

HIP FACTS FROM THE LITERATURE #104

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THE PRONE INSTABILITY TEST IS USEFUL FOR 'RULING IN' HIP MICROINSTABILITY WHEN THE TEST IS POSITIVE

BUT, the patient may still have instability if the test is negative

Specificity: 97.9%

Sensitivity: 33.9%

+ve LR: 15.9

PPV: 95.5%

NPV: 52.9%

Accuracy: 61.5%

Reference standard:

Intraoperative evidence of instability

Combines hip extension with end-range external rotation plus an anterior glide of the femoral head

The Prone Instability Test is useful for 'ruling in' hip microinstability when the test is positive (reproduces anterior hip pain), due to its high specificity, positive predictive value and positive likelihood ratio.

However, it should not be relied upon to exclude instability if the test is negative, due to lower sensitivity and negative predictive value.

How to perform the Prone Instability Test:

- Place the patient in prone with the test side knee bent 90degrees
- Externally rotate the hip to end-range
- Apply an anteriorly directed force via the greater trochanter (Remember, DON'T THRUST, 'sink' and survey the patient's response)

A positive result is the reproduction of the patient's anterior hip pain (plus they may also verbalise or display apprehension).

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.