Snapping Hip Test

Instructions

Ensure that each section of the Snapping Hip Test is thoroughly completed for documentation to facilitate accurate diagnosis and tailored treatment planning for patients with snapping hip symptoms.

Client Information				
Name:	Age:			
Gender:	Date of Examination:	1	1	

Medical History										
Chief Complaint:										
Symptoms:										
Snapping Sensation: Yes No										
Pain:	0 No pain	1	2	3	4	5	6	7	8	9 10 Severe pain
Activity Level:	0 No activity	1	2	3	4	5	6	7	8	9 10 Highly active
Past Injuries/Surgeries:										

During Physical Examination		
Patient's Position:		
Visual Inspection of Hip Joint:		

Range of Motion A	ssessment
Flexion	
Extension	
Abduction	
Adduction	
Internal Rotation	
External Rotation	

Specific Tests		
Ober Test		
Flexion Test		
Passive Internal Rotation Test		
Passive External Rotation Test		

Snapping Hip Assessment	
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Description of Snapping Sensation:

Presence of Audible Sounds:
□ Present
□ Absent

Patient's Response:

Clinical Impressions

Diagnosis:

Type of Snapping Hip Syndrome:

Contributing Factors:

Differential Diagnosis:

Plan of Care

Treatment Goals:

Intervention Plan:

Follow-Up Schedule:

Additional Notes		
Provider's Details		
Name:		
Signature:	Date Signed: / /	

Disclaimer: This resource serves as a supportive tool for physical assessment and is not intended as a diagnostic tool. Consulting a qualified healthcare professional for accurate diagnosis and treatment recommendations is crucial.