Hoover Test

HOOVER TEST

Patient's full name: _____ **Date:** _____ dd / mm / yyyy

Rater's Name: _____

InstructionsHave your patient lie down or be in a supine position on an examination table. Stand at the feet of the patient and cup the calcaneus (heel) of the patient. Your left hand must be grasping their right heel and your right hand must be grasping their left heel. Lift both heels upward. Their feet should be lower or around your chest height. Ask the patient to make an active straight leg raise on the involved side. While they do step 4, feel if there's pressure from the unaffected limb. Afterward, repeat step 4 on the unaffected limb but this time add resistance. While they do step 4, feel if there's pressure from the affected limb.

Test Result(-) Negative test if: The patient makes an attempt to lift the affected limb and you sense pressure pushing down into your hand from the unaffected limb. The patient lifts the unaffected limb against the resistance and you don't sense pressure pushing down into your hand from the affected limb.(+) Positive test if: The patient doesn't attempt to lift the affected limb and you don't feel pressure pushing down into your hand from the unaffected limb. The patient lifts the unaffected limb against the resistance and you sense pressure pushing down into your hand from the affected limb.

Patient's Test Results

- ◯ Negative
- ◯ Positive

Notes