

Stinchfield Test

Client information	
Name:	Date of examination:
Date of birth:	Gender:
Sex:	Referring physician:
Client's medical history (if needed)	
Note: The patient's medical history must only be pertinent to hip pain.	
Symptoms:	Pain duration:
Previous hip pathologies:	Previous treatments/interventions:
Test procedure	
Note: If applicable, you may modify the test by performing it with the patient's leg in slight external rotation. <ol style="list-style-type: none">1. Have the patient in a supine position.2. Ask the patient to raise the affected leg, flexing the hip 20-30 degrees with the knee extended.3. Apply gentle pressure to the raised thigh, attempting to force it back down while the patient resists.	
Test findings	
Performed the modified test? Yes No	
<input type="checkbox"/> Positive: Elicited anterior or hip groin pain	
<input type="checkbox"/> Negative: No pain in the groin or elsewhere	
Pain description/location:	Observations/additional findings:

Additional notes