Overall, our data provide evidence that coexisting hip and spine disorders are not a contraindication for arthroscopic hip preservation surgery.

**Category:** Hip/Groin/Thigh

**Primary Labral Reconstruction Versus Labral Repair In Patients With Femoroacetabular Impingement: An Inverse Propensity Score Weighted Analysis of Patient Reported Outcomes and Subsequent Surgery Risk**

Abstract ID# 23334
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**Summary:**
A causal inference analysis comparing the postoperative outcomes of femoroacetabular impingement patients treated with primary hip labral reconstruction versus labral repair.

**Data:**
Introduction: Since its creation, labral repair has become the preferred method for labral reconstruction and labral repair. Methods: Patients who underwent primary hip labral reconstruction and labral repair were retrospectively reviewed for dancers was recorded between May 2010 and June 2016. Patients were eligible if they indicated they participated in dance one year prior to surgery at the professional, college, high school, organized amateur, or recreational level and had preoperative and minimum 5-year follow-up scores for the modified Harris Hip Score (mHHS), Nonarthritic Hip Score (NAHS), Hip Outcome Score – Sports Specific Subscale (HOS-SSS), and Visual Analog Scale for pain.

**Category:** Hip/Groin/Thigh

**Plication For Intra-Operatively Confirmed Microinstability: How Well Does It Work?**

Abstract ID# 23575
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Summary:
In a consecutive sample of hip arthroscopy patients with intra-operatively confirmed microinstability, those treated with plication showed reduced symptoms and improved quality-of-life compared to no plication.

**Data:**
**BACKGROUND:** There is growing consensus that intra-operative confirmation of hip microinstability is the gold standard diagnosis. Surgical treatment entails plication to reduce compliance of hip capsular ligaments, but few studies have analyzed longer term outcomes. PURPOSE: To compare outcomes of arthroscopy patients with hip microinstability who received capsular plication with those who did not, using consecutive sampling of a large single-surgeon cohort.

**METHODS:** We reviewed our prospective database for primary hip arthroscopies undertaken between 2009 and 2020 with intra-operative indications of hip microinstability. Criteria included either ease of distraction of the hip, an isolated straight anterior labral tear, inside-out chondral lesion, or a lateral labral tear in the absence of cam or pincer morphology, with any one of these confirming diagnosis. Those who received plication were compared with those who did not. Patient-reported outcomes included International Hip Outcome Tool (iHOT12), Hip Disability and Osteoarthritis Scores (HOOS) and patient satisfaction with minimum 2-year follow-up. Surgical outcomes were 2-year rates of subsequent ipsilateral hip joint surgery, with incidence of conversion to arthroplasty obtained from a national register. RESULTS: A total of 271 hips (240 patients) aged 31.5±10.9 years (mean±SD), 253 (93%) female, were included in this analysis, of which 207 (76%) received plication. Though pre-operative to follow-up change in iHOT12 did not differ statistically between treatment groups (plication increased from 29±15 to 67±26 versus no-plication from 31±14 to 63±29), both HOOS-symptoms and -quality-of-life subscores improved more in those undergoing plication compared to non-plication (HOOS-symptoms from 53±18 to 75±19 versus 56±17 to 71±19, p=0.03; and HOOS-quality-of-life from 27±16 to 63±24 versus 31±16 to 56±27, p=0.02). Of those who had the plication procedure, 87% of patients indicated that they definitely (47%) or probably (40%) would have the surgery again, compared with 80% (53% definitely and 28% probably) of those with no plication, though group differences were not statistically significant. The overall 2-year rate of revision surgery (1.8%) and arthroplasty conversion (1.1%) was not different between groups. CONCLUSION: Data from this large sample confirm that hip microinstability can be successfully treated with plication, particularly in reducing unwanted symptoms and improving overall quality of life.

**Category:** Hip/Groin/Thigh

**Dancers Following Primary Hip Arthroscopy For Demonstrate Favorable Outcomes and High Rate Of Return To Dance At Minimum 5-Year Follow-Up**

Abstract ID# 21498
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Summary:
This study reported a minimum 5-year follow up of patient reported outcome measurement scores, clinical benefit, and return to dance in dancers who underwent primary hip arthroscopy.

**Data:**
Background: There is a paucity of literature surrounding the mid-term outcomes in dancers following primary hip arthroscopy. Purpose: To report a minimum 5-year follow-up patient-reported outcome measurement scores (PROMS), clinical benefit, and return to dance in dancers who underwent primary hip arthroscopy. Methods: All primary hip arthroscopy data was prospectively collected and retrospectively reviewed for dancers was recorded between May 2010 and June 2016. Patients were eligible if they indicated they participated in dance one year prior to surgery at the professional, college, high school, organized amateur, or recreational level and had preoperative and minimum 5-year follow-up scores for the modified Harris Hip Score (mHHS), Nonarthritic Hip Score (NAHS), Hip Outcome Score – Sports Specific Subscale (HOS-SSS), and Visual Analog Scale for pain.