Hip and Back Exam
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Muscles

- Obturator externus
- Piriformis
- Gluteus minimus
- Superior gemellus
- Obturator internus
- Quadratus femoris
- Inferior gemellus
- Psoas major
- Tensor fasciae latae
- Iliacus
- Adductor brevis
- Adductor longus
- Gracilis
- Pectineus
- Iliotibial tract
- Gluteus maximus
- Gluteus medius
L4/L5/S1 Radiculopathy
Location, location, location

- Enthesitis (anterior superior iliac crest)
- True hip pain iliopsoas bursitis
- Meralgia paresthetica
- Sacroiliac pain
- Buttock pain referred from lumbosacral spine
- Trochanteric bursitis
- Ischiogluteal bursitis
- Sciatica
Spinal Stenosis
• One finger rule
• Anterior: Snapping hip (IB tendonitis, IA pathology) meralgia paresthetica, intra-articular disease, including stress fracture and avascular necrosis
• Lateral: Greater trochanteric bursitis, Snapping hip (iliopsoas tendonitis)
• Posterior lateral: Piriformis syndrome
• Posterior: SI joint disease, lumbar radiculopathy
Inspection

- Skin - Erythema, scars, and rash
- Soft tissue (i.e. gluteal muscle wasting)
- Bone – alignment, deformities
- Lordosis, Scoliosis
- Gait – Trendelenburg test, toes and heels
- Leg length discrepancy
Back exam

• Standing: palpation, lordosis?, bend/extend, walk (toes and heels)
• Sitting: reflexes (?distraction), tripod sign
• Supine: strength and sensation, straight leg
• Prone: palpation, femoral stretch test
Hip exam

- **Walk:** Trendelenberg sign
- **Supine:**
  Palpation, percussion, Roll log test
  ROM, Impingement
  FABER test (Flexion, ABduction, External Rotation)
  Piriformis test

- **Lateral:**
  Palpation, Internal/External rotation, Ober’s test
Tests for leg length

• The leg is anatomically or functionally shorter
• Spine and pelvis (and others) will be affected due to kinetic chain
• May lead to scoliosis, pelvic rotations and neck issues
• Measure TRUE from the ASIS (anterior superior iliac spine) to the distal medial malleolus or FUNCTIONAL from the umbilicus to the distal medial malleolus
Are they Faking?

Waddell’s signs  (likely if patient has at least 3)

1. Feet together and rotate hips
2. Wide area of tenderness with light tough
3. Flip test
4. Inconsistent Neurologic findings
5. Overreaction

Consider distraction and repeating
THE PAIN STARTS IN MY HUSBAND’S LOWER BACK, THEN IT TRAVELS UP HIS SPINE TO HIS NECK, THEN IT COMES OUT HIS MOUTH AND INTO MY EARS. AND THAT’S WHY I GET THESE HEADACHES.