

# Craig's Test

Patient's name: Ryan Martinez Gender: Male Age: 35

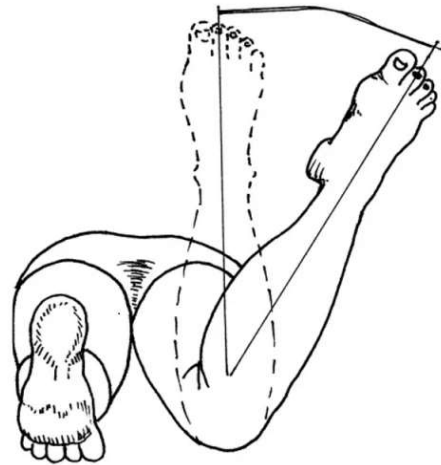
Examiner: Dr. Kelly Johnson Date: October 8, 2024

## Equipment needed

- A flat surface (bed or examination table)
- Goniometer (preferably with a laser), inclinometer, or a smartphone with a level app.

## Test procedure

1. Have your patient lie down on a flat surface in a prone position (face down), then have them flex their knee (whichever side you are testing first) by 90 degrees.
2. Position yourself beside the side that you will be testing.
3. Once you're in position, palpate the patient's greater trochanter.
4. Rotate the patient's hip medially and laterally while palpating the greater trochanter until it lies at the most lateral part of the hip: when it is parallel to the flat surface, and when the femoral head is projecting into the center of the acetabulum.
5. At this position, measure the leg's angle of anteversion (internal rotation) or retroversion (external rotation) using your goniometer, inclinometer, or your smartphone's level app.



Left femur: 17 degrees Right femur: 9 degrees

## Scoring

- ☐ **Normal:** 8-15 degrees of anteversion.
- ☒ **Increased anteversion:** 15 degrees of anteversion or higher. May indicate hip impingement, pigeon-toed walking, patellofemoral pain syndrome, and/or femoral torsion syndrome.
- ☐ **Retroversion:** 8 degrees of anteversion or lower. May indicate degeneration of the hip, hip arthritis, loss of balance, and other hip-related issues.

## Additional notes

Ryan's left hip shows increased anteversion, which could be related to hip impingement or rotational imbalances, possibly contributing to his reported knee discomfort. The right hip falls within the normal range.

## References

OrthoFixar. (2023, May 9). *Craig Test*. <https://orthofixar.com/special-test/craig-test-hip-anteversion/>

Uding, A., Bloom, N. J., Commean, P. K., Hillen, T. J., Patterson, J. D., Clohisy, J. C., & Harris-Hayes, M. (2019). Clinical tests to determine femoral version category in people with chronic hip joint pain and asymptomatic controls. *Musculoskeletal Science and Practice*, 39, 115–122. <https://doi.org/10.1016/j.msksp.2018.12.003>