

Ortolani Test

Patient name: _____ Date of birth: _____
Assessor: _____ Date of assessment: _____
Name of caretaker: _____ Relationship to patient: _____

Consent

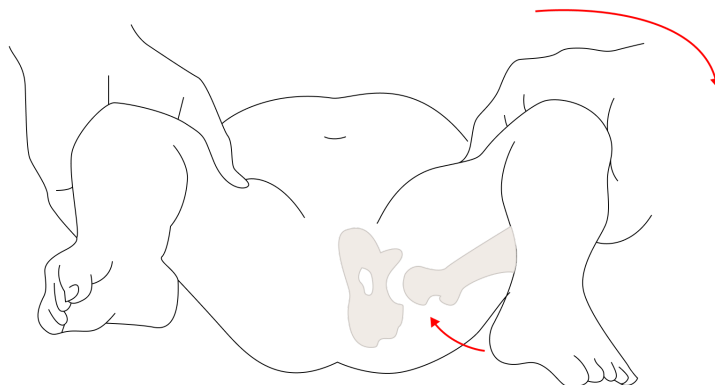
I, _____, consent to the Ortolani Test being performed on
_____ and understand the nature and purpose of the test.

Signature

Note: This test should be conducted following the Barlow test for a thorough assessment.

Instructions

1. Lay the infant in a supine position on a firm, flat surface.
2. Ensure the infant is relaxed, as muscle tension may affect the test results.
3. Flex the infant's hips and knees to 90 degrees.
4. Hold both thighs with your fingers positioned on the lateral aspect and thumbs on the medial aspect near the knees.
5. Slowly and gently abduct (move apart) both hips while maintaining hip flexion.



6. Apply gentle anterior pressure to the proximal femur using your fingers from behind.
7. If the femoral head is dislocated posteriorly, it will relocate into the acetabulum with a palpable and sometimes audible "clunk".
8. This indicates hip instability or developmental dysplasia of the hip (DDH).
9. Perform the test individually on each hip to compare findings.

Results

- ☐ **Positive:** There is a click or clunk, suggesting hip dysplasia and requiring further evaluation.
 - ☐ **Negative:** No sound or resistance
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Additional notes