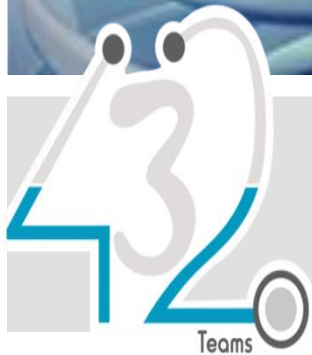
Orthopedics

OSCE - Hip Examination



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Color Code:

Slides	Sessions' Notes	Team Notes	Important
431 team work	Arabic Words	Books' notes	Other Sources

Hip Examination

Goals:

To be able to perform a proper hip examination and identify any abnormality that aids in diagnosis

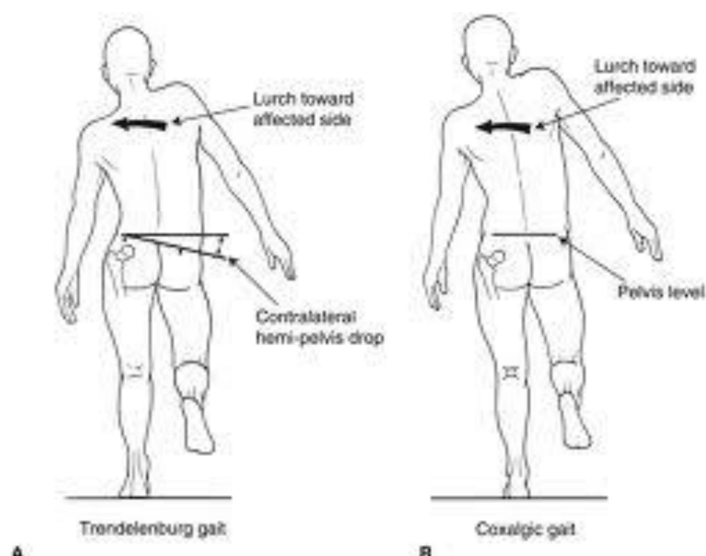
Examination:

Standing

Look:

Pelvic Obliquity (Shoulder level, pelvis level, Lumbar lordosis, Spinal deformities, muscle wasting, scar, skin changes, deformity).

- Gait (Antalgic , Trendelenburg)
  Antalgic gait: phase of gait is abnormally shortened relative to the swing phase.
- **Do Special Test (standing position)**
  Trendelenburg s Sign further explanation when we want to examine the **left leg** let the patient flex right leg and extend right leg in standing position:
  - Normal situation when the patient is able to maintain standing position on left leg ➔ normal left abductor muscles.
  - Abnormal situation when the patient fall on the right side ,hemi pelvic drop in the right side (contralateral affected leg), lurch toward left (affected side) ➔ abnormal left abductor muscles



Supine

- **Exposure:** Umbilicus to mid-thigh and cover the genetalia.

Look:

- Skin Changes
- Muscle Wasting (Glutei)

Feel:

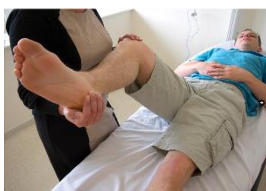
- Skin Temperature
- Tenderness greater trucunter or other
- Bony Landmarks (anterior superior iliac , Iliac crest, greater trucunter, Pubic Tub.)

Move: (passive movement only)

1- Start with **Thomas Test** to assess for FFD (fixed flexion deformity) by fully flexing opposite side. The patient is asked to lie supine. The examiner checks for lordosis which is a predictor of a tight hip flexor. The examiner then flexes one hip bringing the knee to the chest and asks the patient to hold the knee to help stabilize the pelvis and flatten out the lumbar region. If the leg that is being tested (the leg on the table) does not have a hip flexion contraction it will remain on the testing table (normal). If a contracture is present the leg will raise off of the table. This is often measured if present. Further explanation: When we want to examine the **left side** let the patient flex and hold right leg and extend right leg while supine position.

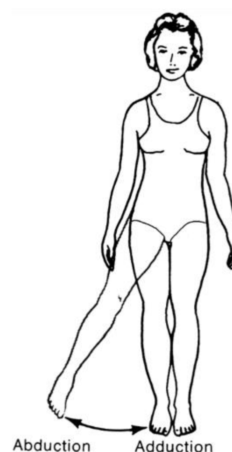
If **Thomas Test** is positive:

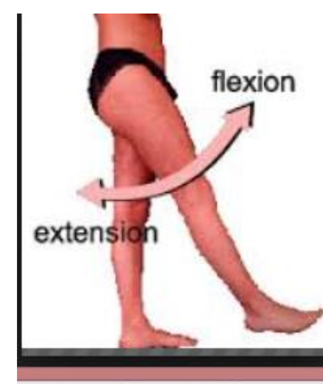
2- Assess flexion and extension with the patient lying on side while stabilizing the pelvis.
3- Passive Abduction, Adduction on Supine position and stabilize the pelvis.
4- Internal rotation, external rotation at 90 hip flexion.



External rotation

Internal rotation





- **Do Special Test:**

1- Measure True leg length discrepancy

1-True leg length discrepancy: is found by measuring from the anterior superior iliac spine to the medial malleolus.

2-Apparent leg length discrepancy: is measured from the xiphisternum or umbilicus to the medial malleolus

If there is difference:

2- Do the **Galeazzi sign** (use it in different knee length)

Galeazzi test: flex both knees while the patient at supine position when:

1- Both knees at the same level ➔ normal length of both femur and tibia.
2- A knee is seen posterior to the other one ➔ femur shortening.
3- A knee is seen anterior to the other one ➔ tibia shortening.
4- One knee pulled downward ➔ both tibia and femur shortening.

- Check joint above (spinal joint) and joint below (knee).
- Check neurovascular status.