

Hip Range of Motion Test

Name: _____ Age: _____

Examiner: _____ Date: _____ dd / mm / yyyy

HIP RANGE OF MOTION TEST (ACTIVE)

Position the patient supine on the examination table, ensuring their comfort and relaxation. To assess flexion, instruct the patient to bring their knee as close to their chest as possible. For evaluating active range of motion in adduction, assist the patient in lifting one leg while asking them to cross the other leg underneath it. For active abduction, have the patient lift their leg as high off the bench as they can. To assess internal and external rotation, first ask the patient to flex their hip to approximately 90°. For internal rotation, instruct the patient to move their heel outward as far as possible. For external rotation, have them move their heel inward as far as they can. Finally, for extension, direct the patient to lift their leg off the table.

Performed?

☐ Yes ☐ No

Test results

Flexion - Normative range of motion: 110° – 120°

Range of motion: _____

Extension - Normative range of motion: 10° – 15°

Range of motion: _____

Internal rotation - Normative range of motion: 30 – 40°

Range of motion: _____

External rotation - Normative range of motion: 40 – 60°

Range of motion: _____

Abduction - Normative range of motion: 30°

Range of motion: _____

Adduction - Normative range of motion: 30° – 50°

Range of motion: _____

Additional notes - Specify below:

HIP RANGE OF MOTION TEST (PASSIVE)

Flexion - Position the patient supine near the long edge of the treatment bench and palpate the anterior superior iliac spine on the examined side to identify when the end range of motion is reached and pelvic movement begins. With your other hand, grasp the distal femur, letting the lower leg rest on your forearm or remain flexed, then move into flexion while assessing the end-feel.

Extension - Position the patient in a prone lying position near the long edge of the bench. Fixate the pelvis at the ischial tuberosity using the hypothenar aspect of one hand. Grasp the distal femur with your other hand and perform passive hip extension while assessing the end-feel.

Internal and external rotation - Test in 90 degrees of flexion with the patient lying supine. Flex the patient's leg while supporting the lower leg with your forearm and cupping the knee with your hand to prevent valgus torque during internal rotation. Alternatively, assess internal rotation in a neutral hip position, either supine with the leg hanging over the edge of the bench or in prone, fixing the ischial tuberosity. Similar to internal rotation, test in both 90 degrees of hip flexion in the supine position or in a neutral hip position.

Abduction - Position the patient in a supine position close to the long edge of the bench. Palpate the ipsilateral anterior superior iliac spine with your thumb while keeping the remaining fingers in contact with the bench. Support the patient's leg at the knee with your other hand, allowing the lower leg to rest on your forearm. Perform passive abduction while monitoring pelvic movement. Assess the end range and evaluate the end-feel.

Adduction - Position the patient in supine with the foot of the non-tested leg placed laterally to the knee of the leg being examined. Support the patient's leg on your forearm and use your thumb to palpate the anterior superior iliac spine on the contralateral side to monitor pelvic movement.

Performed?

☐ Yes ☐ No

Test results

Flexion - Normative range of motion: 110° – 120°

Range of motion: _____

End-feel assessment: _____

Extension - Normative range of motion: 10° – 15°

Range of motion: _____

End-feel assessment: _____

Internal rotation - Normative range of motion: 30 – 40°

Range of motion: _____

End-feel assessment: _____

External rotation - Normative range of motion: 40 – 60°

Range of motion: _____

End-feel assessment: _____

Abduction - Normative range of motion: 30°

Range of motion: _____

End-feel assessment: _____

Adduction - Normative range of motion: 30° – 50°

Range of motion: _____

End-feel assessment: _____

Additional notes - Specify below:

HEALTHCARE PROFESSIONAL'S INFORMATION

Name: _____

License number: _____

Signature: _____