

**Specific Testing/Maneuvers  
of the Hip & Spine**

**Seated Slump Test**

**Structure/sign being tested:** Nerve root tension test

**Position of Patient:** Seated in a chair

**Position of examiner:** Standing or sitting at side of patient

**Procedure:** With hip at 90°, the patient performs an active unilateral straight leg raise, extending the knee and dorsiflexing the foot. Finally the cervical spine is flexed

**Positive Test Result:** Peripheral pain prior to the end of normal ROM, which can be relieved by neck extension

 Reference # 4

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**Specific Testing/Maneuvers  
of the Hip & Spine**

**Straight Leg Raise**

**Structure/sign being tested:** Nerve root tension test

**Position of Patient:** Lying supine

**Position of examiner:** At the side of the patient. One hand grasps the heel and the other hand on the anterior knee to maintain knee extension throughout the test. The test is performed on the involved side

**Procedure:** While dorsiflexing the foot, the examiner passively flexes the hip until discomfort is experienced or the full ROM is obtained

**Positive Test Result:** Peripheral pain prior to the end of normal ROM

 Reference # 4,9,10

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**Specific Testing/Maneuvers  
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**Faber (Patricks) Test**

**Structure/sign being tested:** SI joint pathology and intraarticular hip pathology

**Position of Patient:** Lying supine

**Position of examiner:** Standing in front of the patient

**Procedure:** The patient is instructed to place one leg in the 'figure 4' position (FABER: flexion, abduction, external rotation). The examiner applies a downward pressure on the leg (above the knee) of the leg that is crossed over

**Positive Test Result:** Pain in ipsilateral groin is intraarticular hip pathology, pain in SI joint is suggestive of SI joint pathology

 Reference # 4,9

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**Specific Testing/Maneuvers  
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**Obers Test**

Structure/sign being tested: Tightness of the IlioTibial Band

Position of Patient: The patient lays on contralateral side of the affected or painful side, the bottom hip and knee are flexed for stability

Position of examiner: At the side of the patient

Procedure: The examiner passively flexes the knee to 90°, then passively extends the top hip and abducts the hip. The muscles should be relaxed and allowed to drop to the table

Positive Test Result: If the leg stays above the table, or feels tight when overpressure is applied

 Reference # 4,9,14

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**Specific Testing/Maneuvers  
of the Hip & Spine**

**Spurlings Test**

Structure/sign being tested: Cervical nerve roots

Position of Patient: Seated or standing

Position of examiner: In front of or behind patient

Procedure: Extension and rotation of the neck to the affected arm/side. Hold for up to 30 seconds and may add axial load if needed to produce positive finding.

Positive Test Result: Pain, numbness, and/or tingling in spinal distribution peripherally from neck indicates cervical radiculitis or radiculopathy.



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