**Special Tests of the Hip & Pelvis**

**Kendall Test**

* This test is performed to evaluate tightness of the Rectus Femoris muscle or Hip Flexors
* Have the athlete lie supine on a table with the uninjured leg flexed to their chest and their back completely flat against the table
* The injured leg should be flexed at the knee and hanging over the edge of the table
* If the leg cannot stay flat on the table, the test is positive for tight Hip Flexors
* If the lower leg stays flat on the table, but the knee extends more than 70°, the test is positive for a tight Rectus Femoris



**Thomas Test**

* This test is performed to indicate if hip contractures are present
* Have the athlete lie supine on a table with their arms folded across their chest, legs together and fully extended
* Place one hand under the athlete’s lumbar curve of their spine
* Bring one thigh to their chest, flattening their spine
* In this position, the other thigh should be flat on the table; if not, the test is positive for a hip contracture



**FABER Test**

* This test is performed to detect pathological conditions of the hip and sacroiliac joint
* Have the athlete lie supine on a table
* The foot on the side of the painful SI joint is placed on the opposite extended knee (the hip is placed in **F**lexion, **Ab**duction and **E**xternal **R**otation)
* Apply downward pressure with one hand on the bent knee
* A positive sign would be pain in the hip or SI joint



**Gaenslen’s Test**

* This test is performed to evaluate an injury to the SI joint
* Have the athlete lie supine on a table, with the affected side on the edge of the table
* Flex their unaffected side to their chest
* Apply pressure to their affected side, moving the SI joint into extension
* A positive sign presents an increase in pain with hyperextension



**Ober’s Test**

* This test is performed to evaluate IT Band tightness
* Have the athlete lie on their unaffected side
* Flex their knee to 90° and abduct their leg as far as possible
* Stabilize their pelvis with your other hand and then release their leg
* This test is positive for IT Band tightness if their leg stays in an abducted position



**Nobel’s Test**

* This test is performed to evaluate tightness of the IT Band
* Have the athlete lie supine on a table
* Flex their hip and knee to 90°
* Apply pressure to their lateral femoral condyle while they gradually extend their knee
* A positive sign would be pain felt over the lateral femoral condyle with the knee at 30° of flexion



**Trendelenburg’s Test**

* This test is performed to evaluate weakness in the Hip Abductors, particularly the Gluteus Medius
* Have tjhethe the athlete stand with their hands on their hips
* Have the athlete lift the foot on their unaffected side
* Normally, the iliac crest on the unaffected side would be higher than on the affected side
* A positive sign would present with the iliac crest on the unaffected side being lower than the affected side, indicating weak hip abductors

Normal Positive

 

**Renne’s Test**

* This test is performed to detect tightness in the Tensor Fascia Latae
* Have the athlete stand with their full weight on the affected leg
* While standing on that leg, have them bend their knee to ~30-40° of flexion
* A positive sign would present with pain felt on their lateral femoral condyle



**Piriformis Test**

* This test is performed to determine tightness of the piriformis muscle
* Have the athlete lay on their unaffected side near the edge of a table
* Flex their injured hip to 60° and flex their knee about 90°
* Place one hand on their hip to stabilize it and the other on their knee of the affected side
* Apply downward pressure to the knee
* A positive sign would present with pain felt in the muscle



**Ely’s Test**

* This test is performed to determine tightness in the Rectus Femoris
* Have the athlete lay prone on the table
* Grab the ankle on the affected side and passively flex it
* A positive sign would be indicated by the hip on that side flexing

