OSCE checklist for hip examination

An OSCE checklist for hip examination covers consent, gait, Trendelenburg's test, inspection, palpation, measuring leg length, Thomas's test, range of movement and examining the knee and lumbar spine before summarising.

OSCE checklist for hip examination: steps to practise

1. Clean your hands, introduce yourself, confirm the patient's name and date of birth (and wristband if an inpatient), explain the examination and gain consent.
2. Ask about pain, offer a chaperone and make sure of privacy. Expose the legs and lower back, keeping underwear on.
3. Inspect from the front, the side and behind for scars, swelling, wasting, pelvic tilt and any deformity.
4. Watch the patient walk and note any limp, pain and stride.
5. Perform the Trendelenburg test: stand in front, offer your hands for balance and ask the patient to stand on one leg. If the pelvis drops on the side of the lifted leg, the abductors of the standing hip are weak.
6. With the patient lying, palpate for tenderness over the greater trochanter and the groin.
7. Measure leg lengths: true length from the anterior superior iliac spine to the medial malleolus, and apparent length from the umbilicus to the medial malleolus.
8. Do Thomas's test to look for a fixed flexion deformity: with your hand under the lower back, flex the other hip fully and watch whether the leg being tested lifts.
9. Move each hip gently through flexion, abduction, adduction and internal and external rotation with the hip and knee bent, and test extension with the patient prone or on their side if able. Watch the face for pain.
10. Compare both sides and note pain or restriction.
11. Examine the knee and the lumbar spine, and check the pulses and sensation of the leg.
12. Escalate to a senior urgently if a patient cannot bear weight, or a child has a limp with fever or a hot, painful joint, as this may be a septic joint.
13. Thank the patient, cover them, clean your hands and summarise your findings with likely diagnoses.

What candidates commonly forget

- Not watching the gait first
- Not offering support during the Trendelenburg test
- Not checking the knee and spine
- Measuring the leg length wrongly
- Not doing Thomas's test
- Not asking about pain before moving the joint

Local policy comes first

This is our own practice checklist. Your college, hospital or country may do some steps differently. Where local policy and this list disagree, follow local policy.

Practise the hands-on steps with a classmate or in a skills lab, because an AI patient cannot watch your technique. You can practise the talking part with an AI patient, and try one station free with no sign-up. Next, try A limp in a five-year-old. Back to the surgery OSCE for MBBS students page: surgery OSCE for MBBS students, or see the full OSCE checklist list.

Common questions

What is the OSCE checklist for hip examination?

Introduce, consent, inspect, gait, Trendelenburg test, palpate, measure leg length, Thomas's test, range of movement, check the knee and spine, neurovascular check, escalate red flags and summarise.

What is the Trendelenburg test?

A test where the patient stands on one leg. If the pelvis drops on the opposite side, the hip abductors on the standing side are weak. Offer your hands for balance.

Why check the knee and the spine?

Hip disease can cause knee pain, and back problems can cause hip or buttock pain, so these must be checked.

Sources

- NICE CG124: hip fracture
- GMC: good medical practice

Checked 2026-11-13. Fees and rules change, so confirm them with the regulator before you book.