PELVIS & HIP ORTHOPEDIC EXAMS

TRENDELENBURG: With the patient standing, they are asked to lift one foot off the ground while the examiner observes the pelvis.
(+) pain
(+) opposite hip falls
(+) opposite hip fails to rise
DDx: weak gluteus medius (on standing side)

ELY'S: With the patient prone, the examiner passively flexes the knee, bringing the heel toward the buttock.
(+) increased pain
(+) patient's ipsilateral hip spontaneously flexes as the knee is flexed
DDx: hypertonic rectus femoris, quadriceps sprain/strain, femoral nerve irritation

YEOMAN'S: With the patient prone, the examiner stabilizes the pelvis, flexes the knee to 90 degrees, then extends the hip by lifting the thigh off the table.
(+) pain localized in the sacroiliac joint
(+) pain radiating into the anterior thigh
DDx: sacroiliitis, SI joint dysfunction, RA, arthritis, ankylosing spondylitis

HIBB'S: With the patient prone, the examiner flexes the knee to 90 degrees and internally rotates the hip by moving the foot outward while stabilizing the pelvis.
(+) increased SI pain
DDx: sacroiliitis, SI joint dysfunction, RA, arthritis, ankylosing spondylitis

FABER (PATRICK'S): With the patient supine, the examiner places the tested leg in flexion, abduction, and external rotation so the ankle rests on the opposite knee (figure-4 position). The examiner then applies gentle downward pressure on the flexed knee while stabilizing the opposite pelvis.
(+) ipsilateral hip or SI region pain upon flexion, abduction, external rotation
DDx: FAJ inflammation, osteoarthritis, SI joint dysfunction

THOMAS: With the patient supine, they are asked to bring one knee to the chest while the examiner observes the extended leg on the table.
(+) extended leg lifts off the table
(+) lumbar spine arches instead of remaining flat
DDx: tight iliopsoas, tight rectus femoris, quadriceps sprain/strain

OBER'S: With the patient lying on the unaffected side, the examiner flexes the knee to 90 degrees, stabilizes the pelvis, and passively abducts and extends the affected hip, then allows the leg to drop toward the table.
(+) leg does not passively fall into adduction
DDx: IT band syndrome, tensor fasciae latae tightness

GAENSLEN'S: With the patient supine near the edge of the table, one hip is maximally flexed toward the chest while the other leg is allowed to hang off the edge in extension. The examiner applies additional pressure to both legs.
(+) SI pain on affected side
DDx: sacroiliitis, SI joint dysfunction, RA, arthritis, ankylosing spondylitis

PELVIC ROCK TEST: With the patient supine, the examiner places hands on both iliac crests and applies firm downward and lateral pressure to stress the sacroiliac joints.
(+) reproduction of SI region pain
DDx: sacroiliitis, SI joint dysfunction, pelvic instability

HOOVER'S SIGN: With the patient supine, the examiner places a hand under each heel. The patient is asked to raise one leg while keeping the other on the table. This malingering test helps distinguish true weakness (where the opposite heel pushes down reflexively during effort) from functional or feigned weakness (where no counter-pressure is felt).
(+) lack of downward pressure from the resting heel
DDx: malingering, functional weakness

GILLET: With the patient standing, the examiner places a thumb on the posterior superior iliac spine (PSIS) of the side being tested and the other thumb on the sacrum at the same level. The patient is then asked to flex the hip and knee on the tested side (bring the knee up).
(+) PSIS fails to move downward or moves superiorly
(+) PSIS move together
DDx: sacroiliitis, SI joint dysfunction, RA, arthritis, ankylosing spondylitis

PRONE GLIDE: With the patient prone, the examiner places their hand over a spinous process of the lumbar or thoracic spine and applies a downward anterior-to-posterior pressure (springing the vertebra).
(+) increased movement of contralateral leg
DDx: facet joint dysfunction, vertebral joint restriction

NACHLAS: With the patient prone, the examiner flexes the knee fully, bringing the heel toward the ipsilateral buttock.
(+) lumbar, SI joint, or anterior thigh pain
DDx: SOL, spinal stenosis, disc herniation, SI joint dysfunction

BONNET: With patient supine, the examiner raises the straight leg, then adds forced hip adduction and internal rotation.
(+) reproduction of buttock or leg pain
DDx: piriformis syndrome

ANVIL: With the patient supine, the examiner elevates the extended leg slightly and delivers a firm, controlled blow to the heel with their fist.
(+) localized hip joint pain
DDx: hip joint pathology (arthritis, fracture, infection), SI joint restriction