



Hip Return to Sport Testing

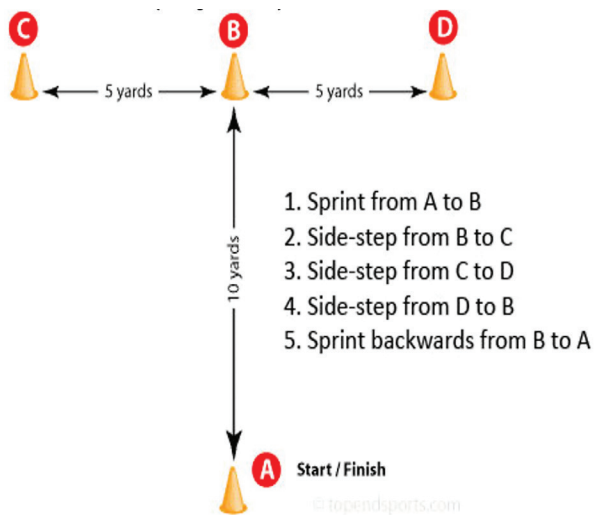
- Designed to determine current capacity for possible return to sport. Ideally this cluster of tests helps the healthcare professional make a more informed decision about the athlete's ability to return to high level sport performance.
- Metrics to achieve for return to sport
 - >90% for LSI on functional 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

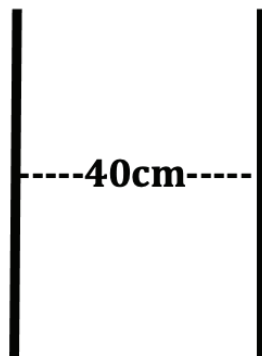
- Functional Hop Tests: >90% for limb symmetry index (average of 3 trials)
 - SL hop for distance
 - SL medial turn (90°)
- Isometric Hip Strength: side to side comparison
 - Hip external rotation- seated with handheld dynamometer proximal to medial malleolus
 - Hip abduction- sidelying with back against 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
 - 30 seconds
 - 40cm apart



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



REFERENCES:

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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.