

Date: \_\_\_\_\_

## Physiotherapy Hip Assessment

MRN: \_\_\_\_\_

SURGERY: \_\_\_\_\_  NA

NAME: \_\_\_\_\_

SX DATE: \_\_\_\_\_ DC DATE: \_\_\_\_\_

DOB/AGE: \_\_\_\_\_

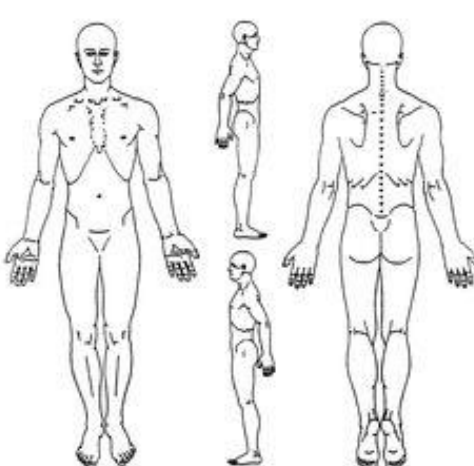
SURGEON: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

SX APPROACH: \_\_\_\_\_

PT: \_\_\_\_\_

COMPLICATIONS: \_\_\_\_\_

<p><b>Observation</b></p> <ul style="list-style-type: none"> <li>- Posture</li> <li>- Lumbo-pelvic alignment</li> <li>- FDs</li> <li>- Incision/scars</li> <li>- Ante/retroversion</li> <li>- Muscle wasting</li> <li>- Distal edema</li> </ul>	
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Pain scale (Indicate level of hip pain 0+No pain, 10=Worst pain imaginable)				
Date	At rest	Night	Walking	Comments (pain med use)

Date	Gait (pattern/aid)

Date	Balance (static)	Balance (dynamic)
	45 sec SLS or 4-stage balance test	Tandem walk (4 steps) or 4-squares

Date	Hip ROM					Knee ROM		
		Flex (a/p)	Ext. (a/p)	Abd (a/p)	IR (a/p)	ER (a/p)	Flex (a/p)	Ext (a/p)
	R							
	L							
	R							
	L							
	R							
	L							

Strength									
Date		Hip flex	Hip ext	Hip abd	Hip IR	Hip ER	Quads	Hams	Gastroc
	R								
	L								
	R								
	L								
	R								
	L								

Date		Apparent LLD (ASIS-med malleolus)	Functional LLD (standing, iliac crests)	Comments
	R	cm		
	L	cm		

LE Scan	
Knee/ankle/ foot	

Other tests
<ul style="list-style-type: none"> <li>• Kinetic test/pelvic obliquity</li> <li>• Trendelenburg sign</li> <li>• FABER test</li> <li>• Soft tissue flexibility</li> <li>• Neurological signs</li> <li>• Circulation</li> </ul>

Performance tests		
Date	30 sec CST (reps) (after precautions removed)	10 m self-paced walking speed (m/sec)