Case History

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____

Birth Date: _____

Occupation: _____

Referring physician: _____

Insurance: _____

Ob/Gyn: _____

Midwife: _____

How many weeks pregnant? _____

How many weeks/months/years after delivery? _____

Status

Chief complaint at this point in time: _____

_____

_____

The patient… _____ wobbles/hobbles/walks with crutches/drags one leg.

_____ is/is not wearing a pelvic sling.

_____ is/is not wearing abdominal support.

_____ does/does not use a wheelchair.

_____ can climb stairs/can climb stairs only with great difficulty/ cannot climb stairs.

Without pain, the patient can: walk for _____ minutes

stand for _____ minutes

lie down for _____ minutes

sit for _____ minutes

ride a bike for _____ minutes

drive a car for _____ minutes

The patient… _____ sleeps well/reasonably well/badly.

_____ can change positions normally/with difficulty/with pain.

_____ can make love normally/with difficulty/with pain.

Other complaints: _____

_____

_____

_____

General health: _____

_____

_____

_____

Special considerations: _____

_____

_____

_____

Medical History

	First pregnancy	Second pregnancy	Third pregnancy	Fourth pregnancy
Miscarriage/abortion				
Pelvic pain/back pain				
Difficulty walking				
Difficulty changing positions				
Problems with standing and sitting				
	First delivery	**Second delivery**	**Third delivery**	**Fourth delivery**
Date				
Duration of labor				
Forceps or vacuum extraction				
Bleeding				
Extreme pelvic pain				
Recovery				
APGAR-score baby				

Problems with hypermobility? _____ Yes / No

If so, how would it manifest? _____

_____

Before the pelvic problems, have you experienced:

A difference in leg lengths Yes / No Diagnosis/Symptoms: _____

_____

Knee complaints Yes / No Diagnosis/Symptoms: _____

_____

Foot complaints Yes / No Diagnosis/Symptoms: _____

_____

Hip complaints Yes / No Diagnosis/Symptoms: _____

_____

Lower back pain Yes / No Diagnosis/Symptoms: _____

_____

Neck complaints Yes / No Diagnosis/Symptoms: _____

_____

Have you been injured in an accident or a fall? Yes / No

Diagnosis/Symptoms: _____

Have you participated in a lot of sports? Yes / No

Which? _____

When? _____

Have you had physiotherapy before? Yes / No

For what condition? _____

When? _____

Is a physiotherapist currently treating you? Yes / No

For what condition? _____

Are you being treated by a chiropractor? Yes / No

For what condition? _____

How many treatments have you had? _____

Is there ongoing therapy? _____

What method(s) is/are being used? _____

What have been the results? _____

Is a specialist treating you? Yes / No

For what condition? _____

Examination

Posture

Inspection of the Patient in the Standing Position 1

Posture	Dorsal	Ventral	Lateral

Inspection of the Patient in the Standing Position 2

	Left	Right
Femoral condyles endorotated		
Leg length		
Feet position		
Weight bearing		

Remarks

- Palpation of the posterior superior iliac spine (PSIS) while the patient is standing is not a reliable test, but with experience you will be able to gain a sense of the position of the ilia. Meanwhile, make the patient bend forward and then return upright to help you gain even more of a sense of the position.
- If the femur is more in internal rotation and the PSIS on the same side is higher, this could suggest an inflare and anterior rotation of the ilium, which positions the hip joint more ventrally.

Inspection of the Patient in the Supine Position

Position of the hips	Asymmetric leg posture	Pelvic asymmetry	Deviation of the trunk

Remarks

Use neurological tests to rule out other causes of pelvic pain such as a damaged disc or sciatica.

Functional Passive Examination of Hip/SI Joints

Tests Performed with Patient in the Supine Position

Stability Test for the Pelvis

Active straight-leg raising (ASLR) may reveal a noticeable difference in pain between the left and right leg, which improves if a pelvic sling or compression is used at the level of the trochanter on both sides. Ask the patient which leg feels heavier. To make it possible to lift one leg, one needs to tilt the opposite ilium forward (on this side a "counternutation" of the sacrum takes place) and tilt the ilium on the side that is lifted backward (here a "nutation" of the sacrum takes place). This means that the sacrum makes a 3D-rotational motion.

Hip Tests

	Left			Right		
	Range	Pain score	Endfeel	Range	Pain score	Endfeel
External rotation						
Internal rotation						
Abduction						
Adduction (from abduction to the starting position)						
Flexion						
Extension (from flexion to the starting position)						

SI Tests

	Left	Right
Resistance against hips in adduction (gapping SI joints)		
Passive external rotation hip with 90˚ flexed hip and knee		
Passive internal rotation hip with 90˚ flexed hip and knee		
Iliolumbar ligament (hip in maximal abduction, 90˚ flexed with bent knee, apply pressure on the knee in the direction of the buttocks)		
Sacrotuberal ligament (hip in maximal flex with bent knee, knee in the direction of the ipsilateral shoulder, apply pressure in the direction of the buttocks)		
Sacrospinal ligament (hip in maximal flex with bent knee, knee in the direction of the contralateral shoulder, apply pressure in the direction of the buttocks)		
Patrick's Sign (place the left foot on the right knee and bring the left knee to the floor or bed surface; this tests the left SI joint); fix the right ilium		

Tests Performed with Patient in the Side-Lying Position

Testing the Coordination in Stabilizing the Pelvis (Static-Resisted Testing)

Do not score strength but rather pain or ability to stabilize the pelvis.

	Left	Right
Resistance against hip extension = backward-tilting ilium		
Resistance against flexed hip = forward-tilting ilium		
Resistance against abducted hip = compression SI joints		
Resistance against extended knee = forward-tilting ilium		
Resistance against flexed knee = backward-tilting ilium		

Backward-tilting ilium = nutation sacrum Forward-tilting ilium = counternutation sacrum

Physiotherapy Diagnosis

Pain localized: _____

_____

_____

Observed dysfunction: _____

_____

_____

Functional limitations: _____

_____

_____

Social and other activities avoided: _____

_____

_____

Mental/emotional status: _____

_____

_____

Ability to perform activities of daily living (ADLs): _____

_____

_____