

Hip Contracture Tests Rectus Femoris Contracture Test

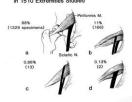


 Involuntary extension of flexed knee with tightness in rectus femoris indicates a hip flexion contracture



 Sciatic pain indicates nerve compression

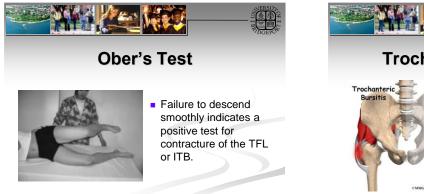


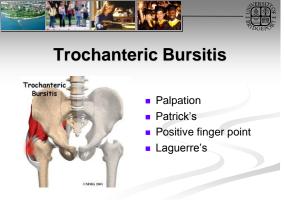


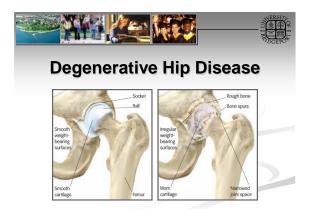
- Palpation of piriformis may produce local and/or sciatic distribution pain
- Palpation at spinal nerve root may be negative for pain



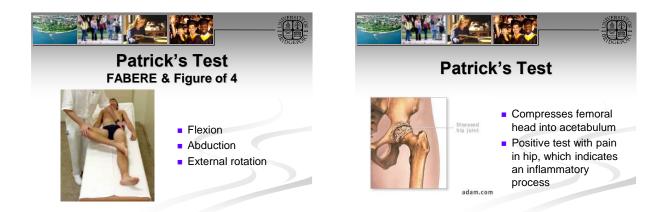








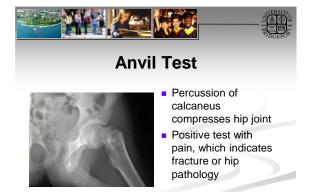


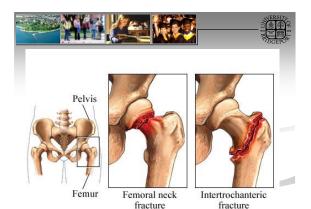


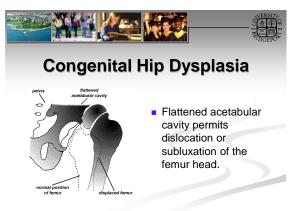


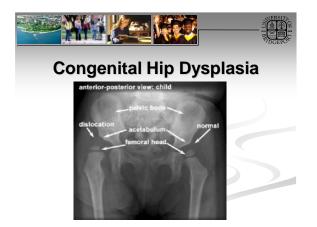
Trendelenburg's Test

- Standing flexion of hip
- Downgoing of contralateral hip is a positive test
- Indicates contralateral gluteal motor weakness and/or hip pathology













Barlow's Test

- Identifies unstable hip that lies in the reduced position but can be passively dislocated (and hence unstable)
- Less than 2% of infants will have a positive Barlow test
- 90% will normalize with no treatment after 9 weeks



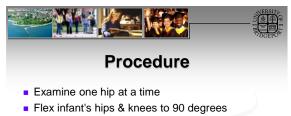
Barlow's Test Procedure

- Hips are examined one at a time
- Hip flexed & thigh adducted, while pushing posteriorly in line of the shaft of femur, causing femoral head to dislocate posteriorly from acetabulum
- Dislocation is palpable as femoral head slips out of acetabulum
- Diagnosis is confirmed with Ortolani's test.

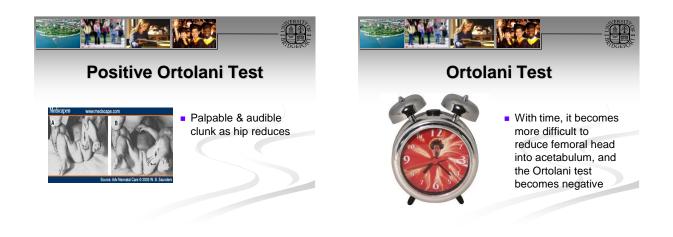


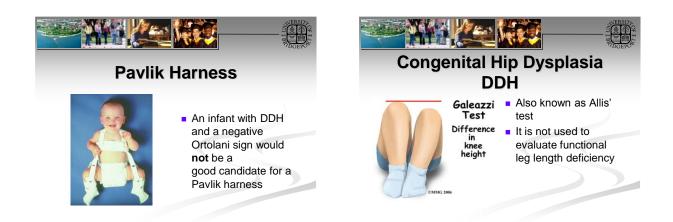
Ortolani Test

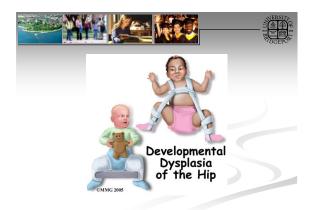
- Identifies dislocated hip that can be reduced in early weeks of life
- A positive test requires active treatment
- If hip remains dislocated (for weeks), limitation of abduction becomes more consistent clinical finding



 Thigh is gently abducted & bringing femoral head from its dislocated posterior position to opposite the acetabulum, hence reducing femoral head into acetabulum











Adios amigos...