





Dr Oliver Khoo – GP Hip Assessment Checklist

Patient Details	
Name:	
Age: Occupation:	
Relevant hobbies / activity level:	
History	Examination
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Mechanism of Injury (MOI):	Side affected: Left Right
Traumatic	Gait:
Insidious onset	Normal Antalgic Trendelenburg positive
Sport-related	Inspection:
Work-related	Scars Leg length discrepancy
No clear trigger	Muscle wasting
Date of Onset / Injury:	Palpation:
Previous injuries or surgery to area?	Local tenderness (ASIS / greater trochanter / groin)
No	Reproducible pain
Yes. Details:	ROM (at 90° hip flexion):
	Internal rotation: °
Pain:	External rotation: °
Location:	Pain with ROM?
Onset: Gradual / Sudden	Special Tests:
Severity (0–10):	FABER (hip/SIJ): Positive / Negative
Character (e.g. sharp, aching):	FADIR (impingement): Positive / Negative Thomas test (hip flexor tightness):
Aggravating factors:	Positive / Negative
Relieving factors:	Abductor strength: 0–5
Night pain: Yes No	Back exam (to exclude referred pain):
Radiation? (groin / buttock / thigh):	Normal / Abnormal Neurovascular exam: Intact / Deficit
Function:	
Difficulty walking	Investigations (if indicated)
Affects ADLs	Pelvic / AP hip X-ray Lumbar spine X-ray (if suspected referred
Difficulty with stairs	pain)
Getting in/out of car	Hip ultrasound (if suspected trochanteric
Putting on socks/shoes	bursitis) MRI hip (if labral tear / intra-articular concern)
Sleep disturbed	
Work capacity:	Referral Considerations
Off work	Physiotherapy trial attempted?
Modified duties	Diagnostic injection done? Functionally limiting / fails conservative
Full duties	therapy?
Relevant PMHx / Medications:	
<u>-</u>	This tool supports clinical assessment and referral preparation. For referrals to Dr Khoo, include key findings or attach this form