Hip Examination

I. Patient Information

Name: Jane Doe

Date of Birth: 04/16/1975

Medical Record Number: 123456789

II. Chief Complaint

Description of Hip Pain or Discomfort:
Persistent aching and stiffness in the right hip, aggravated by walking.

III. Medical History

Previous Injuries:
None.

Chronic Conditions:
Rheumatoid arthritis.

Lifestyle Factors:
Sedentary job, occasional jogging.

IV. Visual Inspection

Observations (Swelling, Bruising, Deformities, Asymmetry):
Mild swelling and slight asymmetry in the right hip.

V. Palpation

Areas of Tenderness, Warmth, Irregularities:
Tenderness around the anterior aspect of the right hip.

VI. Range of Motion Tests

Flexion, Extension, Abduction, Adduction, Internal/External Rotation:
Limited range of motion in flexion and abduction.

VII. Specialized Physical Tests

Log Roll Test:

Mild discomfort noted in the right hip.

FADIR Test:

Pain elicited on right hip flexion, adduction, and internal rotation.

Hip Scour Test:

Grinding sensation noted.

Trendelenburg Test:

Positive on the right side.

Thomas Test:

Tight hip flexors on the right side.

VIII. Diagnostic Imaging

X-rays:
Slight joint space narrowing in the right hip.

MRI:
Evidence of labral tear.

CT Scans:
Confirmed arthritic changes.

VIV. Differential Diagnosis

Possible Conditions (Osteoarthritis, Bursitis, Labral Tears, Tendinitis):
Osteoarthritis, labral tear, exacerbated by underlying rheumatoid arthritis.

This template would be used by healthcare professionals during a hip examination to systematically record and analyze the findings, aiding in the accurate diagnosis and treatment planning for hip-related conditions.