_

Large figure-8 and make progressively smaller and faster \_\_\_\_\_

All movements pain free/ no limp \_\_\_\_\_

## NOTES

Impression: \_\_\_\_\_

Referral: Emergency \_\_\_\_\_

Room \_\_\_\_\_

Physician's Office \_\_\_\_\_

Acute Management: Crutches \_\_\_\_\_ Posterior Splint \_\_\_\_\_ Compression Bandage \_\_\_\_\_ Air Caist \_\_\_\_\_ Vacuum Splint \_\_\_\_\_ Speedi Splint \_\_\_\_\_

X-rays: Anterior/Posterior view \_\_\_\_\_

Lateral view \_\_\_\_\_

Mortis view \_\_\_\_\_

Anterior/Posterior view with stress \_\_\_\_\_

Bone Scan: \_\_\_\_\_

