Methods: Data were reviewed for surgeries performed between February 2009 and February 2016. Patients were eligible if they underwent primary hip arthroscopy in the setting of BHD [LCEA 18-25°] and competed in professional, collegiate, or high school sports. Inclusion criteria were preoperative and minimum 5-year follow-up scores for the modified Harris Hip Score (mHHS), Non-Arthritic Hip Score (NAHS), Hip Outcome Score-Sport Specific Subscale (HOSS-SS), and Visual Analog Scale (VAS) for pain. Rates of achieving the minimal clinically important difference (MCID), patient acceptable symptomatic state (PASS), and maximum outcome improvement satisfaction threshold (MOIST) were recorded in addition to RTS. BHD athletes were matched by age at the time of surgery, sex, BMI, Tonnis grade, follow-up time, sport type, and competition level to a control group of 58 athletes with normal acetabular coverage (LCEA 25°–40°). Results: A total of 34 BHD athletes were included with a mean follow-up of 73.6 ± 10.7 months. BHD athletes showed significant improvements in all outcome scores (PROs) and demonstrated high RTS rates (90.0%) and achieved PASS/MCID/MOIST for mHHS (MCID: 80.0%; PASS: 93.3%; MOIST: 80.0%) and HOSS-SS (MCID: 76.7%; PASS: 73.3%) at high rates. When compared to a propensigraphy-matched group with normal acetabular coverage, BHD athletes demonstrated similar postoperative PROs, rates of achieving psychometric thresholds, and RTS rates (P > 0.05). Conclusion: High-level athletes with BHD undergoing primary hip arthroscopy for labral pathology and femoroacetabular impingement syndrome may expect favorable midterm outcomes and high RTS rates. These results were comparable to a control group of athletes with normal coverage.

Category: Hip/Groin/Thigh

Return To Performance In Elite Athletes With Proximal Hamstring Tendon Avulsion Following Operative And Non-Operative Treatment

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Summary:
This pilot case series indicates that both operative and non-operative treatment for proximal hamstring tendon avulsions can result in return to play and return to performance in elite athletes following shared decision-making.

Data:
Introduction: Proximal hamstring tendon avulsions are rare but severe hamstring injuries, that have the potential to end an athlete’s career. Operative treatment is the most described choice of treatment for these injuries in current literature. Non-operative outcome is scarcely reported, even more so in elite athletes. Therefore, the objective of this case series was to describe the outcome of both operative and non-operative treatment in terms of return to play and return to performance in sports for elite athletes. Methods: We included elite athletes with MRI-confirmed proximal hamstring tendon avulsions of the conjoint tendon and/or the semimembranosus tendon. Operative or non-operative treatment was selected by shared decision-making. For operative treatment reattachment with suture anchors was performed followed by a phased criteria-based rehabilitation program. Non-operative treatment consisted of a phased criteria-based rehabilitation program. The primary outcome was time to return to performance (in days). Secondary outcomes were time to and rate of return to play, return to performance rate, and recurrence rate. Results: In total we have included nine proximal hamstring tendon avulsions in eight elite athletes with a median age of 27 years (IQR: 23 – 29 years). Five athletes were treated operatively and three athletes were treated non-operatively. One non-operatively treated athlete sustained a proximal hamstring tendon avulsion in different legs on different occasions. Operative patients included three full-thickness avulsions of both conjoint and semimembranosus tendon and two full-thickness avulsions of the conjoint tendon. In the non-operatively treated cases there were two full-thickness avulsions of both conjoint and semimembranosus tendon and two full-thickness avulsions of the conjoint tendon. The median retraction of the affected tendons in the operative group was 51 mm (IQR: 24 – 78 mm) and the median retraction in of the affected tendons in the non-operative group was 39mm (IQR: 25 – 46 mm). The median return to performance in days of the operative group was 395 days (IQR: 240 – 472 days) and in the non-operative group 120 days (IQR: 74 – 235 days). The median return to play time in days of the operative group was 304 days (IQR: 159 – 351 days) and in the non-operative group 63 days (IQR: 50 – 95 days). Both groups had a return to play and return to...
performance rate of 100% without recurrences. Conclusion: This pilot case series indicates that both operative and non-operative treatment for proximal hamstring tendon avulsions can result in return to play and return to performance in elite athletes following shared decision-making. Non-operative treatment might result in return to play and return to performance quicker, but larger samples sizes are required, as well as long-term outcomes to determine whether operative treatment is an investment in superior long-term outcome.

Category: Hip/Groin/Thigh

**Improved and Sustained Clinical Outcomes are Observed in the Majority of Patients with Symptomatic Non-arthritic Hip Pain Undergoing a Formal Non-operative Management Program Combining a Hip Injection and Structured Exercise Rehabilitation Program**

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Summary:
Although 30% of patients progressed toward arthroscopic hip surgery, a significant improvement in hip pain, symptoms and physical function is observed, combined with a high rate of overall satisfaction, in the majority of patients with non-arthritic hip pain undergoing a targeted non-operative management pathway consisting of an intra-articular injection and a structured exercise program.

Data:
Introduction: The initial treatment recommendations for non-arthritic hip pain often include non-surgical therapies such as injections and rehabilitation, though evidence is lacking and many patients undergo isolated injections or a rudi-
mentary exercise regime. This study sought to investigate the benefit of a com-
bined intra-articular hip injection and concomitant structured exercise rehabilitation program in patients with non-arthritic hip pain =6 months.

Methods: This study prospectively recruited 54 patients with a mean age of 33.2 years (range 16-56) and symptoms =6 months in duration (range 6-250 months) associated with femoroacetabular impingement syndrome (FAIS), borderline dysplasia and/or labral pathology. Pathology was con-

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