



## ***Hip Return to Sport Testing***

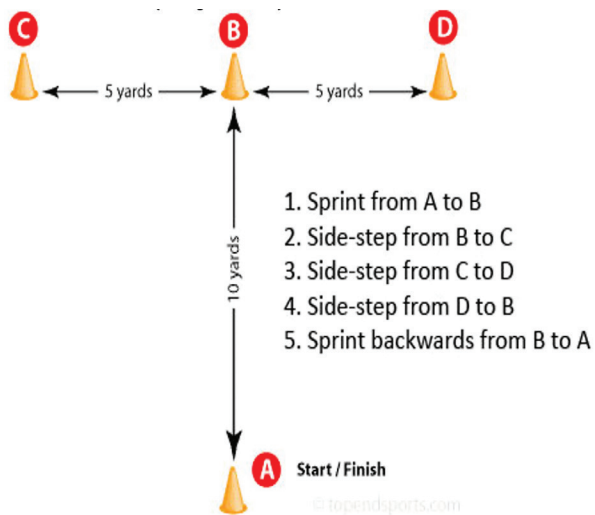
- Designed to determine current capacity for possible return to sport. Ideally this cluster of tests helps the healthcare professional make a more informed decision about the athlete's ability to return to high level sport performance.
- Metrics to achieve for return to sport
  - >90% for LSI on functional hop tests (SL hop for distance, SL medial turn (90°))
  - HUMAC NORM (Isokinetics): hip abduction and extension (strength to body weight ratio)
  - T-test: < 11 seconds
  - SL lateral hop: <10% difference as compared to non-operative side
  - STAR excursion: <10% difference as compared to non-operative side
  - Copenhagen Plank Endurance Test: 3 minute max hold
- If metrics not achieved, then continue with strengthening and preparatory measures for re-testing in 1 month

## ***Testing***

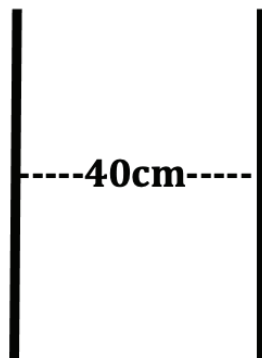
- Functional Hop Tests: >90% for limb symmetry index (average of 3 trials)
  - SL hop for distance
  - SL medial turn (90°)
- Isometric Hip Strength: side to side comparison
  - Hip external rotation- seated with handheld dynamometer proximal to medial malleolus
  - Hip abduction- sidelying with back against wall, handheld dynamometer 10 cm above lateral femoral condyle

# FAI Return to Sport Testing

- T-Test: < 11 seconds (average of 3 trials)



- Single Leg Lateral Hop: <10% difference as compared to non-operative side
  - o 30 seconds
  - o 40cm apart



- STAR Excursion: <10% difference as compared to non-operative side (average of 3 trials)
  - o Posteriolateral Reach (cm)
  - o Posteromedial Reach (cm)
- Copenhagen Plank Endurance Test: assess limb symmetry
  - o 3 minute max hold



#### **REFERENCES:**

1. Johansson AC, Karlsson H. The Star Excursion Balance Test: Criterion and Divergent Validity on Patients with Femoral Acetabular Impingement. *Man Ther.* 2016; 26:104-09.
2. Kivlan BR, Carcia CR, Christopher JJ, Martin RL. Comparison of Range of Motion, Strength, and Hop Test Performance of Dancers with and without Clinical Diagnosis of Femoroacetabular Impingement. *Int J Sports Phys Ther.* 2016; 11:527-35.
3. Kuhns BD, Weber AE, Batko B, Nho SJ, Stegemann C. A Four-Phase Physical Therapy Regimen for Returning Athletes to Sport Following Hip Arthroscopy for Femoroacetabular Impingement with Routine Capsular Closure. *Int J Sports Phys Ther.* 2017; 12:683-96.
4. Wahoff M, Dischiavi S, Hodge J, Pharez DJ. Rehabilitation After Labral Repair and Femoroacetabular Decompression: Criteria-Based Progression Through the Return to Sport Phase. *Int J Sports Phys Ther.* 2014; 9:813-26.