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M.S [ORTHO], DNB, MNAMS

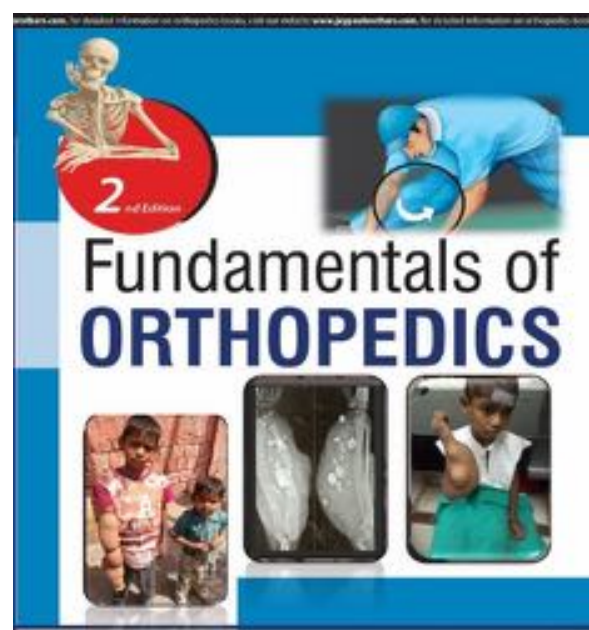
Diploma SICOT [Belgium]

FNB [Arthroscopy & Sports Medicine]

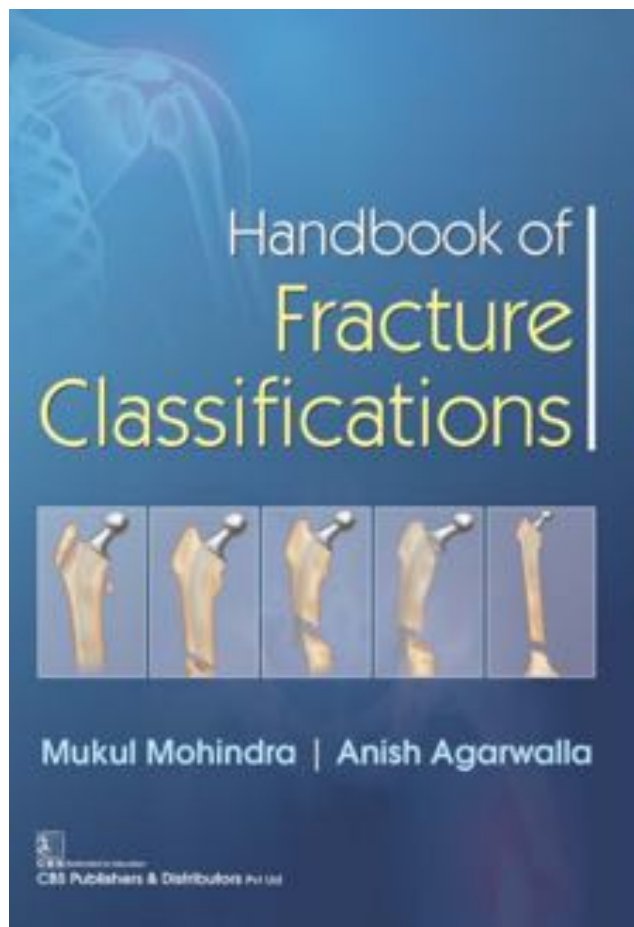
Fellowship in Minimally Invasive Arthroplasty (Athens)

Ex. Registrar MAMC, Delhi

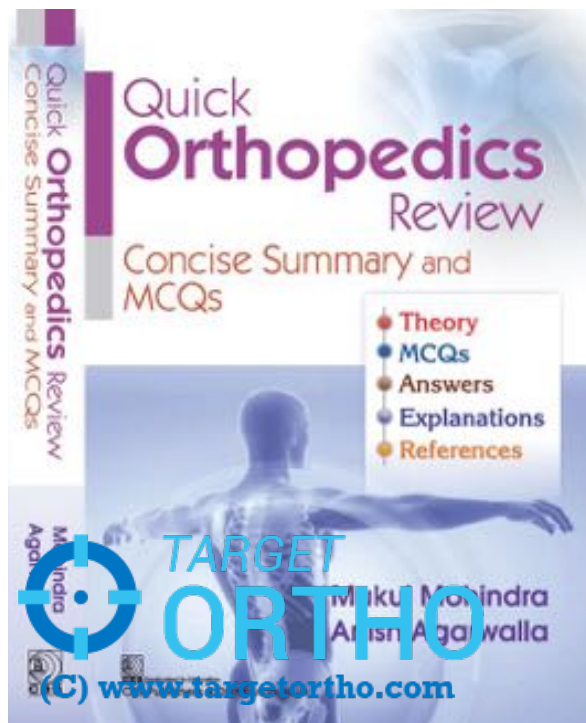
H I P



Mohindra • Jain



Mukul Mohindra | Anish Agarwalla



Quick
Orthopedics
Review

Concise Summary and
MCQs

- Theory
- MCQs
- Answers
- Explanations
- References

TARGET

ORTHO

Mukul Mohindra
Anish Agarwalla

(C) www.targetortho.com

EXAMINATION OF HIP

FIXED PELVIC
DEFORMITY

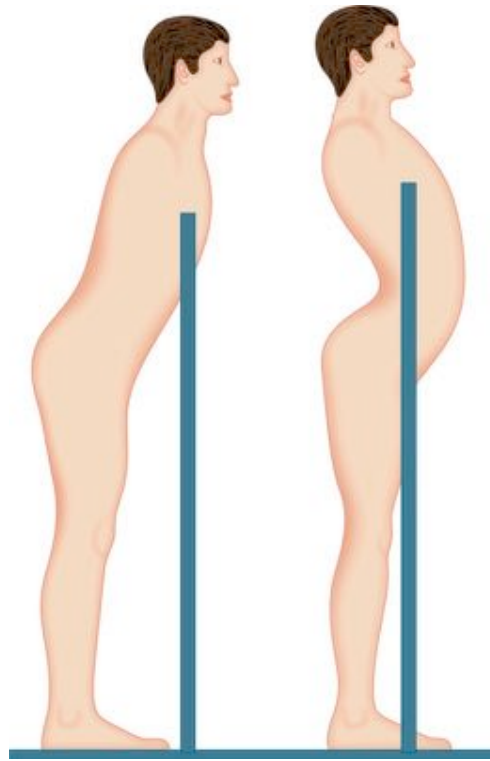
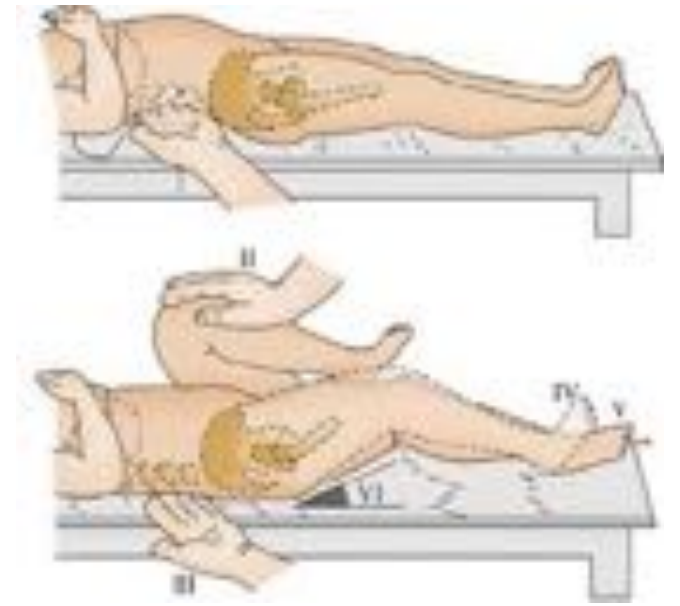
Pelvic obliquity

LEG LENGTH
DISCREPANCY

True Length
Apparent Length

Fixed Pelvic deformity

FIXED FLEXION DEFORMITY



Lumbar lordosis can hide up to 30° of flexion deformity!



THOMAS TEST

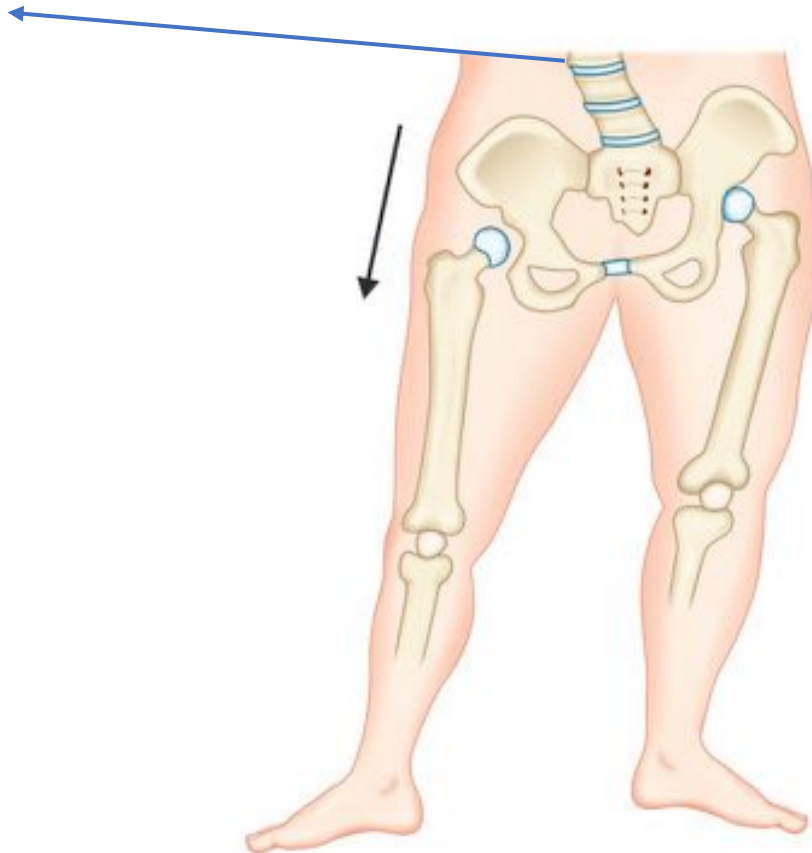
PRE REQUISITES FOR THOMAS TEST

- Unilateral deformity
- Other hip should not be very painful
- No fixed spinal deformity (coronal plane pelvic deformity)
- Obese individuals, Pregnancy, Malformation in pelvis (Rickets/Osteomalacia etc)- False positive results

Fixed Pelvic deformity

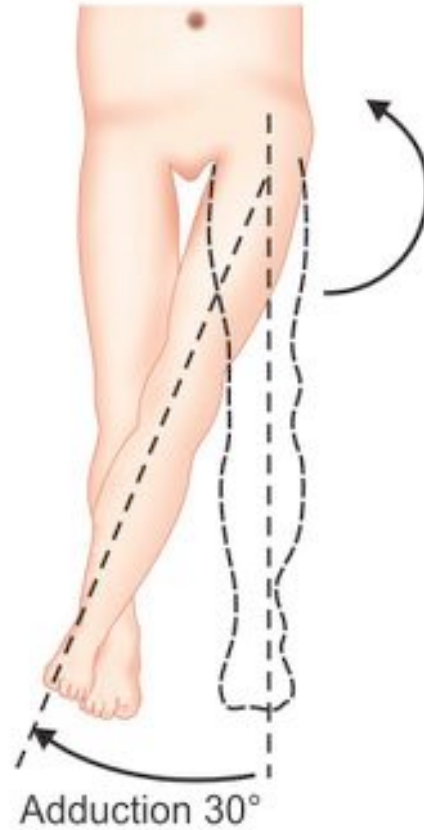
FIXED ABDUCTION DEFORMITY

Convexity



Fixed Pelvic deformity

FIXED ADDUCTION DEFORMITY



SUMMARY

10° deformity 1 inch length change

1 cm of true shortening, 10° of deformity

Assessment of Leg Length

cms



A



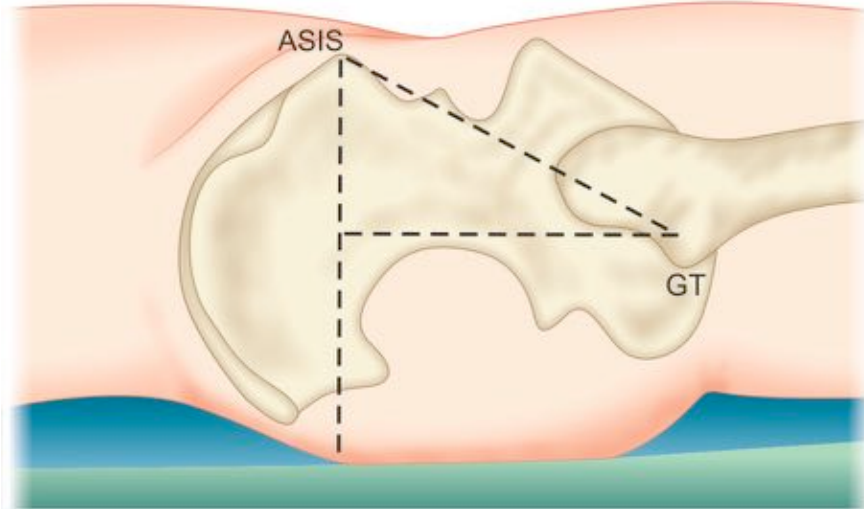
B

Assessment of Leg Length (True)



Supra-trochanteric shortening

Pelvis squared



BRYANT'S TRIANGLE

ASIS should be palpable

Hypotenuse (H)

Perpendicular (P)

Base (B)

SHOEMAKER'S LINE

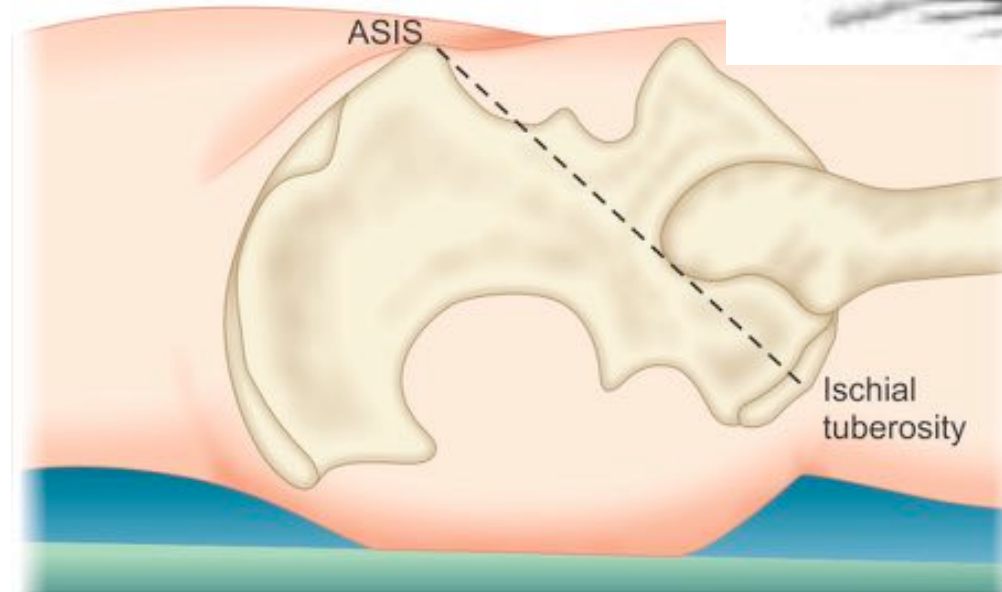
CHIENE'S LINE

MORRIS

BITROCHANTERIC TEST



Nelaton's Line



PROFORMA

HISTORY



GPE



L/E

Pain

Standing

Limp/ Lurch

Sitting

Limitation of movements

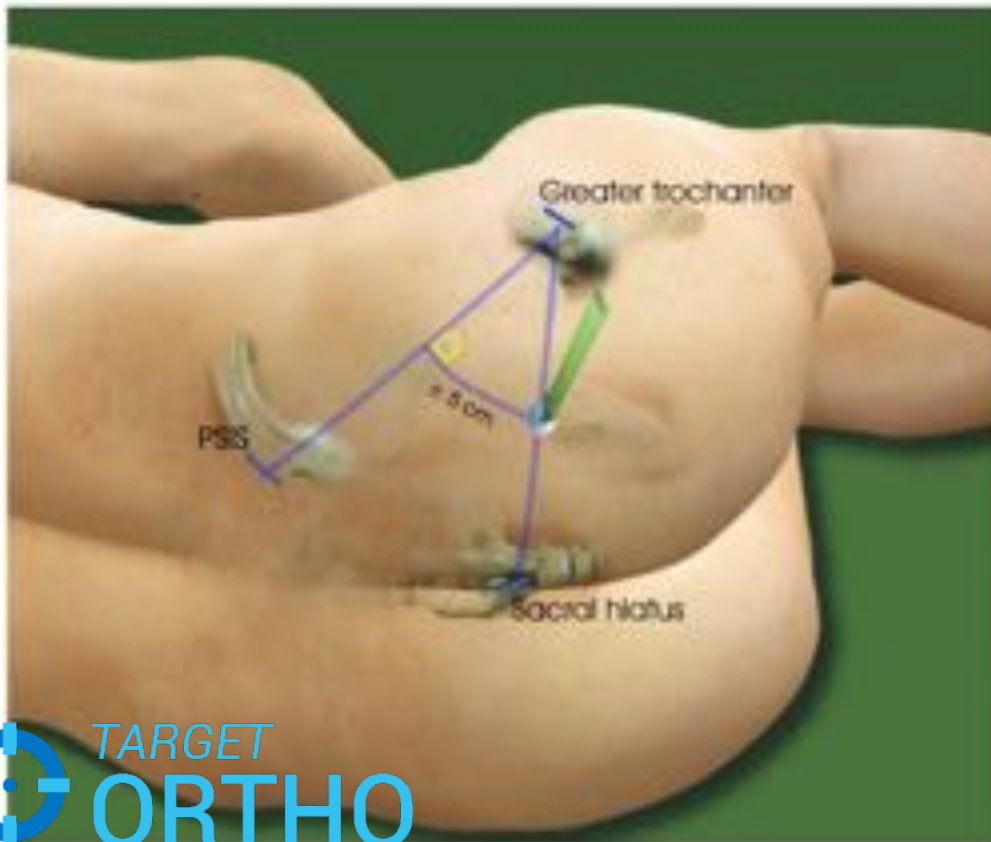
Supine

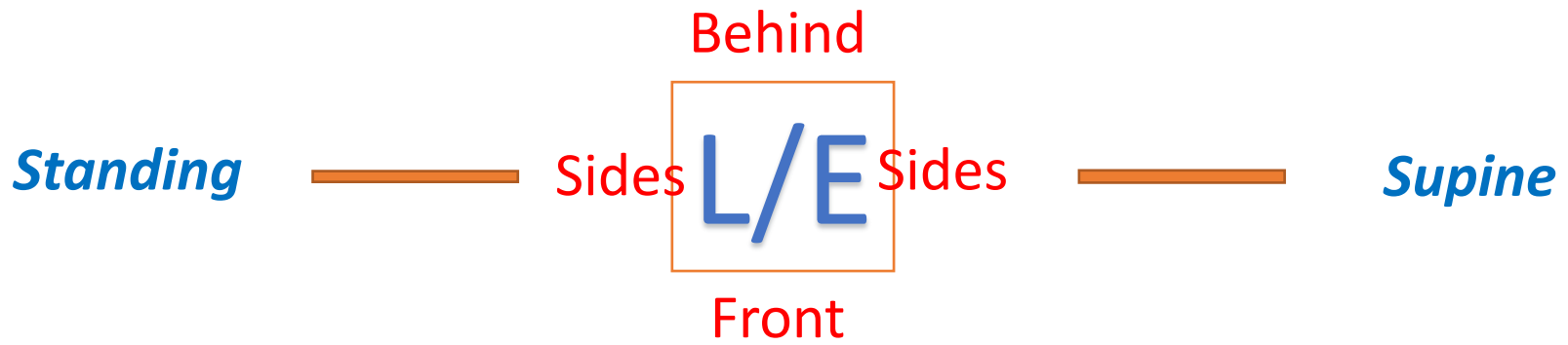
Deformity/ Swelling

Injury: Mode?

MARKING OF BONY POINTS

Xiphisternum, ASIS, Pubic tubercle, GT tip, PSIS, Ischial tuberosity, Medial malleoli





Skin/ muscle atrophy	Skin colour Inspection Swelling/ Fullness	Scar/ sinus
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Triangle (Scarpa)	Temperature Palpation Tenderness	Trochanter
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Percussion <i>Supine</i>
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Deformity and ROM

In comparison with the movements of NORMAL limb

Normal ROMs

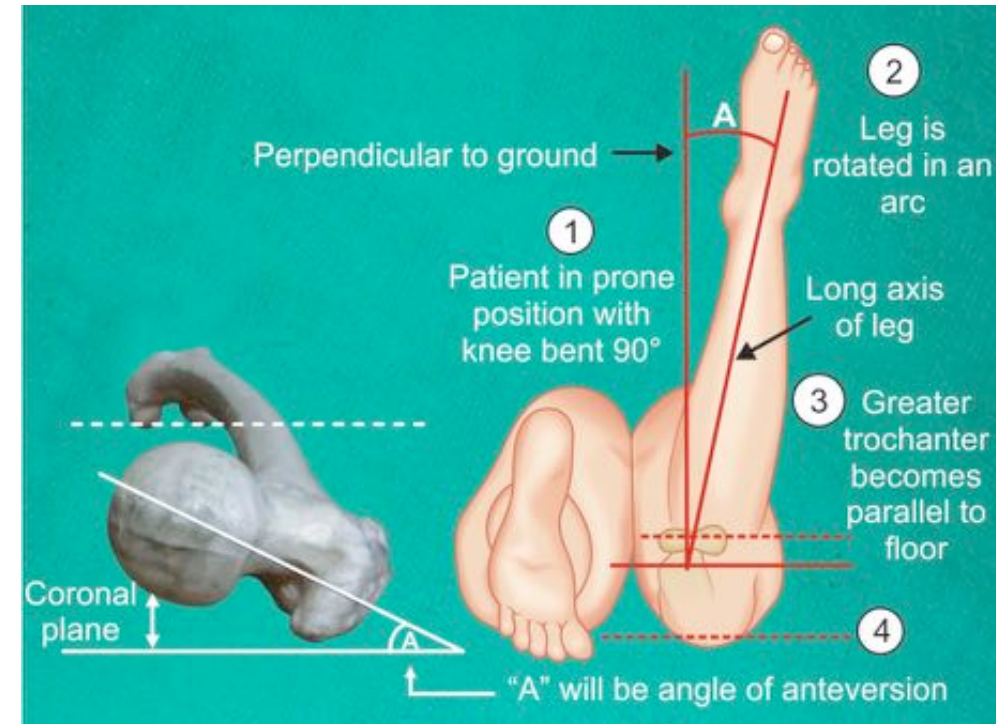
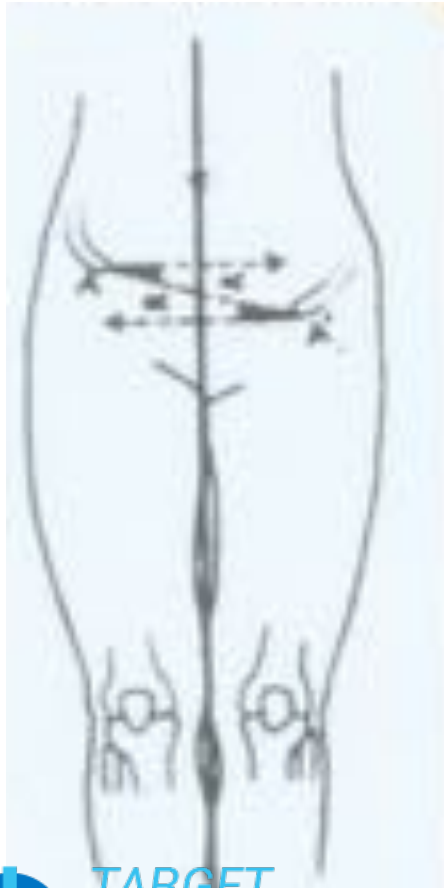
Measurements

True Length

Apparent Length

Bryant's triangle

Anteversion (Craigie's test)



Special Tests

- Trendelenburg test
- Telescopy
- Sectoral sign
- Caffey sign
- Gear stick sign
- Axis deviation
- Ortolani and Barlow tests
- Vascular sign of Narath
- Piriformis test
- Active SLR
- Anvil's sign
- Dessault sign
- Tests for muscle tendinitis or tightness (Hamstrings, Rectus)
- Ober's test

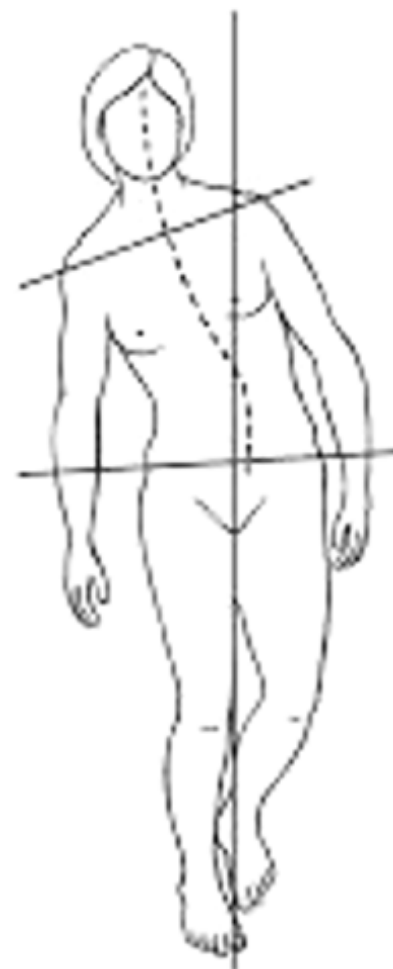
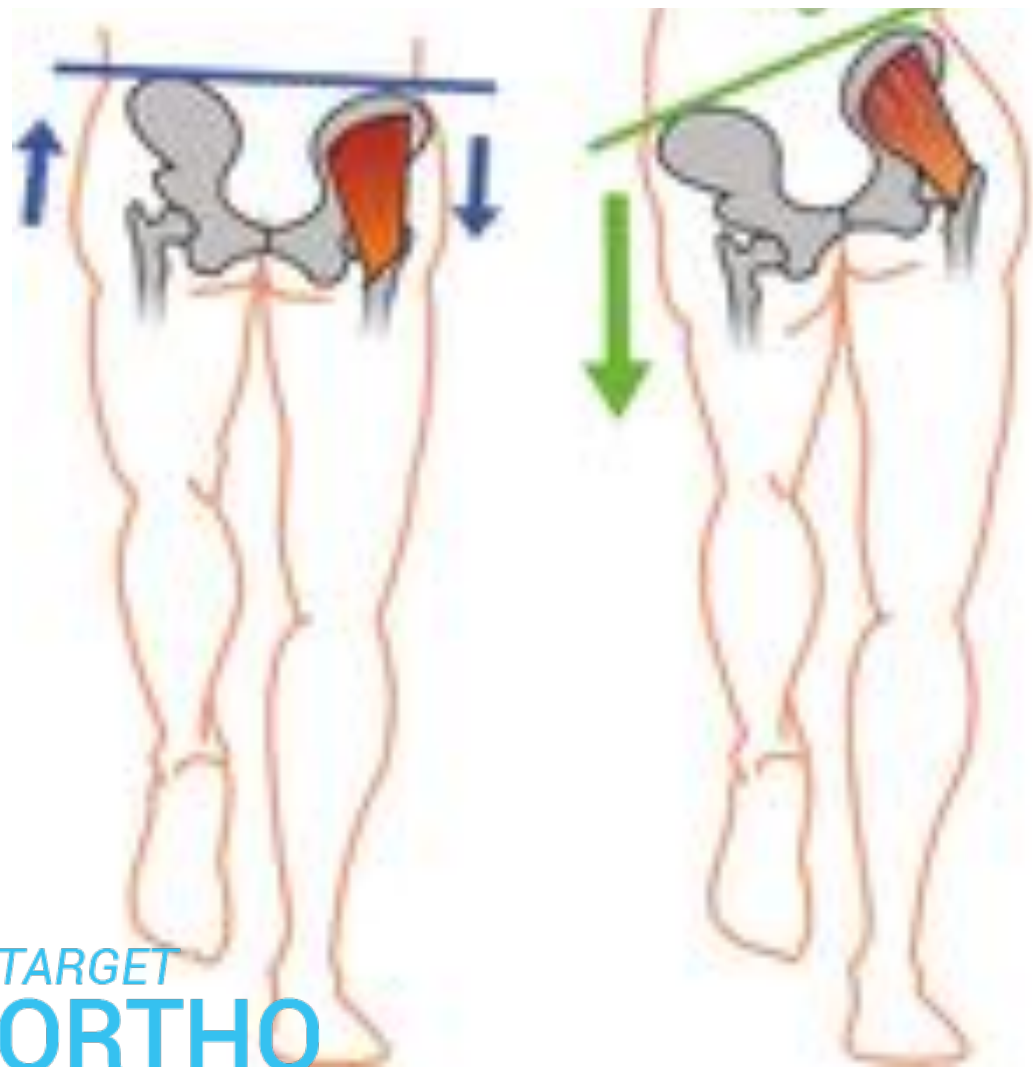


Tests for Ankylosing Spondylitis

Duchenne de Bologne (1867)

TRENDLENBURG GAIT/ TEST







*Can the lurch be
obliterated?*

PRE REQUISITES FOR TRENDLENEBERG TEST

Hip should not be very painful

There should be no adduction/ abduction deformity in hip

Quadratus lumborum has to be normal

Obese individuals: can be false positive

Sacroilitis may produce a false positive test

QUERIES