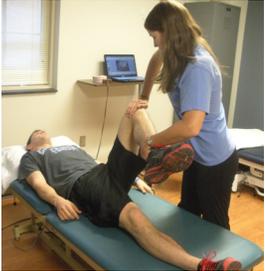
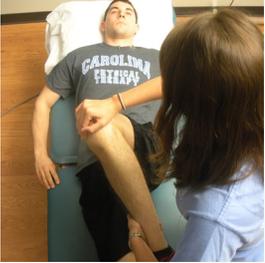


Hip Screening Tests

TEST NAME	PURPOSE OF THE TEST	PATIENT POSITION	HOW TO ADMINISTER	RESULT	PHOTO
Hip Scour	Detects intra-articular pathology of the hip	SUPINE	<ul style="list-style-type: none"> Flex the patient's hip and provide a load through the femur Internally and externally rotate the leg 	(+) test: pain or apprehension	
FADIR	Detects groin pain of a labral origin	SUPINE	<ul style="list-style-type: none"> Hip is passively flexed to 90°, IR and adducted 	(+) test: concordant groin pain	
Patellar-Pubic Percussion Test	Detects a fracture of pubic bone	SUPINE	<ul style="list-style-type: none"> Place the bell of a stethoscope over the pubic bone and percuss each of the patellae 	(-) result: sounds are equal on both sides (+) result: fractured side will have a decreased pitch (duller)	
Posterior Pelvic Palpation	Detects a posterior pelvic ring injury	PRONE	<ul style="list-style-type: none"> Therapist palpates the sacrum and bilateral SIJs 	(+) test: local tenderness with deep palpation	

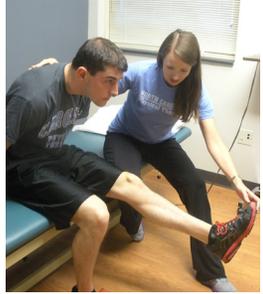
Lumbar Screening Test

TEST NAME	PURPOSE OF THE TEST	PATIENT POSITION	HOW TO ADMINISTER	RESULT	PHOTO
Posterior to Anterior (PA) Pressue	Detects the particular lumbar segment causing the pain	PRONE	Therapist applies PA pressure on the spinous process of each lumbar vertebrae	(+) test: concordant pain or referred pain with pressure	

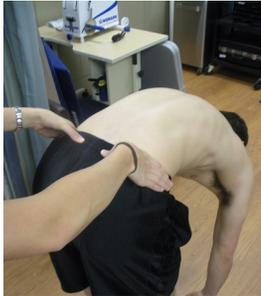
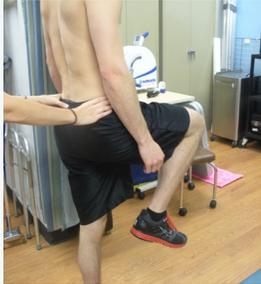
Sacroiliac Joint Tests

TEST NAME	PURPOSE OF THE TEST	PATIENT POSITION	HOW TO ADMINISTER	RESULT	PHOTO
Fortin Finger Test	Detects SIJ origin of pain	STANDING	Ask the patient to point to the region of their pain with one finger	(+) test: patient points within 1 cm of their PSIS	
Supine to Long-Sitting Test	Detects an innominate rotation	SUPINE	Have the patient bridge and then lower their legs for them, check the position of their malleoli, then ask them to sit up	Anterior rotation of the innominate: malleoli is longer in lying and relatively shortens as the patient sits up	

Neural Tension Tests

TEST NAME	PURPOSE OF THE TEST	PATIENT POSITION	HOW TO ADMINISTER	RESULT	PHOTO
Straight Leg Raise	Detects sciatic nerve involvement	SUPINE	<ul style="list-style-type: none"> • Therapist IR and adducts the leg then passively raises the leg until the patient reports concordant symptoms • Then reduce the amount of hip flexion slightly until the symptoms decrease 	(+) test: Therapist DF the foot and/or patient flexes their neck and their symptoms return; likely sciatic related pain between 35-70°	
Femoral Nerve Tension Test	Detects femoral nerve involvement and a possible L4-L5 disc protrusion	PRONE	<ul style="list-style-type: none"> • Therapist flexes the knee until the patient reports concordant symptoms • Then extend the knee slightly until the symptoms decrease 	(+) test: Therapist PF the foot and their symptoms return	
Slump Test	Detects neural tension involvement	SITTING	<ul style="list-style-type: none"> • Ask the patient to put their arms behind their back and slump at their cervical, thoracic and lumbar spine; ask the patient to extend their knee and the therapist passively DF the foot, then ask the patient to lift their head • If symptoms are felt at any point during the test, further movements aren't needed 	(+) test: patient has pain during slumping motion and the patient's symptoms change when the patient lifts their head or DF their foot	

Movement Palpation Tests

TEST NAME	PURPOSE OF THE TEST	PATIENT POSITION	HOW TO ADMINISTER	RESULT	PHOTO
Forward Flexion Test	Detects an innominate rotation	STANDING	Therapist palpates bilateral PSIS, ask the patient to bend forward, note the motion of the PSIS	Both PSIS should travel an equal distance in the superior distance	
Gillet's Test	Detects an innominate rotation	STANDING	Therapist palpates the PSIS and the other hand is on the sacral base, ask the patient to flex the ipsilateral femur	Note the infero-medial displacement of the PSIS relative to the sacrum	
Ipsilateral Anterior Rotation Test	Detects an innominate rotation	STANDING	Therapist palpates the PSIS and the other hand is on the sacral base, ask the patient to extend the ipsilateral femur	Note the supero-lateral displacement of the PSIS relative to the sacrum	
Functional Hamstring Length	Detects the functional length of the hamstring and sacrotuberous ligament	Patient is sitting, legs off the edge of the table	Therapist palpates the PSIS with one hand while the other hand is on the sacral base, ask the patient to extend the ipsilateral knee	Note any posterior movement of the pelvic girdle or flexion of the lumbar spine	

Pain Provocation Tests

TEST NAME	PURPOSE OF THE TEST	PATIENT POSITION	HOW TO ADMINISTER	RESULT	PHOTO
Distraction	Part of SIJ group of tests	SUPINE	<ul style="list-style-type: none"> Therapist applies cross-armed pressure on bilateral ASIS in a posterior-lateral direction 	(+) test: SIJ pain	
Compression	Part of SIJ group of tests	Patient is side lying with hips flexed 45° and knees flexed 90°	<ul style="list-style-type: none"> Therapist applies a downward pressure just lateral to the ASIS 	(+) test: SIJ pain	
Thigh Thrust	Part of SIJ group of tests	SUPINE	<ul style="list-style-type: none"> Therapist flexes the ipsilateral hip 90° while the other hand is on the patient's sacrum Therapist applies a force through the femur causing an A-P shear force on the SIJ 	(+) test: SIJ pain	
Gaenslen's Test	Part of SIJ group of tests	SUPINE	<ul style="list-style-type: none"> Therapist flexes the patient's knees to their chest and lowers the ipsilateral leg into hip extension while keeping the contralateral leg in knee flexion 	(+) test: SIJ pain	

Pain Provocation Tests (Continued)

TEST NAME	PURPOSE OF THE TEST	PATIENT POSITION	HOW TO ADMINISTER	RESULT	PHOTO
FABER	Part of SIJ group of tests	SUPINE	<ul style="list-style-type: none"> Therapist passively flexes, abducts and ER the hip while applying pressure to the contralateral ASIS 	(+) test: SIJ pain	
Sacral Thrust	Part of SIJ group of tests	PRONE	<ul style="list-style-type: none"> Therapist places both hands on the sacrum and provides a posterior-anterior force causing a shearing motion at the sacrum 	(+) test: SIJ pain	

References: Broadhurst, 1998; Fortin, 1994; Fortin, 1997; Porterfield, 1991; Cibulka, 1998; Cook, 2008; Troelsen, 2009; Adams, 1997; Laslett, 2003; Vleeming, 2007; Van der Wurff, 2006