

## CLINICAL SKILLS FOR EMERGENCY MEDICINE

### HIP EXAMINATION

#### Examination routine:

1. Inspection I: PATIENT STANDING	<p><b>Gait:</b></p> <p>Are any walking aids used? Is the patient limping?</p> <p><b>Trendelenburg test (not in ?#NOF!):</b></p> <p><i>1 Ask patient to stand on each leg in turn 2 Patient lifts other leg by bending <b>knee</b> 3 Pelvis <b>shouldn't</b> drop on unsupported side. What causes a positive Trendelenburg test?</i></p>										
2. Inspection II: PATIENT SUPINE	<p>Start by asking about any ongoing pain!</p> <p>Skin: <i>Scars, sinuses, evidence of trauma</i></p> <p>Shape: <i>Swelling, wasting</i></p> <p>Position: <i>What pathologies may abnormal positioning suggest?</i></p>										
3. Inspection III: LIMB LENGTH	<p>Ant sup iliac spines must be at same level Measure distance from ASIS to medial mall Repeat for both sides to check anomalies!</p> <p><i>What is the significance of an <b>apparent</b> (ie not borne out by measuring) discrepancy?</i></p>										
4. Inspection IV: FEEL	<p>Skin temperature Bone countours</p>										
5. Movements: NORMAL RANGES	<p><b>Ensure that pain is being managed.</b></p> <table><tr><td>Flexion</td><td>0-140</td></tr><tr><td>Extension</td><td>0-10</td></tr><tr><td>Abduction</td><td>0-45</td></tr><tr><td>Adduction</td><td>0-30</td></tr><tr><td>Ext/ Int rotation</td><td>0-40</td></tr></table> <p><i>How are the confusing effects of <b>pelvic</b> movement eliminated in hip testing?</i></p>	Flexion	0-140	Extension	0-10	Abduction	0-45	Adduction	0-30	Ext/ Int rotation	0-40
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