

EXTENSION DROP TEST

The patient is positioned in supine with both thighs on the table. Both hips and knees are flexed to the chest. Passively lower one leg over the edge of the table while helping the patient hold the untested knee close enough to the chest to maintain the low back against the table. Do not allow hip abduction to occur past zero degrees on the tested extremity while passively dropping the FA joint into extension.

A positive test is indicated when the tested lower extremity (usually the left) is restricted in hip extension because of the forward orientation of the tested side compared to the other. If both femurs do not approach the edge of the mat or table the patient is tested on, the innominates are rotated forward bilaterally and the psoas muscles are on slack. Placing the femur in “neutral” is actually placing the patient’s femur in external rotation. This tightens the TFL and VL and restricts hip extension.

There is also a rotary component to this issue, especially seen with limitation in hip extension on one side. Since the forward, anteriorly rotated pelvis accompanies sacral rotation to the contralateral side (right rotation on a right oblique axis or left rotation on a left oblique axis) the iliofemoral ligament will also limit extension when the femur is externally rotated by the therapist, through testing with the femur in a “neutral” position.

The femur in this case will not approach the patient support surface without femoral internal rotation and or through luxation (ie. “click”) of anterior superior femoral head moving forward under the superior anterior condyloid labral rim of acetabulum.



Negative Right Extension Drop Test



Positive Left Extension Drop Test