CC & significant history:					(dd/mm/
Fracture screen (tuning fork, percussion, to	rsion test, 5-step test): WNL R	efer for X-ray:			
Observation: WNL Development: good, fair, poor Posture: Skin (bruising, scars): Asymmetry:	Palpation: □ WNL Palpation L R ASIS/iliac crest TFL/ITB			spasm (s), □ edema (e), □ fibroche (a), □ burning (b), □ tingling Posterior	
Observation WNL L Leg length Q-angle Genu varum Genu valgum Iliac crest height Gluteal fold height Lumbar lordosis Lumbar scoliosis Toe in/out Femur int/external rotation Gait analysis	SI joint Sacrotuberous lig. Greater trochanter L-spine/sacrum Hip joint/capsule Gluteus max./med. Piriformis Sciatic nerve Ischial tuberosity Hamstrings Anterior thigh Iliopsoas Pubic symphysis Inguinal lig./nodes Femoral triangle				7
	Greater saph. vein Adductor muscles				
ROM & Joint Play: □ WNL	Vascular Screen:		Orthopedic		
Pain at end ROM:	Pulses (0-4)	R	L	R	L
Pain at end ROM:	Pulses (0-4) L Femoral pulse	R	rendelenburg	R SLR active	L
Pain at end ROM:	Pulses (0-4) L Femoral pulse Tibial pulse	R Ti	rendelenburg eel walk (L5)	R SLR active SLR passive	L
Pain at end ROM: Abnormal motion: Active Passive	Pulses (0-4) L Femoral pulse	R Ti	rendelenburg eel walk (L5) be walk (S1)	R SLR active SLR passive Bragard's	L
Pain at end ROM: Abnormal motion: Active Passive L R L R	Pulses (0-4) L Femoral pulse Tibial pulse	R Ti H To To	rendelenburg eel walk (L5) be walk (S1) be touch	SLR active SLR passive Bragard's SLR maximal	L
Pain at end ROM: Abnormal motion: Active Passive L R L R	Pulses (0-4) L Femoral pulse Tibial pulse Dorsal pedial	R Ti H Tc S	rendelenburg eel walk (L5) be walk (S1) be touch quat & rise	SLR active SLR passive Bragard's SLR maximal Valsalva	L
Pain at end ROM: Abnormal motion: Active Passive L R L R Flexion (120°) bent knee	Pulses (0-4) Femoral pulse Tibial pulse Dorsal pedial Blanch test	R Ti H To S	L rendelenburg eel walk (L5) be walk (S1) be touch quat & rise	R SLR active SLR passive Bragard's SLR maximal Valsalva Ober/Nobel/Rinné	L
Pain at end ROM:	Pulses (0-4) L Femoral pulse Tibial pulse Dorsal pedial	R Ti H Tc S A A	rendelenburg eel walk (L5) be walk (S1) be touch quat & rise lli's sign nvil	R SLR active SLR passive Bragard's SLR maximal Valsalva Ober/Nobel/Rinné Thomas/Gaenslen's	L
Pain at end ROM:	Pulses (0-4) Femoral pulse Tibial pulse Dorsal pedial Blanch test	R Ti H To Si A A	rendelenburg eel walk (L5) be walk (S1) be touch quat & rise lli's sign nvil atrick FABERE	R SLR active SLR passive Bragard's SLR maximal Valsalva Ober/Nobel/Rinné Thomas/Gaenslen's Nachlas	L
Pain at end ROM:	Pulses (0-4) Femoral pulse Tibial pulse Dorsal pedial Blanch test Neurologic: WNL	R Ti H Tc S A A P:	rendelenburg eel walk (L5) be walk (S1) be touch quat & rise lli's sign nvil atrick FABERE aguere	R SLR active SLR passive Bragard's SLR maximal Valsalva Ober/Nobel/Rinné Thomas/Gaenslen's Nachlas Ely's	L
Pain at end ROM:	Pulses (0-4) Femoral pulse Tibial pulse Dorsal pedial Blanch test Neurologic: WNL Reflexes (0-5), WNL Patellar (L4)	R Ti H Tc S A A P La S	rendelenburg eel walk (L5) be walk (S1) be touch quat & rise lli's sign nvil atrick FABERE aguere cour	R SLR active SLR passive Bragard's SLR maximal Valsalva Ober/Nobel/Rinné Thomas/Gaenslen's Nachlas Ely's Hibb's	L
Pain at end ROM:	Pulses (0-4) Femoral pulse Tibial pulse Dorsal pedial Blanch test Neurologic: WNL Reflexes (0-5), WNL L	R Ti H To S A A A P L S S S	rendelenburg eel walk (L5) be walk (S1) be touch quat & rise lli's sign nvil atrick FABERE aguere cour	R SLR active SLR passive Bragard's SLR maximal Valsalva Ober/Nobel/Rinné Thomas/Gaenslen's Nachlas Ely's Hibb's Yoeman's	L
Pain at end ROM: Abnormal motion: ROM Active Passive L R L R Flexion (120°) bent knee Flexion (80°-90°) SLR Extension (30°) Adduction (50°) Adduction (30°) Internal rotation (40°) External rotation (50°)	Pulses (0-4) Femoral pulse Tibial pulse Dorsal pedial Blanch test Neurologic: WNL Reflexes (0-5), WNL Patellar (L4) Hamstring (L5)	R Ti H To S A A A P L S S S	rendelenburg eel walk (L5) be walk (S1) be touch quat & rise lli's sign nvil atrick FABERE aguere cour	R SLR active SLR passive Bragard's SLR maximal Valsalva Ober/Nobel/Rinné Thomas/Gaenslen's Nachlas Ely's Hibb's	L
Pain at end ROM: Abnormal motion: ROM Active Passive L R L R Flexion (120°) bent knee Flexion (80°-90°) SLR Extension (30°) Adduction (50°) Adduction (30°) Internal rotation (40°) External rotation (50°)	Pulses (0-4) Femoral pulse Tibial pulse Dorsal pedial Blanch test Neurologic: WNL Reflexes (0-5), WNL Patellar (L4) Hamstring (L5) Patellar (S1) Babinski	R Ti H Tc Tc SS A A P La SS S S	rendelenburg eel walk (L5) be walk (S1) be touch quat & rise lli's sign nvil atrick FABERE aguere cour	R SLR active SLR passive Bragard's SLR maximal Valsalva Ober/Nobel/Rinné Thomas/Gaenslen's Nachlas Ely's Hibb's Yoeman's	L
Pain at end ROM: Abnormal motion: ROM Active Passive L R L R Flexion (120°) bent knee Flexion (80°-90°) SLR Extension (30°) Abduction (50°) Adduction (50°) Internal rotation (40°) External rotation (50°) Joint Play* L R Comments Long axis	Pulses (0-4) Femoral pulse Tibial pulse Dorsal pedial Blanch test Neurologic: WNL Reflexes (0-5), WNL Patellar (L4) Hamstring (L5) Patellar (S1)	R Ti H To S A A A P L S S S	rendelenburg eel walk (L5) be walk (S1) be touch quat & rise lli's sign nvil atrick FABERE aguere cour	R SLR active SLR passive Bragard's SLR maximal Valsalva Ober/Nobel/Rinné Thomas/Gaenslen's Nachlas Ely's Hibb's Yoeman's	L
Pain at end ROM: Abnormal motion: ROM Active Passive L R L R Flexion (120°) bent knee Flexion (80°-90°) SLR Extension (30°) Abduction (50°) Adduction (50°) Internal rotation (40°) External rotation (50°) Joint Play* L R Comments Long axis distraction	Pulses (0-4) Femoral pulse Tibial pulse Dorsal pedial Blanch test Neurologic: WNL Reflexes (0-5), WNL Patellar (L4) Hamstring (L5) Patellar (S1) Babinski	R Ti H Tc Tc SS A A P La SS S S	rendelenburg eel walk (L5) be walk (S1) be touch quat & rise lli's sign nvil atrick FABERE aguere cour	R SLR active SLR passive Bragard's SLR maximal Valsalva Ober/Nobel/Rinné Thomas/Gaenslen's Nachlas Ely's Hibb's Yoeman's	L
Pain at end ROM: Abnormal motion: ROM Active Passive L R L R Flexion (120°) bent knee Flexion (80°-90°) SLR Extension (30°) Abduction (50°) Adduction (50°) Internal rotation (40°) External rotation (50°) Joint Play* L R Comments Long axis distraction Internal	Pulses (0-4) Femoral pulse Tibial pulse Dorsal pedial Blanch test Neurologic: WNL Reflexes (0-5), WNL Patellar (L4) Hamstring (L5) Patellar (S1) Babinski Motor (0-5), WNL	R Ti H Tc S A A A P La S S S S	rendelenburg eel walk (L5) be walk (S1) be touch quat & rise lli's sign nvil atrick FABERE aguere cour I distraction I compression	SLR active SLR passive Bragard's SLR maximal Valsalva Ober/Nobel/Rinné Thomas/Gaenslen's Nachlas Ely's Hibb's Yoeman's Kemp's	L
Pain at end ROM: Abnormal motion: ROM Active Passive L R L R Flexion (120°) bent knee Flexion (80°-90°) SLR Extension (30°) Abduction (50°) Adduction (50°) Internal rotation (40°) External rotation (50°) Joint Play* L R Comments Long axis distraction Internal rotation (40°)	Pulses (0-4) Femoral pulse Tibial pulse Dorsal pedial Blanch test Neurologic: WNL Reflexes (0-5), WNL Patellar (L4) Hamstring (L5) Patellar (S1) Babinski Motor (0-5), WNL Hip flexion (L2)	R Ti H Tc S A A P L S S S S	rendelenburg eel walk (L5) be walk (S1) be touch quat & rise lli's sign nvil atrick FABERE aguere cour I distraction I compression	R SLR active SLR passive Bragard's SLR maximal Valsalva Ober/Nobel/Rinné Thomas/Gaenslen's Nachlas Ely's Hibb's Yoeman's Kemp's	L
Pain at end ROM: Abnormal motion: ROM Active Passive L R L R Flexion (120°) bent knee Flexion (80°-90°) SLR Extension (30°) Adduction (50°) Adduction (30°) Internal rotation (40°) External rotation (50°) Joint Play* L R Comments Long axis distraction Internal rotation (40°) External	Pulses (0-4) Femoral pulse Tibial pulse Dorsal pedial Blanch test Neurologic: WNL Reflexes (0-5), WNL Patellar (L4) Hamstring (L5) Patellar (S1) Babinski Motor (0-5), WNL Hip flexion (L2) Hip extension (L3-S1)	R Ti H Tc Si A A P: Li Si Si Si C	rendelenburg eel walk (L5) be walk (S1) be touch quat & rise lli's sign nvil atrick FABERE aguere cour I distraction I compression Additional Abdominal exam:	SLR active SLR passive Bragard's SLR maximal Valsalva Ober/Nobel/Rinné Thomas/Gaenslen's Nachlas Ely's Hibb's Yoeman's Kemp's	
Pain at end ROM: Abnormal motion: ROM Active Passive L R L R Flexion (120°) bent knee Flexion (80°-90°) SLR Extension (30°) Abduction (50°) Adduction (50°) Internal rotation (40°) External rotation (50°) Joint Play* L R Comments Long axis distraction Internal rotation (40°) External rotation (40°) External rotation (40°) External rotation (50°)	Pulses (0-4) Femoral pulse Tibial pulse Dorsal pedial Blanch test Neurologic: WNL Reflexes (0-5), WNL Patellar (L4) Hamstring (L5) Patellar (S1) Babinski Motor (0-5), WNL Hip flexion (L2) Hip extension (L3-S1) Abduction (L4-S1)	R Ti H Tc Si A A P La S S S S	rendelenburg eel walk (L5) be walk (S1) be touch quat & rise lli's sign nvil atrick FABERE aguere cour I distraction I compression Additional Abdominal exam: Knee exam:	SLR active SLR passive Bragard's SLR maximal Valsalva Ober/Nobel/Rinné Thomas/Gaenslen's Nachlas Ely's Hibb's Yoeman's Kemp's	
Pain at end ROM: Abnormal motion: ROM Active Passive L R L R Flexion (120°) bent knee Flexion (80°-90°) SLR Extension (30°) Abduction (50°) Adduction (30°) Internal rotation (40°) External rotation (50°) Joint Play* L R Comments Long axis distraction Internal rotation (40°) External rotation (40°) External rotation (50°) SI joint	Pulses (0-4) Femoral pulse Tibial pulse Dorsal pedial Blanch test Neurologic: WNL Reflexes (0-5), WNL Patellar (L4) Hamstring (L5) Patellar (S1) Babinski Motor (0-5), WNL Hip flexion (L2) Hip extension (L3-S1) Abduction (L4-S1) Adduction (L2-L4)	R Ti H Tc Si A A P La S S S S	rendelenburg eel walk (L5) be walk (S1) be touch quat & rise lli's sign nvil atrick FABERE aguere cour I distraction I compression Additional Abdominal exam: Knee exam:	SLR active SLR passive Bragard's SLR maximal Valsalva Ober/Nobel/Rinné Thomas/Gaenslen's Nachlas Ely's Hibb's Yoeman's Kemp's	
Pain at end ROM: Abnormal motion: ROM Active Passive L R L R Flexion (120°) bent knee Flexion (80°-90°) SLR Extension (30°) Abduction (50°) Adduction (30°) Internal rotation (40°) External rotation (50°) Joint Play* L R Comments Long axis distraction Internal rotation (40°) External rotation (40°) External rotation (50°) SI joint	Pulses (0-4) Femoral pulse Tibial pulse Dorsal pedial Blanch test Neurologic: WNL Reflexes (0-5), WNL Patellar (L4) Hamstring (L5) Patellar (S1) Babinski Motor (0-5), WNL Hip flexion (L2) Hip extension (L3-S1) Adduction (L4-S1) Ext. rotation (L4-S1)	R Ti H Tc SS A A A P La SS S S	rendelenburg eel walk (L5) be walk (S1) be touch quat & rise lli's sign nvil atrick FABERE aguere cour I distraction I compression Additional Abdominal exam: Lumbosacral exar	SLR active SLR passive Bragard's SLR maximal Valsalva Ober/Nobel/Rinné Thomas/Gaenslen's Nachlas Ely's Hibb's Yoeman's Kemp's	
Pain at end ROM:	Pulses (0-4) Femoral pulse Tibial pulse Dorsal pedial Blanch test Neurologic: □ WNL Reflexes (0-5), □ WNL Patellar (L4) Hamstring (L5) Patellar (S1) Babinski Motor (0-5), □ WNL Hip flexion (L2) Hip extension (L3-S1) Abduction (L4-S1) Adduction (L4-S1) Int. rotation (L4-S1)	R Ti H Tc SS A A A P La SS S S	rendelenburg eel walk (L5) be walk (S1) be touch quat & rise lli's sign nvil atrick FABERE aguere cour I distraction I compression Additional Abdominal exam: Lumbosacral exar	SLR active SLR passive Bragard's SLR maximal Valsalva Ober/Nobel/Rinné Thomas/Gaenslen's Nachlas Ely's Hibb's Yoeman's Kemp's	

This form is a comprehensive checklist of examination procedures. Each item should be utilized as a diagnostic option based on the patient's presenting symptoms and the clinical discretion of the examiner. Every procedure does not have to be performed on every patient. Some procedures may be contraindicated in certain situations. Patient information contained within this form is considered strictly confidential. Reproduction is permitted for personal use,

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Hip Regional Examination

☑ Check normal, circle & describe abnormal

Patient:

Signature:

Date:

date: _