

Ortolani Test

Patient Information

Name of Patient:

Date of Birth:

Name of Caretaker:

Date of Exam:

Examiner:

Consent

I, _____, consent to the Ortolani Test being performed on _____ and understand the nature and purpose of the test.

Signature:

Pre-test Checklist

- Barlow Test performed
- Patient is relaxed and in a supine position
- Hips and knees are flexed at 90 degrees

Ortolani Test Procedure

1. Ensure the infant is supine with hips and knees flexed at 90 degrees.
2. Grasp the infant's legs with your fingers positioned over the lesser trochanter.
3. Slowly abduct the hips while applying gentle pressure upward toward the greater trochanter, aiming to relocate the dislocated femoral head into the acetabulum.

Test Findings

Click or clunk felt (positive Ortolani sign)

No sound or resistance (negative Ortolani 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: