

# Musculoskeletal – Hip - Physical Exam Checklist

Learnpediatrics.com – Written by Dr. R. Acedillo

EXAMINATION	OSCE ITEMS
STANDING	<p><b>Inspection</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Posture (flexion contractures excessive lordosis, etc)</li> <li><input type="checkbox"/> Pelvic tilt (hip abduction/adduction contracture, postural scoliosis, etc)</li> <li><input type="checkbox"/> Trendelenburg's Test (pt stands on one leg, check for contralateral hip sag)</li> <li><input type="checkbox"/> Muscle bulk, asymmetry</li> <li><input type="checkbox"/> Scars, lesions, etc.</li> </ul> <p><b>Gait</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Symmetry and compensation</li> <li><input type="checkbox"/> Trendelenburg's gait (contralateral hip sagging)</li> </ul> <p><b>Palpation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lumbar spine (tenderness and referral of pain to hip)</li> <li><input type="checkbox"/> Greater trochanter (Trochanter bursitis, can do in supine position with affected side up)</li> </ul> <p><b>Active ROM</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lumbar spine (flexion, extension, lateral flexion, rotation – look for correction of scoliosis or not)</li> </ul>
SITTING	<p><b>Neurological – Lower Extremity</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Sensory</li> <li><input type="checkbox"/> Strength</li> <li><input type="checkbox"/> Reflexes</li> </ul>
SUPINE	<p><b>Vascular</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Femoral</li> <li><input type="checkbox"/> Posterior tibial</li> <li><input type="checkbox"/> Dorsalis pedis</li> </ul> <p><b>Inspection</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> True and apparent leg lengths</li> <li><input type="checkbox"/> Skin folds (in babies especially)</li> </ul> <p><b>Special Tests</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ortolani and Barlow maneuvers (babies – adduct hip and apply posterior force to try to subluc joint, then abduct and check for “clunk”)</li> <li><input type="checkbox"/> Ap and lateral pelvic compression (pain/crepitus in sacroiliac joint or pelvic fracture – palms on ASIS, posterior force, then medial force)</li> </ul> <p><b>Palpation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hip joint (midpoint inguinal ligament, 2 cm distally and laterally)</li> <li><input type="checkbox"/> Femoral triangle (Pulses, lymph nodes, hernias)</li> </ul> <p><b>Passive ROM</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Stabilize hips by having patient hold their opposite hip in flexion while examining the other OR stabilize pelvis with hand. Test the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> Extension (Thomas test – normal 0°)</li> <li><input type="checkbox"/> Flexion (normal 120°)</li> <li><input type="checkbox"/> Internal rotation (hip flexed 90°, rotate foot outward, normal 35°)</li> <li><input type="checkbox"/> External rotation (hip flexed 90°, rotate foot inward, normal 45°)</li> <li><input type="checkbox"/> Abduction (hip flexed 90°, bring knee laterally, normal 45-50°)</li> <li><input type="checkbox"/> Adduction (hip flexed 90°, cross leg over, normal 20-30°)</li> </ul> </li> </ul>
PRONE	<ul style="list-style-type: none"> <li><input type="checkbox"/> Rotation of hip with hips extended (in adults, can predispose to patellofemoral tracking problems and knee pain)</li> </ul>