

# Hip Quadrant Test

Patient Name:

Date of Physical Assessment:

Medical History:

Recent Injury:

## Instructions:

Observe the patient's responses during the physical hip quadrant assessment.

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## During the procedure:

### Positioning:

### Passive Movement:

### Flexion:

**Abduction:**

**External Rotation:**

**Internal Rotation:**

**Compression Force:**

**Findings:**

Did the patient report pain?

- Yes
- No

Was there a clicking, popping sound felt or heard during the movement?

- Yes
- No

Was there stiffness, catching, or instability in the joint?

- Yes
- No

**Hip Flexion:**

**Hip Abduction:**

**Hip External Rotation:**

**Test Result:**

**Affected Limb:**

**Interpretation:**

**Recommendations:**

**Follow - Up**

**Schedule for Next Consultation:**

*Disclaimer: This resource serves as a supportive documentation tool intended for practitioners to utilize during a physical assessment of the hip quadrant.*