

HIP FACTS FROM THE LITERATURE #103

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THE AB-HEER TEST IS ONE OF THE MOST ACCURATE TESTS FOR HIP MICROINSTABILITY

AB-HEER:

Abduction-Hyperextension-External Rotation

Specificity: 89.4%

Sensitivity: 80.6%

+Likelihood Ratio: 7.6

+Predictive Value: 90.9%

-Predictive Value: 77.8%

Accuracy: 84.4%

Reference standard: Intraoperative evidence of instability



Combines end-range abduction, extension & external rotation plus an anterior glide of the femoral head

The ABduction HyperExtension External Rotation (AB-HEER) Test is one of the most accurate tests for hip microinstability, useful for both ruling in and out the condition, according to this paper by Hoppe and colleagues. This study only assessed the usefulness of 3 tests, but it is one of the most recognised diagnostic utility studies for hip instability due to its solid design.

The reference standard (how they decided if the hip had instability) was a diagnosis of hip microinstability made at the time of arthroscopic surgery. Instability was confirmed if 1 or more of the following criteria were met:

1. distraction of the hip under general anesthesia with body weight alone;
2. adequate distraction of the hip joint with less than 11 turns of fine traction, equivalent to 44 mm of screw traction,
3. inability of the hip to fully reduce the joint after negative intra-articular pressure is released and traction is removed, and
4. arthroscopic confirmation of microinstability, including tearing of the ligamentum teres, straight anterior labral tears, and an anterior inside-out chondral wear pattern.

Hoppe DJ, Truntzer JN, Shapiro LM, Abrams GD, Safran MR. Diagnostic Accuracy of 3 Physical Examination Tests in the Assessment of Hip Microinstability. Orthop J Sports Med. 2017;5(11):2325967117740121.

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How to perform the AB-HEER test:

- Place the patient in sidelying
- Move the top 'test' hip into a position of combined end-range abduction, extension & external rotation
- Plus add an anterior glide of the femoral head, via the greater trochanter (Don't thrust! Just sink forward, while watching the patients face for early response and communicating with the patient).

A positive test result is reproduction of their familiar anterior hip pain +/- they may also verbalise +/- or show signs of apprehension. The +/-ve for this study was based purely on reproduction of pain.

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