

# Stinchfield Test

Client information	
Name:	Date of examination:
Date of birth:	Gender:
Sex:	Referring physician:
Client's medical history (if needed)	
<b>Note:</b> The patient's medical history must only be pertinent to hip pain.	
Symptoms:	Pain duration:
Previous hip pathologies:	Previous treatments/interventions:
Test procedure	
<b>Note:</b> 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"><li>1. Have the patient in a supine position.</li><li>2. Ask the patient to raise the affected leg, flexing the hip 20-30 degrees with the knee extended.</li><li>3. Apply gentle pressure to the raised thigh, attempting to force it back down while the patient resists.</li></ol>	
Test findings	
<b>Performed the modified test?</b> Yes                      No	
<input type="checkbox"/> <b>Positive:</b> Elicited anterior or hip groin pain	
<input type="checkbox"/> <b>Negative:</b> No pain in the groin or elsewhere	
Pain description/location:	Observations/additional findings:

## Additional notes