satisfaction between two, five and ten years postoperatively. All patients underw
went concomitant hip arthroscopy and labral treatment (debridement or repair). One patient, who had arthroscopic findings of acetabular and femoral
outerbridge grade 4 lesions, subsequently underwent total hip arthroplasty; however, the GM was assessed during the THA, and it was verified that the repair was intact. There were no clinical failures, secondary operations, or complications. Conclusions: Endoscopic repair of gluteus medius tears is a safe procedure with favorable and durable long-term outcomes at minimum 10-year follow-up.

Level of Evidence: Level IV, therapeutic case series

Category: Hip/Groin/Thigh

Hamstring Muscle Injuries in Major League Soccer: An Analysis of Injury Rate, Associated Factors, and Return to Play

Abstract ID# 23498
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Summary:
Days missed increased for hamstring injuries in MLS athletes during the 2010-2015 and 2016-2021 seasons by 35.7% (p<0.001), with further analysis showing acute onset and match injuries lead to increased time to return to play by 27% (P = 0.023) and 89% (P = 0.0001), respectively.

Data:
Purpose: To examine (1) the rate and time to return to play (RTP) after hamstring muscle injury, (2) investigate the rate of reinjury after RTP, and (3) investigate conditions that are associated with increased severity of injury or increased time to RTP. Method: MLS Injury Surveillance database was queried for all athletes with hamstring injuries from 2010-2021 were included and categorized by severity. A hamstring injury was defined as an incident that required medical attention and involved the biceps femoris, semimembranosus, or semitendinosus. Demographic characteristics and injury characteristics (setting of injury, activity during onset, severity, management, RTS, and reinjury) were collected and used for descriptive analysis. Results: A total of 2865 injuries were recorded between 2010 and 2021, from 1227 individual players. The average injured player age was 26.2 +/- 4.4 years, with an isolated biceps femoris injury (75.2%), occurring during a match (47.3%). The median time missed per injury was 11.0 days, with 28.2% of injuries resulting in no days missed, 52.7% were classified mild to moderate (4-28 days), and 19.2% severe (29-744 days). Average number of games missed, and practices missed per injury, were 1.3 +/- 2.3 and 4.0 +/- 7.5, respectively. Mean days missed increased significantly from 17.6 days for a hamstring injury occurring during 2010-2015 to 23.9 days for an injury occurring during 2016-2021 (p < 0.001). Overall hamstring re-injury rate was 52.4% (643), following a previously recorded index hamstring injury. Reinjury rate between 2010-2015 and 2016-2021 did not change significantly (50.2% vs. 51.6%, p = 0.4506). Factors associated with prolonged return to sport included acute injury onset (27.8 vs 21.9, p = 0.023), and match injury (24.9 vs 13.2, p <0.001). Position, field type, weather conditions, and in-game time of injury were not statistically significant. Conclusions: Between 2010 and 2021, hamstring injuries were one of the most common causes of missed time in MLS athletes. Acute onset and match injuries increased time to RTP by 27% (P = 0.023) and 89% (P < 0.0001), respectively. Furthermore, days missed increased for injuries during the 2010-2015 and 2016-2021 seasons by 35.7% (P<0.001). The current findings emphasize the need for continued prevention and post-injury rehabilitation protocols and expectations. A reinjury rate as high as 50% likely contributes to longer rehabilitation timelines before RTP, however, further study is warranted given that reinjury rates did not decrease.

Category: Hip/Groin/Thigh

Long-Term Outcomes of Arthroscopic Labral Repair Versus Labral Debridement: Which Precludes Patients from Total Hip Arthroplasty Conversion?

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Summary:
Patients who underwent labral repair were less likely to convert to THA when compared to patients who underwent labral debridement despite adjusting for differences in baseline demographics and preexisting pathology.

Data:
Background: Arthroscopic treatment for labral tears includes debridement and repair. Currently, long-term studies have failed to demonstrate a difference in conversion to total hip arthroplasty (THA). The purpose of this study was to investigate two different labral treatments, debridement and repair, with an adjusted analysis to evaluate the long-term conversion to THA. Methods: This is a retrospective cohort study of patients undergoing hip arthroscopy by a single surgeon between April 2007 and October 2014. Postoperative follow-up information included conversion to THA, patient-reported outcome measures and patient satisfaction. Results: Of the 204 hips included in the study, 99 (48.5%) and 105 (51.5%) underwent labral repair and debridement, respectively. Twenty-eight (13.7%) of the 204 patients underwent conversion to THA within 10 years following hip arthroscopy [labral repair: 5 (5.1%) vs. labral debridement: 23 (21.9%)]. Labral repair remained associated with significantly lower risk of conversion to THA compared to debridement (hazard ratio [HR] = 0.24, 95% CI 0.07-0.74, p = 0.01). Additional factors associated with risk of conversion to THA included increasing age at time of arthroscopy (HR = 1.06 per year, 95% CI 1.02-1.11, p = 0.002) and Tonnis grade (HR = 2.39, CI 1.14-5.41, p = 0.026). Abrasion chondroplasty, acetabuloplasty, BMI, Outerbridge grade, and radiographic FAI were not found to be significantly associated with risk of THA. There was no significant difference between groups for patient satisfaction [87 (87.9%) v 89 (84.8%), p=0.63]. Similarly, for patients who did not convert to THA, there was no difference in mean patient-reported outcome measures at final follow-up for mHHS, HOS-ADL, HOS-Sport, iHOT-33, NAHS, or LEFS.

Conclusion: Patients who underwent labral repair were less likely to convert to THA when compared to patients who underwent labral debridement despite adjusting for differences in baseline demographics and preexisting pathology. Additional factors associated with a lower rate of hip survival were older age and osteoarthritis at the time of hip arthroscopy. ACKNOWLEDGEMENTS: Conine Family Foundation for Joint Preservation

Category: Hip/Groin/Thigh

The Outcomes Of Proximal Femoral Derotation Osteotomy Performed Concurrently With Ipsilateral Hip Arthroscopy

Abstract ID# 21474
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Summary:
The outcomes of PFDO stabilised with IM nail were superior to the plate data. Introduction. The management of patients with rotational malalignment of the hip resulting in impingement is complex, especially if compounded by intra-
