

# Barlow Test

## Patient Information

Name of Patient:

Date of Birth:

Name of Caretaker:

Relationship:

Date of Exam:

Examiner:

## Consent

"I, \_\_\_\_\_, consent to the Barlow Test being performed on \_\_\_\_\_ and understand the nature and purpose of the test."

\_\_\_\_\_  
Signature

## Barlow Test Procedure

1. Place the infant in a supine position with hips and knees flexed at 90 degrees.
2. Hold the baby's knee with one hand and stabilize the hip with the other hand.
3. Gently adduct the hip (move the thigh towards the midline) while applying a light pressure on the knee, directing force posteriorly to check for hip instability.

## Test Findings

- Hip dislocation observed (positive Barlow sign)
- No hip dislocation observed (negative Barlow sign)

Other observations and additional notes regarding procedure:

**Examiner's Additional Notes**

Input any notes for the caretaker or other members of the care team here:

**Healthcare Professional's Information**

Name:

License Number:

Phone Number:

Email:

Name of Practice: