 Risk Factors For Athletic Pubalgia Development In Collegiate Football Student-Athletes: A Retrospective Cohort Study

Abstract ID# 21274
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Summary:
Olympic weightlifting and playing a skilled position are strongly associated with the development of athletic pubalgia in collegiate football players.

Data:
BACKGROUND Athletic pubalgia is a common injury among student-athletes.
The cause of this injury is multifactorial and poorly understood and has been associated with repetitive explosive movements that cumulatively injure the groin and surrounding tissues. Therefore, the aim of this study was to evaluate the effect of Olympic weightlifting, body mass index and position type (skilled vs non-skilled) in collegiate football players with respect to development of athletic pubalgia.

HYPOTHESIS The introduction of Olympic weightlifting and playing a skilled position will significantly increase a student-athlete’s risk of developing athletic pubalgia.

METHODS Football student-athletes at a single collegiate institution from January 2010 to December 2019 were included in the study. The primary outcome measure was athletic pubalgia surgery confirmed with magnetic resonance imaging. Odds of athletic pubalgia was determined using logistic regression with the dependent variable being whether or not the student-athlete received athletic pubalgia surgery. Independent variables included Olympic weightlifting exposure, skilled vs. non-skilled position and body mass index.

Skilled positions were defined as quarterbacks, wide receivers, running backs, tight ends, linebackers, corners, and safeties, with these positions being subject to a high volume of running, cutting, and rapid change of direction. Non-skilled positions were defined as offensive linemen, defensive linemen, and specialists (punters, kickers, and long snappers), with these positions being subject to a low volume of running, cutting, and rapid change of direction.

Olympic weightlifting exposure occurred suddenly in January of 2015 when Olympic weightlifting was implemented in the weight training regimen where it occurred. Olympic weightlifting exposure occurred suddenly in January of 2015 when Olympic weightlifting was implemented in the weight training regimen where it was not previously present, therefore all student-athletes on the 2015 roster and later were deemed positive exposures.

Preoperative muscle injury or athletic pubalgia surgery excluded student-athletes from the study.

RESULTS A total of 1,154 student-athlete exposures met inclusion criteria, de...

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Ten-Year Outcomes Following Endoscopic Gluteus Medius Repair With Concomitant Hip Arthroscopy

Abstract ID# 23264
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Summary:
This study evaluates 10-year patient-reported outcome (PRO) scores following endoscopic surgery for gluteus medius partial and full-thickness tears with concomitant hip arthroscopy for labral tears and/or femoroacetabular impingement syndrome (FAIS).

Data:
The purpose is to evaluate 10-year patient-reported outcome (PRO) scores following endoscopic surgery for gluteus medius partial and full-thickness tears with concomitant hip arthroscopy for labral tears and/or femoroacetabular impingement syndrome (FAIS). Methods: Prospectively collected data on patients followed for a minimum of 10 years after endoscopic gluteus medius repair with concomitant hip arthroscopy performed by a single surgeon were retrospectively analyzed. Patients with preoperative and 10-year follow-up for the following PROs were included: modified Harris Hip Score (mHHS), Nonarthritic Hip Score (NAHS), Hip Outcome Score-Sports Specific Subscale (HOS-SSS), and Visual Analog Scale (VAS) score for pain. Results: There were 13 patients eligible for inclusion, 11 (84.6%) of whom had 10-year follow up, with a mean of 127.6 months (range, 120.0-140.2 months). The group consisted of 10 females (90.9%) and one male (9.1%) with a mean age at surgery of 60.1 years (range, 46.2-74.8 years). PRO scores improved from preoperative to 10-year follow up as follows: mHHS from 60.4 to 88.0 (p<0.011); NAHS from 50.1 to 90.6 (p<0.001); HOS-SS from 37.5 to 85.1 (p<0.001); and VAS from 4.8 to 1.2 (p=0.006). Mean patient satisfaction rating was 8.3. Patients achieved PASS and MCID for mHHS and HOS-SSS at a rate of 81.8%. There was no significant decline in PROs or...