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 rudimentary exercise regime. This study sought to investigate the benefit of a combined 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 confirmed in all patients via magnetic resonance imaging (MRI) and x-ray. Patients underwent a guided intra-articular injection of corticosteroid and local anaesthetic, followed by a structured and progressive 12-week rehabilitation program. Patients were assessed pre- and post-injection (8 weeks, 4, 6, 12 and 24 months) with a range of patient-reported outcome measures (PROMs), range of motion (ROM), peak isometric hip strength and hop tests. Absolute scores and Limb Symmetry Indices (LSIs) were calculated. The percentage of patients transitioning toward surgery over the 24-month period was evaluated. Results: Overall, 50 patients underwent the injection and completed the initial 8-week rehabilitation component, of which 15 (30%) progressed toward surgical intervention over the 24-month post-injection period due to dissatisfaction and/or symptom recurrence. Patients that progressed toward surgery, compared to those that did not, reported significantly worse (p<0.05) PROMs pre-surgery and more pain within the first 4 weeks post-injection. A significant improvement (p<0.05) in all PROMs was observed and, of the 34 patients that had not progressed toward surgery and were available for final 24-month clinical review, 94% were satisfied. A significant increase (p<0.05) in all hip ROM and most isometric strength measures were observed to 8 weeks, maintained over 24 months. Bilateral improvements in hop capacity were observed, with all hop test LSIs significantly improving (p<0.05). Conclusions: A significant improvement in hip pain, symptoms and physical function was observed in the majority of patients with non-arthritic hip pain as a result of a targeted non-operative management pathway that consisted of an intra-articular injection and a structured exercise program. Overall, 30% of patients progressed toward surgery.

Category: Hip/Groin/Thigh

Minimum 5-Year Follow-Up Survivorship and Outcomes, In and Risk Factors for Total Hip Arthroplasty Conversion in the Obese Patient Population Following Revision Hip Arthroscopy

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Summary: The purpose is to report minimum 5-year follow-up survivorship, patient-reported outcome scores (PROMs), 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 (PROMs), clinical benefit, and risk factors for conversion to total hip arthroplasty (THA) in the obese patient population following revision hip arthroscopy. Study Design: Case-serials; 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 PROMs (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 – 1.609]). 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 (PROMs) 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 (PROMs) 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 PROMs. Patients were excluded if they were unwilling to participate, had Tönnis...