

# Hip Examination

## Look

- General Inspection
  - Shoes
  - Walking stick
  - Walking frame
  - Scars
  - Posture
- Side
  - Alignment
  - Curves
  - Exaggerated lumbar lordosis
- Trendelenburg Test
- Muscle Bulk
- Gait
  - Antalgic: shortened stance phase
  - Short leg gait: head bobbing, vaulting
  - Trendelenburg/abductor: dropping of hip, compensated by leaning to other side

Ask patient to get on bed, and inspect for any obvious wasting, shortening or rotation. Palpate greater trochanter. If painful, likely to have bursitis.

## Move

- Leg length discrepancy
  - True: ASIS to medial malleolus
  - Apparent: umbilicus to medial malleolus
- Galeazzi's sign: flex knees to 90° with feet together. Position of knees relative to each other shows where discrepancy is.

## Range of Movement

- Flexion: Thomas' Test
  - Ask patient to bring both legs up against chest, and ask patient to hold normal leg to chest
  - Put hand under pelvis/lower back to block lumbar spine
  - Looking for fixed flexion (thigh can't rest flat on table)
- Extension: Not usually tested
- Rotation: Bring hip to 90°, then internally (first loss in OA) and externally rotate
- Abduction and Adduction: Must make sure pelvis isn't rocking

## Further Testing

- Peripheral pulses
- Neurological examination
- Knee Exam
- X-Ray