

# Stinchfield Test: Clinical Assessment Form

## Client Information

Name:

Date of Birth:

Gender:

Date of Examination:

Referring Physician:

## Medical History (pertinent to hip pain)

Symptoms Description:

Duration of Pain:

Previous Hip Pathologies:

Relevant Medical Conditions:

Previous Treatments/Interventions:

## Test Procedure

1. Positioning: Patient in the supine position.
2. Leg Raising: Flexed 20-45° off the table with the knee in extension.
3. Resistance Application: Hand on the anterior thigh, forced back down against the exam table.
4. Modification:
  - Performed with the leg in slight external rotation (if applicable).

## Test Findings

- Positive Test (anterior hip/groin pain):

Yes

No

- Negative Test (no pain or pain elsewhere):

Yes

No

- Pain Description/Location: \_\_\_\_\_

- Observations/Additional Findings: \_\_\_\_\_

## Diagnosis

Preliminary Diagnosis:

Recommended Further Tests:

Treatment/Intervention Recommendations:

## Notes

Contraindications/Observations:

Client Response:

Other Relevant Information:

## Healthcare Professional Information

Name:

Title/Position:

Signature:

Date: