

HIP AND GROIN SCREEN

Functional Movement Test

FMT	Left	RPE	VAS 0- 100	Right	RPE	VAS 0- 100
Repeated lumbar movement						
Squat						
Split squat						
Single leg balance (30 seconds)						
Single leg squat						

Palpation

Palpation	Left	Right
Adductor tendon		
Pubic tubercles and pubic symphysis		
Superior pubic ramus		
Pectineus		
Inguinal ligament		
Inguinal region (lower quadrant)		
Rectus abdominus		
Iliopsoas		
ASIS		
Proximal Sartorius		
AIIS		
Proximal rectus femoris		
Femoral nerve		
Femoral artery		
Femoral vein		

Hip Passive ROM

Hip Movement	Left	Right
Hip flexion (knee extended)		
Hip flexion (knee flexed)		
Hip extension		
Hip internal rotation (Supine - 90° hip flexion)		
Hip external rotation (Supine - 90° hip flexion)		
Hip internal rotation (Prone - 0° hip flexion)		
Hip external rotation (Prone - 0° hip flexion)		
Hip adduction (Supine - 0° hip flexion)		
Hip abduction (Supine - 0° hip flexion)		
Hip horizontal adduction (Supine - 90° hip flexion)		
Hip horizontal abduction (Supine - 90° hip flexion)		

Special Test

Intra-articular tests

Intra-articular tests	Left	Right
FADIR (Flexion-Adduction-Internal rotation)		
AIMT (Anterior Impingement Test)		
FABER (Flexion ABduction External Rotation)		
BKFO (Bent Knee Fall Out Test)		
Prone hip internal rotation test		

Extra-Articular Tests

Iliopsoas Related Groin Pain	Left	Right
Tests		
Thomas test (Resisted)		
Internal snapping hip syndrome test		
HEC test (Hip external rotation, flexion-ceiling)		

Adductor Related Groin Pain	Left	Right
Adductor squeeze tests		
ADD- 0° hip flexion (Squeeze at knees)		
ADD - 0° hip flexion 30° hip abduction (Squeeze at ankles)		
ADD - 45° hip flexion		
ADD - 90° hip flexion		

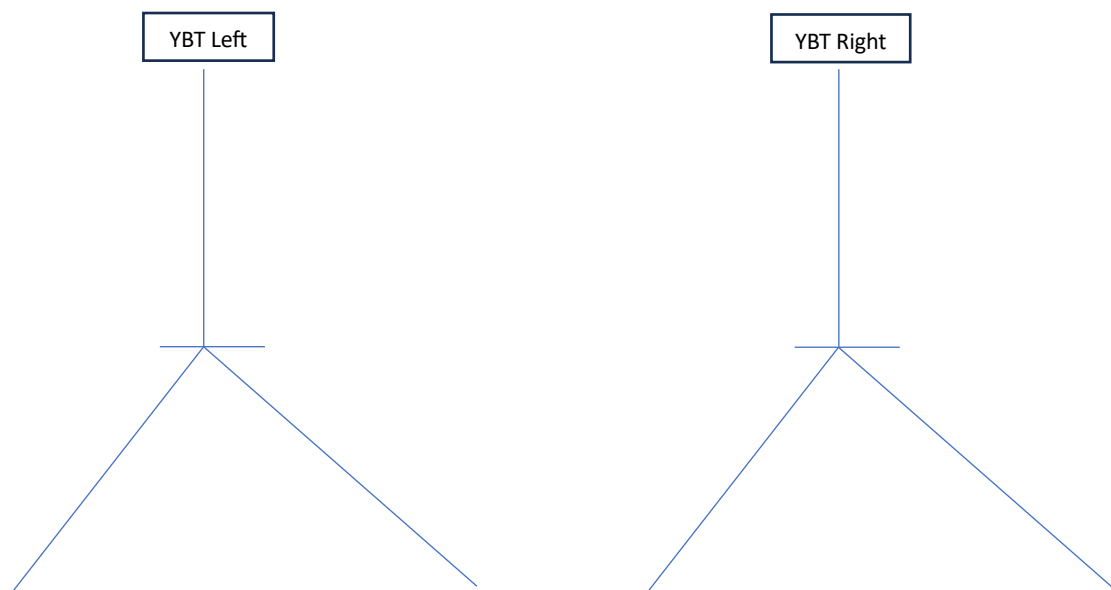
Pubic & Inguinal Related Groin Pain	Left	Right
Trunk flexion test		
Resisted sit-up with hips flexed (0° and 45° degrees of trunk flexion)		
Resisted oblique sit-up (45° of trunk flexion)		
Supine cross test (0° trunk and hip flexion)		
Valsalver test		

Strength Assessment

	Left	VAS (0-100)	Right	VAS (0-100)
Hip flexion (10°) (Supine - knee extended)				
Hip flexion (90°) (Supine - knee flexed)				
Hip adduction – (Supine - knee extended – hip abducted to 30°)				
Hip adduction – (Supine - 45° hip flexion)				
Hip adduction – (Supine - 90° hip flexion)				
Hip extension – (Prone - knee flexed 90°)				
Hip abduction – (Supine - knee extended and abducted to 30°)				

Functional Performance Testing

FPT	Left	RPE (0-10)	VAS (0-100)	Right	RPE (0-10)	VAS (0-100)
SL Squat task (5 reps)						
SL Squat to rise (Total reps in 30 seconds)						
Y-Balance test (Distance)						
CAE (Copenhagen adductor exercise (time / reps)						
Side bridge test (time)						
Single leg jump – (distance - cm)						



Case study examples

- Peter 27 is a semi-professional AFL player (WAFL)
- C/O –
 - Peter presents with right-sided hip and groin pain that has been progressively worsening over the past 6 months, affecting his ability to train and compete.
- Hx
 - Symptoms have been present on and off over the past 24 months, with a significant exacerbation in the last 6 months.
 - Describes a deep-seated ache in the hip and groin region, occasionally accompanied by a sharp catching pain during movement.
 - Reports pain to be worse with repeated movement, particularly during and after exercise.
 - Aggravating activities include:
 - Hip and lumbar flexion (e.g., tying shoes)
 - Deep squatting
 - Running and kicking during sport
 - Night pain is present with a baseline ache described as 4/10, increasing up to 7/10 during and after activity.
 - Able to train for about 30 minutes before symptoms worsen and become highly irritable.
 - Observed to walk with a limp, suggesting an antalgic gait pattern.
- S/Sx
 - He describes clicking/clunking sensation in the hip that is associated with sharp pain
 - He experiences a lot of guarding around the hip with hip flexion-based movements and limited ROM
 - He can get through a training session after a long warmup and mobility training, but symptoms are highly irritable after the session, and it also is affecting his sleep.
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Case study 2

Jack is a 19-year-old state level soccer player

- C/O
 - Unilateral groin pain localized to the hip/groin area
 - Pain is described as insidious in onset, with no clear mechanism of injury
- Hx
 - Ongoing for 4 months
 - Gradual worsening, with persistent symptoms despite rest
 - Finished soccer finals 6 weeks ago and has since taken time off.
 - Recently resumed running however his groin pain still present
 - The pain radiates into the adductor region, pubic bone, and lower abdominals
 - Worst during the first few steps when running
 - Pain with change of direction
 - Pain becomes more tolerable after warm-up, but worsens after activity
 - Describes significant stiffness and pain post-run
 - Can only manage 2.5 km before having to stop due to pain
 - Has tried stretching, but he finds it uncomfortable and only offers transient improvement
- S/Sx
 - Pain intensity at baseline is 2/10 with normal activity but with running pain increases to 7/10
 - After running, Px worsens, with associated weakness and inhibition.
 - Sx return to baseline after approx. 48 hours
 - Dull ache and stiffness post-activity
 - Running, especially early phase and directional changes aggravate Sx
 - Relieving factors include rest and 48 hours off-load
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Case study 3

Jillian is a 41-year-old consultant. She is a long-distance runner currently training for a marathon

- C/O
 - Anterior right hip pain, particularly painful when rising from a chair and initiating walking
 - Pain intensity: 6/10 at baseline, increasing with activity
- Hx
- Onset: 2 weeks ago, during a training run
 - Experienced a sudden pulling sensation at the front of the hip
 - Since then, persistent anterior hip pain with loss of power when pushing off the right leg
 - Able to tolerate slow running over short distances (~3 km), but experiences unbearable pain when increasing cadence or speed
 - Reports stretching the front of the hip as unhelpful
- S/Sx
 - Pain is located in the anterior hip/groin
 - Nature: Pulling, aching; worsens with hip flexion-related movements
 - Aggravating Factors:
 - Rising from seated position
 - Walking after sitting
 - Feels pain and weakness to lift her knee towards her chest
 - Running with increased cadence or speed aggravates pain, but reducing stride and speed allows her to finish run
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Case study 4

Alison is a 60-year-old Interior designer. She plays social tennis twice a week, walks 30 minutes daily, enjoys yoga

C/O

- Persistent right hip pain for 2 years
- Gradual worsening of symptoms with increasing difficulty performing daily activities and exercise

Hx

- Pain onset: Insidious, progressive over 2 years
- Describes pain and stiffness in the right hip:
- Worse in the morning
- Worse after prolonged sitting
- Improves with movement but requires prolonged warm-up before tennis/physical activity
- Significant limitation in ROM
- Difficulty with specific functional and mobility tasks, including:
 - Sitting cross-legged
 - Yoga poses such as pigeon pose
 - Transitions from sitting to standing (e.g., from chair)

S/Sx

- Anterior and lateral right hip but is sometimes felt in the groin, thigh and buttock
- Stiff, achy pain with intermittent sharp episodes
- Prolonged sitting, deep hip flexion, twisting or weightbearing on one leg aggravate symptoms
- Gradual movement, activity feel better once warmed-up, but she describes a feeling of fatigue and weakness around the hip and needs to rest after about 20 minutes

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Exercise Plan

<i>Exercise</i>	Sets/Reps	Week 1	Week 2	Week 3	Week 4

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Notes