

Hip Examination

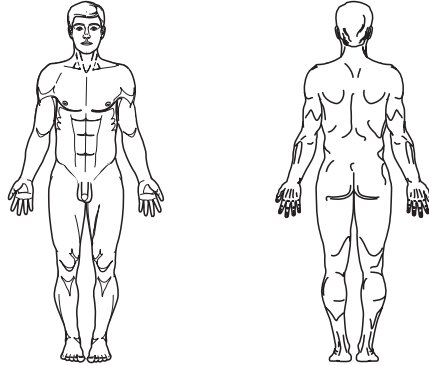
Patient Name: _____ Date: _____

Diagnosis: _____ Examiner: _____

Vital Signs: Pulse: ____ Blood Pressure: ____ / ____ L R Respiration: ____ Temperature: ____

Inspection/Palpation:

- P = Pain
- X = Trigger Points
- B = Bleeding
- S = Swelling
- C = Contusion
- L = Laceration
- H = Hot



Muscle Testing/Myotomes:

Muscle	Strength	
	L	R
Psoas (L2,3)		
Iliacus (L2,3)		
Piriformis (S1,2)		
Abdominals		
Hamstrings (L5):		
Medial		
Lateral		
Quadriceps (L2-4):		
Rectus Femoris		
Vastus Lateralis		
Vastus Medialis		
Sartorius (L2-3)		
Gracilis (L3)		
Tensor Fascia Lata (L5)		
Gluteus Min/Med (L5)		
Adductors (L4)		
Gluteus Maximus (S1)		

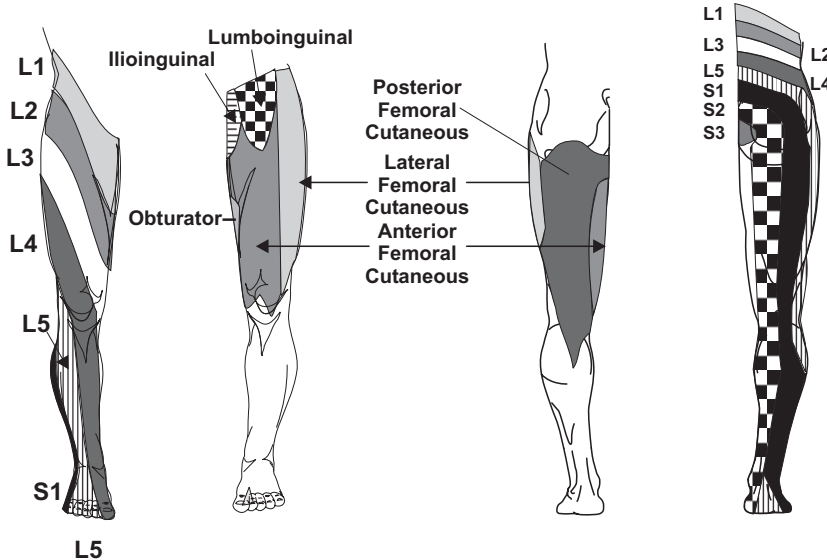
Range of Motion:

Activity	Normal	Active	Passive
Flexion	110-120		
Extension	10-15		
Abduction	30-50		
Adduction	30		
Internal Rotation	30-40		
External Rotation	40-60		

Nerve Supply (Skin):

Anterior

Posterior



Circumferential	L	R
Thigh		

Orthopedic: _____

Neurological: _____

Antalgia: _____ Special: _____