



Specialized Services
for Children & Youth
Together Is Better

Rehabilitation Centre for Children
1155 Notre Dame Ave.
Winnipeg, MB R3E 3G1
PH: (204) 452-4311 Fax: (204) 474-2387

Manitoba Hip Surveillance – Physical Exam **GMFCS 1-3**

Name: _____ Date of Birth: _____

Diagnosis: _____ Involvement: (Unilateral/Bilateral) _____

| | | |
|------------------|--|--|
| Date: | | |
| Physiotherapist: | | |
| GMFCS: | | |

| | RIGHT | LEFT | RIGHT | LEFT |
|----------------------------------------------------------------------------------------------------|-------|------|-------|------|
| HIP - supine | | | | |
| THOMAS TEST/Hip flexion deformity Any FFD | | | | |
| ABDUCTION – Hips and knees flexed Slow passive movement (R2) <30° 30°-40° >40° | | | | |
| ABDUCTION –Hips and knees extended Slow passive movement (R2) <30° 30°-40° >40° | | | | |
| GALEAZZI TEST (positive/negative) | | | | |
| POPLITEAL ANGLE - Slow passive movement (R2) >50° 40°-50° <40° | | | | |
| Popliteal angle fast (R1) | | | | |
| PAIN ON HIP RANGE OF MOTION (yes/no) | | | | |
| KNEE - supine | | | | |
| Extension (Fixed Flexion) Any FFD 0° | | | | |
| Knee Hyperextension | | | | |
| ANKLE/FOOT-supine | | | | |
| DORSIFLEXION – Knee extended Slow Passive Movement <0° 0°-10° >10° | | | | |
| Dorsiflexion- knee extended fast (R1) | | | | |
| DORSIFLEXION – Knee flexed Slow Passive Movement <10° 10°-20° >20° | | | | |

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| | RIGHT | LEFT | RIGHT | LEFT |
|--------------------------------------------------------------------------------|-------|------|-------|------|
| HIP - prone | | | | |
| DUNCAN ELY Slow passive movement (R2) <100° 100°-120° >120° | | | | |
| Duncan Ely fast (R1) | | | | |
| EXTENSION <10° >10° | | | | |
| INTERNAL ROTATION - Hip extended <30° 30°-40° >40° | | | | |
| EXTERNAL ROTATION - Hip extended <30° 30°-40° >40° | | | | |
| FOOT - standing | | | | |
| MIDFOOT BREAK Yes/no | | | | |
| SPINE – Yes/No | | | | |
| Scoliosis sitting | | | | |
| Scoliosis standing | | | | |
| Lumbar lordosis excessive | | | | |
| Thoracic kyphosis excessive | | | | |
| FUNCTIONAL MOBILITY SCALE (FMS) | 5m | | 5m | |
| | 50m | | 50m | |
| | 500m | | 500m | |

RED: Requires further assessment by orthopedics

AMBER: Review child’s management strategy

GREEN: Normal or near normal value

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| | | |
|----------------------------------|--|--|
| Gait: | | |
| Caregiver Concerns: | | |
| Orthotics currently used: | | |
| Date of last hip x-ray: | | |
| Next hip x-ray due: | | |

SIGNED: _____ **DESIGNATION:** _____