



HRUSKA ADDUCTION LIFT TEST

This test is used as a Myokinematic measurement with each grade reflecting muscle position, strength, and neuromuscular ability. The test is named for the leg, which is placed on the examiner's shoulder. (Patient is lying on their left side with right ankle placed on examiner's shoulder → "Right" Hruska Adduction Lift Test.)

POSITION

- 1) Patient sidelying – back rounded
- 2) Uppermost lower extremity resting on therapists shoulder (neutral hip, extended knee)
- 3) Lower leg in flexed position
- 4) Maintain pelvis in a neutral position (do not allow upper pelvis to rotate forward or backward)

MECHANICS

- 1) Step 1: ask patient to raise ankle of flexed lower leg to upper knee
- 2) Step 2: have patient raise flexed lower knee while keeping ankle to the knee
- 3) Step 3: patient will then raise lower hip while maintaining the above positions
- 4) Discontinue test at the step patient is unable to perform

GRADING CRITERIA

<p>LEVEL → 0</p> <p>Inability to raise lower ankle off mat or table</p> <p>Obturator weakness of flexed extremity</p>	
---	--

<p>LEVEL → 1</p> <p>Ability to raise lower ankle to upper knee</p> <p>Inability reflects either weakness of FA external rotators or AF stability of active extremity</p>	
--	--



LEVEL → 2

Ability to raise lower knee and ankle

Inability reflects instability of AF and weakness of adductor magnus and obturators or an anterior tilted and forwardly rotated pelvis with accompanying FA IR weakness secondary to long position of ischiocondylar adductor and short position of gluteus minimus, medius and TFL)

LEVEL → 3

Ability to maintain above position while lifting lower hip off table slightly

Inability reflects weakness of FA stabilizers on extended extremity including the short head of the biceps femoris and adductor magnus and possibly bilateral AF stabilizers including muscles of the pelvic diaphragm and lower gluteus maximus

LEVEL → 4

Ability to raise hip completely off mat or table to level of patients shoulder and examiner's shoulder

Inability reflects lack of core lumbopelvic femoral strength and more than likely the internal obliques on side of the flexed leg and external obliques on side of the extended leg

LEVEL → 5

Ability to raise hip above level of the patients shoulder and equal to examiners shoulder

Inability reflects patient's strength and neuromotor proprioceptive skills to shift hips