satisfaction between two, five and ten years postoperatively. All patients under-
drew 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 complica-
tions. 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

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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 < 0.0001), with further analysis showing
acute onset and match injuries lead to increased time to return to play by 27% (P
¼ 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 re-
jury) 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
(29-744 days). Average number of games missed, and practices 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

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, and 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 infor-
mation 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.

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
Introduction. The management of patients with rotational malalignment of the
hip resulting in impingement is complex, especially if compounded by intra-

S19
Accelerated Staged Bilateral Hip Arthroscopy for Athletes Results in Similar Improvements in Outcomes Compared to Delayed Staged Procedures and Case-control Matched Unilateral Arthroscopy

Abstract ID#: 22710
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Summary:
Accelerated (within 7 days) staged bilateral hip arthroscopic surgery in athletes symptomatic for femoroacetabular impingement results in comparable clinical outcomes to delayed staged procedures and matched unilateral arthroscopy.

Data:
Introduction: Athletes are at increased risk of presenting with symptomatic femoroacetabular impingement (FAI) bilaterally. Staged hip arthroscopy (HA), where conservative management has been unsuccessful, is an option however the timeframe for staged procedures to range from 2-4 weeks to 6-16 weeks.

Delaying contralateral surgery in cases of bilateral symptoms may result in increased progression of chondrolabral pathology. Purpose: To compare minimum 2-year outcomes for patients undergoing accelerated staged arthroscopy against 1) those undergoing delayed staged arthroscopy, and 2) those undergoing unilateral arthroscopy. Methods: Our prospective institutional HA registry was retrospectively reviewed for patients undergoing bilateral primary HA for FAI between 2009-2022. Inclusion criteria were competitive athletes with concurrent bilateral symptomatic at initial presentation and minimum 2-year post-operative patient-reported outcomes (including mHHS, UCLA, SF36, WOMAC), rates of achieving minimal clinically important difference (MCID), return to sport (RTS) and satisfaction. Exclusion criteria were Tonnis ≥1 on either operated hip, dysplasia (LCEA <25°), Perthes, Protrusio, AVN. Two groups were extracted based on the duration between procedures: within 7 days (Accelerated group) and within 4-6 weeks (Delayed group). Bilateral patients from the Accelerated group were matched in a 1:2 ratio with comparable unilateral patients based on the duration between procedures: within 7 days (Accelerated group) and within 4-6 weeks (Delayed group). Bilateral patients from the Accelerated group were matched in a 1:2 ratio with comparable unilateral patients based on age (±2 years), gender and athletic status. Data was analysed using SPSS, p-value <0.05 considered significant. Results: 131 bilateral patients (262 hips) were included: 91 in Accelerated group, 40 in Delayed group. Mean time between surgeries was 0.99±0.02 weeks (Accelerated) and 6.3±0.2 weeks (Delayed). All 91 athletes from Accelerated group were successfully matched to 182 Unilateral athletes. All three groups demonstrated significant improvement from baseline across all PROs (p<0.001 for all). Acquired change in outcomes was similar and not statistically significantly different between groups (p>0.05).

Satisfaction with relief from pain was achieved by 85.9% Accelerated group, compared to 83.1% Delayed group (p=0.053) and 87.3% Unilateral group (0.933). MCID for mHHS was achieved by 85% Accelerated group, compared to 91.5% Delayed group (p=0.212) and 87.6% Unilateral group (p=0.456). At 2 years post-op 73.2% Accelerated group returned to their main sport compared to 78.8% Delayed group (p=0.631) and 72.9% Unilateral group (p=0.948).

Conclusion: Staged bilateral hip arthroscopy separated by 1 week apart is a safe and effective treatment option for bilateral symptomatic athletes. Improvement in PROs and RTS rates are comparable with a delayed duration between procedures and with those case-control matched athletes undergoing unilateral arthroscopy.

Category: Hip/Groin/Thigh

Outcomes of Hip Arthroscopy in Patients with Hip-Spine Syndrome: A Matched Control Study with Minimum 2-Year Follow-Up

Abstract #: 23088
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Summary:
Although it may take >2 years, patients with hip-spine syndrome can attain clinically meaningful improvement in hip pain following hip arthroscopy for FAI.

Data:
INTRODUCTION: The overlapping biomechanical relationship between the lumbar sacral spine and pelvis poses a unique challenge to patients with abnormalities that limit range of motion through the hip. We aim to assess the influence of concomitant lumbar sacral spine pathology on patient-reported outcome measures (PROMs) and rates of achieving clinical thresholds (e.g., minimal clinically important difference [MCID] and patient-acceptable symptom states [PASS]) following hip arthroscopy for the treatment of symptomatic labral tears in patients with femoroacetabular impingement (FAI).

METHODS: A retrospective review of a prospectively collected, single-surgeon database was performed to identify patients ≥18 years of age with minimum 2-year follow-up, who underwent primary hip arthroscopy for the treatment of labral tears secondary to FAI. No patients had previous ipsilateral hip or spine surgery. Patients were stratified into cohorts based on the presence (hip-spine [HS]) or absence (matched-control [MC]) of lumbar sacral spine disease, and cohorts were compared between groups. Outcomes included modified Hip Harris Score (mHHS), Hip Outcome Score-Activities of Daily Living (HOS-ADL), Hip Outcome Score-Sports Subscale (HOS-SS), International Hip Outcome Tool-33 (iHOT-33), Non-Arthritic Hip Score (NAHS), visual analogue scale (VAS) pain, rates of revision arthroscopy, and conversion to total hip arthroplasty (THA).

RESULTS: 70 patients with lumbar sacral disease were matched to 87 controls. Preoperative scores were significantly worse in the HS cohort for all but one outcome (P <0.05 for all, except HOS-ADL). Subsequent follow-ups at 3-, 6-, 12-, and 24-months displayed similar trends, with the HS cohort demonstrating significantly worse scores for nearly every PROM. However, HS and MC patients exhibited statistically similar magnitudes of improvement in all outcomes at every time point (P >.05). Thus, by 3- and 5-year follow-up, the HS cohort achieved statistically similar outcome scores across all PROMs (P >.05).

Achievement of MCID thresholds occurred at similar rates between cohorts across nearly all PROMs at 12-month, 24-month, and 5-year follow-up. PASS analysis revealed significantly lower frequencies among the HS cohort for nearly all PROMs at 12- and 24-month; however, available 5-year data trended toward similar rates (P >.05 for all). No significant differences in the rates of revision or conversion to total hip arthroplasty were identified between cohorts (P >.05 for both).

CONCLUSION: Following hip arthroscopy to address labral tears in the setting of FAI, patients with diagnosed lumbar sacral pathologies and no prior history of spine surgery experienced statistically similar clinical benefit and rates of functional improvement at 2-year follow-up relative to matched controls with isolated hip disease. Our results suggest that patients with concurrent lumbar sacral pathologies can experience improvement beyond 24-month follow-up, and medium- to long-term follow-up may be necessary to define clinically meaningful outcomes most accurately in the setting of arthroscopic hip preservation surgery.