

Stinchfield Test

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

- Positioning: Patient in the supine position.
- Leg raising: Flexed 20-45° off the table with the knee in extension.

• Resistance application: Hand on the anterior thigh, forced back down against the exam table.

• 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: