

Name _____

Hip Evaluation

[] Ver [] Consent

Low Back Scan [] Clear [] See Notes

Neurological Scan [] Clear [] See Notes

Special Questions

- ☐ Snapping or clicking with walking?
☐ Weak or abnormal feeling movements?
☐ Radiating pain?

Postural Analysis [] Edema [] Atrophy [] Q-angle
[] Anteversion/Retroversion [] Functional

Observations

Gait

Range of Motion/Strength

Active R / L

Passive R / L

MMT (___/5) R / L

Flexion (120°)

_____/____

_____/____

_____/____

Extension (15°)

_____/____

_____/____

_____/____

Abduction (50°)

_____/____

_____/____

_____/____

Adduction (30°)

_____/____

_____/____

_____/____

Internal Rot'n (40°)

_____/____

_____/____

_____/____

External Rot'n (60°)

_____/____

_____/____

_____/____

Functional Balance (↑,↓,N,NT) R / LAccessory Movements (↑,↓,N,NT) R / L

Hamstring

_____/____

Anterior Glide

_____/____

Posas

_____/____

Posterior Glide

_____/____

Rec. Fem.

_____/____

Inferior Glide

_____/____

Glutes

_____/____

Distraction

_____/____

Special Tests

Ober's [] Clear [] NT

Thomas [] Clear [] NT

FABER [] Clear [] NT

Quadrant [] Clear [] NT

Palpation_____
Signature_____/____/____
Date