Hoover Test

Patient's full name:	Date:
Rater's Name:	
Instructions	
1. Have your patient lie down or be in a supine position on an examination table.	
2. Stand at the feet of the patient and cup the calcaneus (heel) of the patient. Yo right hand must be grasping their left heel.	our left hand must be grasping their right heel and your
3. Lift both heels upward. Their feet should be lower or around your chest height	t.
4. Ask the patient to make an active straight leg raise on the involved side.	
5. While they do step 4, feel if there's pressure from the unaffected limb.	
6. Afterward, repeat step 4 on the unaffected limb but this time add resistance.	
7. While they do step 4, feel if there's pressure from the affected limb.	
Test Result	
() No mative took if:	
 (-) Negative test if: The patient makes an attempt to lift the affected limb and you sense pre unaffected limb. 	essure pushing down into your hand from the
 The patient lifts the unaffected limb against the resistance and you don'the affected limb. 	't sense pressure pushing down into your hand from
(+) Positive test if:	
 The patient doesn't attempt to lift the affected limb and you don't feel pr unaffected limb. 	ressure pushing down into your hand from the
 The patient lifts the unaffected limb against the resistance and you sens affected limb. 	se pressure pushing down into your hand from the
Patient's Test Results	
Negative	Positive
Notes	