



## Checklist for On-Site Examination of the Hip, Pelvis, and Groin

### Primary Survey

- ☐ Survey surroundings.
- ☐ Information from bystanders
- ☐ Position and response of athlete as you approach
- ☐ Consciousness
- ☐ Airway, breathing, circulation
- ☐ Severe bleeding

### Secondary Survey

#### History

- ☐ Chief complaint
- ☐ Mechanism, location, and severity of pain
- ☐ Unusual sounds or sensations
- ☐ Any referred pain

#### Observation

- ☐ Obvious and immediate signs of deformity, swelling, discoloration
- ☐ Unusual positioning of the limb (shortened, rotated)
- ☐ Signs and symptoms of shock (wet, white, weak)

If deformity or evidence of severe trauma is present, notify EMS and monitor for signs and symptoms of shock.

### Neurovascular Examination

- ☐ Pulse (femoral)
- ☐ Sensory (L1-S2)
- ☐ Motor (L1-S2)

If evidence of possible fracture or significant injury, use passive transport to move athlete off-site.

### Palpation

- ☐ ASIS, AILS, iliac crest, greater trochanter, PSIS, ischial tuberosity, sacroiliac joint
- ☐ Insertions for sartorius, rectus femoris, hamstring origin
- ☐ Palpable defects in the adductor, abductor, and hip flexor muscle groups
- ☐ Bilateral comparison

### Range of Motion

- ☐ Perform active ROM for hip flexion, extension, abduction, adduction, and medial and lateral rotation.

If all tests are negative and the athlete is able to complete active ROM, move him off-site and assist as pain and symptoms dictate.