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 sample 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

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Summary:
The purpose is to report minimum 5-year follow-up survivorship, patient-reported outcome scores (PROs), clinical benefit, and risk factors for conversion to total hip arthroplasty (THA) in the obese patient population following revision hip arthroscopy.

Data:
Background: There is a paucity of literature reporting outcomes following revision hip arthroscopy in the obese patients. Purpose: To report minimum 5-year follow-up survivorship, patient-reported outcome scores (PROs), clinical benefit, and risk factors for conversion to total hip arthroplasty (THA) in the obese patient population following revision hip arthroscopy. Study Design: Case-series; Level of evidence, 4. Methods: Data were prospectively collected and retrospectively reviewed for patients who underwent revision hip arthroscopy between April 2010 and August 2016. Inclusion criteria were having a body mass index = 30, baseline and minimum 5-year scores for the modified Harris Hip Score (mHHS), Non-Arthritic Hip Score (NAHS), Hip Outcome Score-Sports Specific Subscale (HOS-SSS), and Visual Analog Scale (VAS) for pain. Exclusion criteria were a Tönnis grade > 1, hip dysplasia, or were unwilling to participate. Survivorship was defined as non-conversion to THA. Clinical benefit was measured with the minimal clinically important difference (MCID). Survivors and non-survivors underwent further bivariate and regression analysis to determine predictors of conversion to THA. Results: Twenty-four hips (80%) had minimum 5-year follow-up. The average follow-up was 83.9 ± 26.5 months and the average age was 39.3 ± 12.7 years. Survivorship was 75% and patients demonstrated significant improvement in all PROs (P < 0.01). Patients achieved rates of MCID for the mHHS, NAHS, HOS-SSS, and VAS at 70.6%, 94.1%, 86.7%, and 64.7%, respectively. Age, ligamentum teres percentile, and acetabuloplasty were significant in the bivariate analysis for THA conversion. Age was identified as a significant variable for THA conversion in the regression analysis (P = 0.018, Odds Ratio: 1.297, 95% Confidence Interval [1.045 – 1.690]). Conclusion: In this single surgeon case series study, obese patients who underwent revision hip arthroscopy reported a survivorship of 75% with significant improvement in all PROs and achieved MCID rates for the mHHS, NAHS, HOS-SSS, and VAS at 70.6%, 94.1%, 86.7%, and 64.7%, respectively, at a minimum 5-year follow-up. Age was identified as a significant predictor in the regression and every additional year before surgery was identified as a 29.7% greater risk of conversion to THA.

Category: Hip/Groin/Thigh

Primary Acetabular Labral Reconstruction In Adolescents, In the Rare Scenario of Irreparable Labral Tears, Resulted In Comparable Improvement, Clinical Benefit, and Revision Surgeries Rate to a Primary Labral Repair Benchmark Group

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Summary:
This study reports a benchmark minimum 2-year follow-up patient-reported outcome scores (PROs) and clinical benefit on adolescents following primary labral reconstruction to a propensity-matched (PM) control labral repair group in the primary scenario.

Data:
Purpose: To benchmark minimum 2-year follow-up patient-reported outcome scores (PROs) and clinical benefit on adolescents following primary labral reconstruction to a propensity-matched (PM) control labral repair group in the primary scenario. Methods: Data were prospectively collected and retrospectively reviewed on adolescent patients who underwent primary hip arthroscopy between November 2008 and June 2019. Patients were included if they underwent labral reconstruction and had baseline and minimum 2-year follow-up PROs. Patients were excluded if they were unwilling to participate, had Tönnis