SSCY Centre
Specialized Services for Children & Youth
Together Is Better

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Manitoba Hip Surveillance – Physical Exam GMFCS 4-5

Name:_____ **Date of Birth:**_____

Diagnosis: _____ **Involvement: (Unilateral/Bilateral)**_____

Date:		
Physiotherapist:		
GMFCS:		

	RIGHT	LEFT	RIGHT	LEFT
HIP - supine				
THOMAS TEST/Hip flexion deformity **<-10° -10°-0° >0°**				
ABDUCTION – Hips and knees flexed Slow passive movement (R2) **<20° 20°-30° >30°**				
ABDUCTION –Hips and knees extended Slow passive movement (R2) **<20° 20°-30° >30°**				
GALEAZZI TEST (positive/negative)				
INTERNAL ROTATION - Hip flexed to 90° **<30° 30°-40° >40°**				
EXTERNAL ROTATION - Hip flexed to 90° **<30° 30°-40° >40°**				
POPLITEAL ANGLE - Slow passive movement (R2) **>60° 40°-50° <40°**				
Popliteal angle fast (R1)				
PAIN ON HIP RANGE OF MOTION (yes/no)				
KNEE - supine				
Extension (Fixed Flexion) **>10° FFD 1-10°FFD 0°**				
Knee Hyperextension (degrees)				

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Date:		
Physiotherapist:		
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	RIGHT	LEFT	RIGHT	LEFT
ANKLE/FOOT-supine				
DORSIFLEXION – Knee extended Slow Passive Movement **<-10° -10°-0° >0°**				
Dorsiflexion- knee extended fast (R1)				
DORSIFLEXION – Knee flexed Slow Passive Movement **<0° 0°-10° >10°**				
HIP - prone				
DUNCAN ELY Slow passive movement (R2) **<90° 90°-100° >110°**				
Duncan Ely fast (R1)				
EXTENSION **<10° -10°-0° >0°**				
SPINE – Yes/No				
Scoliosis sitting				
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

Adapted from Cerebral Palsy Integrated Pathway Scotland (CPIPS) Clinical Assessment Form
Last updated October 2022

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Name:_____ Date of Birth:_____

Date:		
Physiotherapist:		
GMFCS:		

Caregiver Concerns:		
Equipment:	**Stander:** ☐ **Yes** ☐ **No** **Walker:** ☐ **Yes** ☐ **No**	**Stander:** ☐ **Yes** ☐ **No** **Walker:** ☐ **Yes** ☐ **No**
Orthotics currently used:		
Date of last hip x-ray:		
Next hip x-ray due:		

SIGNED: _____ DESIGNATION: _____

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