

Test	Description	Rating												
Hip internal rotation	Supine, passive at 90° hip flexion. Visual estimate.	Right: <20° <input type="checkbox"/> 20-45° <input type="checkbox"/> >45° <input type="checkbox"/> Left: <20° <input type="checkbox"/> 20-45° <input type="checkbox"/> >45° <input type="checkbox"/>												
Comment:														
Hip quadrant / impingement test	Supine position, passive full hip flexion, adduction and internal rotation.	Pain right yes <input type="checkbox"/> no <input type="checkbox"/> left yes <input type="checkbox"/> no <input type="checkbox"/>												
Comment:														
Hip internal rotation and external rotation	Supine, hip neutral, leg over edge of plinth. Active. Stable pelvis. Inclinometer or goniometer measure.	Right: IR _____ ER _____ Total _____ Left: IR _____ ER _____ Total _____												
Comment:														
Thomas test	Modified Thomas test position Hip flexor (psoas) length - passive hang: Quadriceps length - passive hang: Goniometric measure.	<table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">R</td> <td style="text-align: center;">L</td> </tr> <tr> <td>Above horizontal</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Horizontal</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Below horizontal</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> Right _____ Left _____		R	L	Above horizontal	<input type="checkbox"/>	<input type="checkbox"/>	Horizontal	<input type="checkbox"/>	<input type="checkbox"/>	Below horizontal	<input type="checkbox"/>	<input type="checkbox"/>
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Single leg bridge	Foot on 60cm stand/plinth. Hands across chest, test leg slightly bent (20°). Lift hips to full extension. Repeated to fatigue/loss of form.	Right _____ Left _____												
Comment:														