

Academic Review: Pathological Tests for the Hip

There are several factors which would draw us to consider possible dysfunctions of the coxa. These would include but not be limited to:

Pain in the hip

Referred pain radiating into the lower extremity

Any sensation of numbness or tingling in the lower extremity

Persistent Low Back problems

Trauma to the area

Accident affecting the neck

Pathological symptoms of the pelvis with no pathological condition present.

Elimination of Severe Pathology

When a client presents showing severe pain or symptoms in the previously mentioned area, you must first eliminate any pathological conditions which may alter the assessment and treatment protocol of your client. A portion of these pathologies may be eliminated through the patient history/consultation, however, conditions such as a herniated disc, arthritis and bone degeneration must be eliminated through testing. Should a client present in acute or severe pain the following tests must be performed prior to any general assessment process. Remember you are trying to recreate the pain the client came in complaining of. Also do the non-painful side first to give the client an indication of what to expect.

Valsalva

This test is performed to assess for the possibility of disc pathology. Ask your client if they have the pain reoccur or become more severe while bearing down to have a bowel movement. A positive sign may indicate disc pathology.

Slump test (Figure 1)

Instruct client to sit on the edge of your plinth. Ask client to flex one hip and dorsiflex their foot without bending their knee. Next, have client slump forward. A positive sign indicates disc pathology. Repeat process on other leg.



Figure 1

Well Leg/Straight Leg Raise (Figure 2)

This test and its variations are highly informative about a patient's condition. It can also be used simply to measure hamstring length and look for asymmetry. With a few easy to add steps several other structures can be tested such as the sciatic nerve, the lumbar spine for disc pathology and non-organic causes of pain.

With the client supine and legs extended, grasp the ankle of the uninvolved leg and elevate the leg to the point where pain is felt. If the pain radiates to the opposite leg it indicates disc pathology. If there is no indication of pain then disc pathology may be ruled out. Move to other leg. Grasp ankle and begin eleva-



Figure 2

tion until pain is noted. Ease off the elevation slightly and then dorsiflex the foot, if pain returns to that leg it indicates sciatic condition. If upon easing off of the elevation, and introducing dorsiflexion of the foot, pain is not recreated then this is indicative of a hamstring dysfunction.

Joint Play for Crepitus (circumduction) (Figure 3)

With the client supine, grasp the tibia of the effected leg and passively move the coxa and knee into flexion. Move hand to anterior aspect of the knee and fully flex the coxa. Compress femur into acetabulum and while continuing to hold the compression move the femur through abduction, flexion and adduction in an arch. Continue motion back and forth slowly. If pain is recreated or any gravelly/grinding is noted this is indicative of crepitus and may be signs of an arthritic condition or joint deterioration. An x-ray may be required.



Figure 3

Patrick Test (Faber) (Figure 4)

This test can be used as a general test for coxa motion but it can also be used to differentiate between hip pain and pain referred to the hip from a pathological sacral iliac (SI) joint. The client is supine, grasp the distal aspect of the tibia and flex the knee and coxa joints into a “figure 4” position by placing the sole of the foot along medial aspect of opposite knee. The component that is used to monitor for hip asymmetry is performed by monitoring distance from the knee to the plinth and comparing it bilaterally. To test for a sacroiliac pathology, place palm of one hand over opposite ASIS and one hand over flexed knee. Press down mildly on each simultaneously monitoring for pain. If clients’ pain is recreated, this is indicative of a sacroiliac pathology.



Figure 4

Gaenslen’s Test (Figure 5)

Client is in a lateral recumbent position with their superior leg (tested leg) hyperextended at the hip. Client holds the inferior leg flexed to their chest. Stabilize the pelvis with one hand while grasping client’s superior leg and extending it with the other hand. Pain is a positive test indicating an ipsilateral sacroiliac joint lesion, hip pathology or L4 nerve root compression. Repeat on other side.



Figure 5

Ober’s Test (Figure 6)

This test assesses tensor fascia latae tightness but is more beneficial in determining trochanteric bursitis. Client is in a lateral recumbent position with inferior hip and knee flexed for stability, tested leg is superior. Stabilize pelvis and with other hand grasp client’s superior leg under medial aspect of the knee. Abduct and extend superior hip with knee extended to bring IT Band over greater trochanter. Slowly lower the upper limb. If pain is recreated this may indicate trochanteric bursitis. If on the other hand the limb remains abducted this is indicative of TFL tightness. Repeat on the other side. □



Figure 6

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