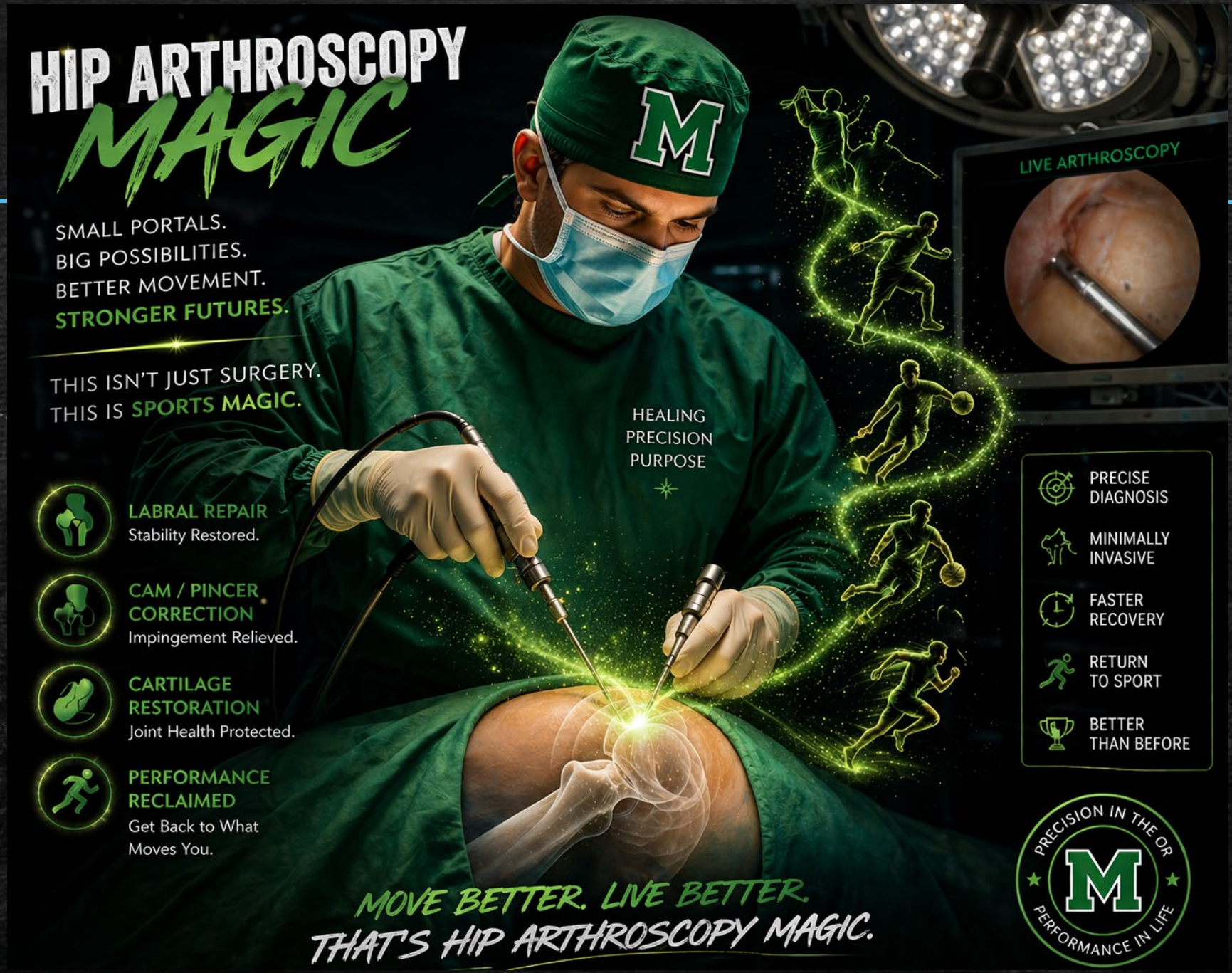
HIP ARTHROSCOPY
MAGIC
SMALL PORTALS.
BIG POSSIBILITIES.
BETTER MOVEMENT.
STRONGER FUTURES.
THIS ISN'T JUST SURGERY.
THIS IS SPORTS MAGIC.
HEALING
PRECISION
PURPOSE
LIVE ARTHROSCOPY
LABRAL REPAIR
Stability Restored.
CAM / PINCER CORRECTION
Impingement Relieved.
CARTILAGE RESTORATION
Joint Health Protected.
PERFORMANCE RECLAIMED
Get Back to What Moves You.
PRECISE DIAGNOSIS
MINIMALLY INVASIVE
FASTER RECOVERY
RETURN TO SPORT
BETTER THAN BEFORE
MOVE BETTER. LIVE BETTER.
THAT'S HIP ARTHROSCOPY MAGIC.
PRECISION IN THE OR
PERFORMANCE IN LIFE

Update on Hip Preservation

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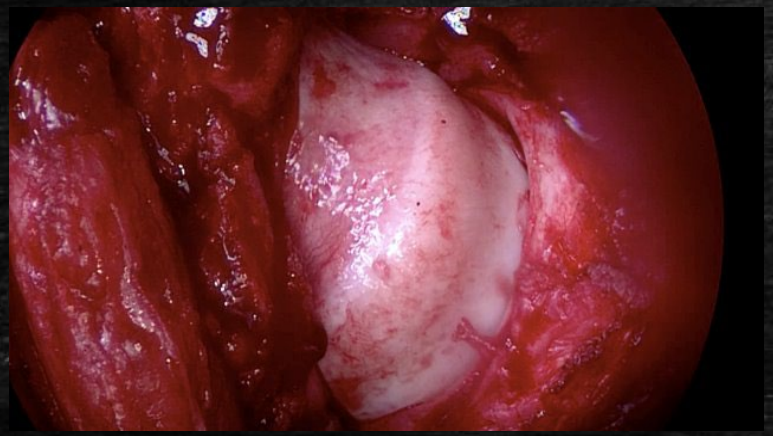
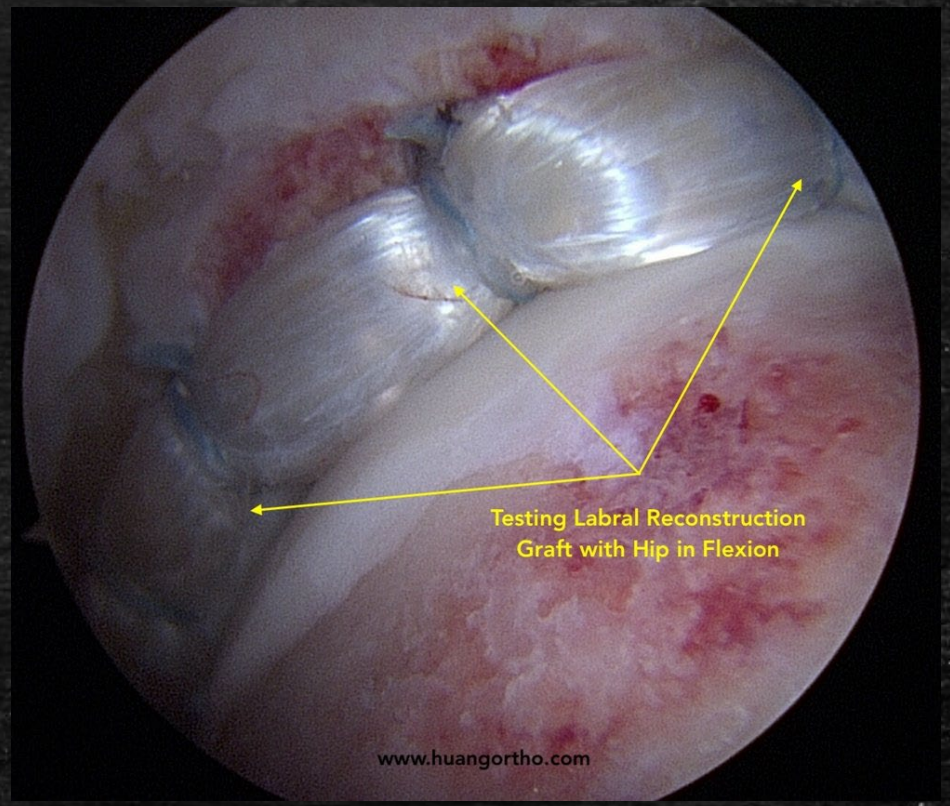
Outline

- Basics of Hip Impingement/Arthroscopy
- What's new?
- What can I do when I don't offer hip arthroscopy?
- How do I get these patients out of my office

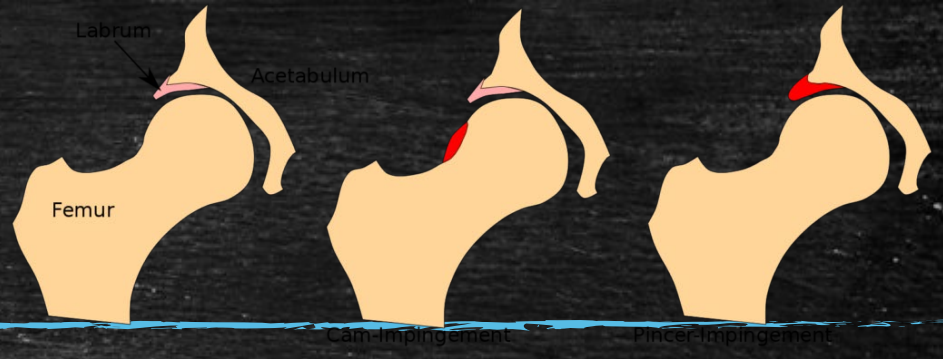


Trends

- Started 70s-80s
  - Loose body/diagnostics
- 90s-2000s
  - Expansion
    - Traction tables, instruments
    - Improved imaging
    - Labral pathology
- 2000s
  - Ganz described FAI as precursor to OA
- 2010s-present
  - Labral repair, reconstruction
  - Capsule management
  - Development of the hip preservation practice



Hip Impingement



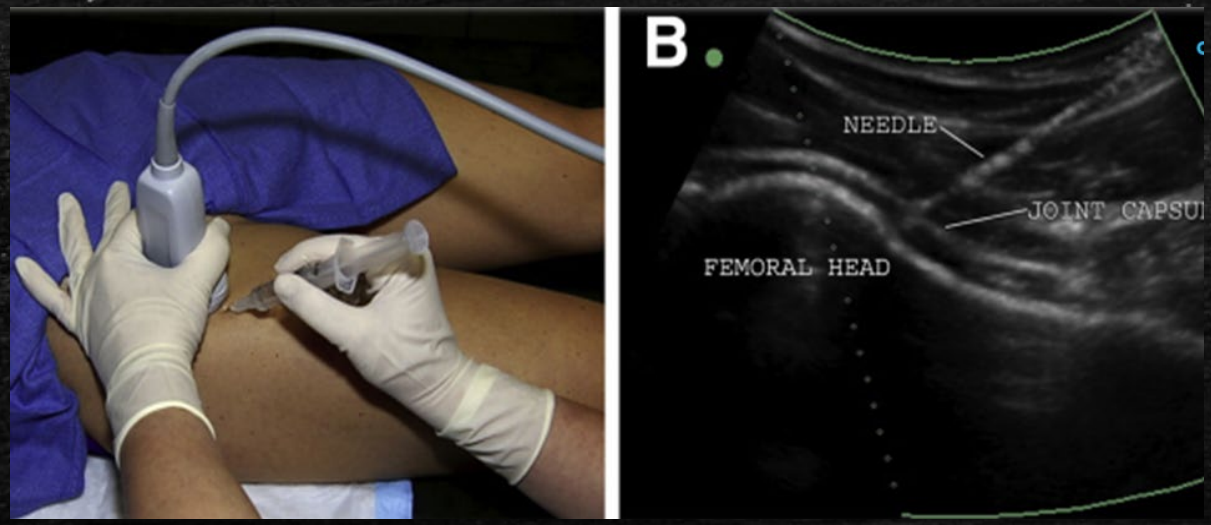
	Pincer	Cam
Age	30-40	20-30
Gender	Female	Male
Pathomechanics	Linear Impact	Shear
Deformity	Over-coverage	Aspherical Femoral Head
Pathoanatomy	1. Labral tear fissuring/degeneration 2. Chondral degeneration 3. Femoral neck herniation cysts 4. Posteroinferior chondral degeneration	1. Chondral avulsion at chondrolabral junction 2. Femoral head herniation cysts 3. Femoral head chondral injury
Characteristic	Ossified Labrum Contrecoup Lesion	Pistol Grip Deformity
Location of Failure	Labrum	Cartilage/Chondrolabral junction

Presentation

- Groin pain
- Positive "C" Sign
- Positive FADIR/FABER/Log Roll/Stinchfield
- Rule out other pathology

Work Up

- X-rays (AP Pelvis, Bilateral Dunn Lateral, False Profile)
- MRI (3T vs Arthrogram)
- CT (significant deformity)
- Injection (diagnostic/therapeutic)

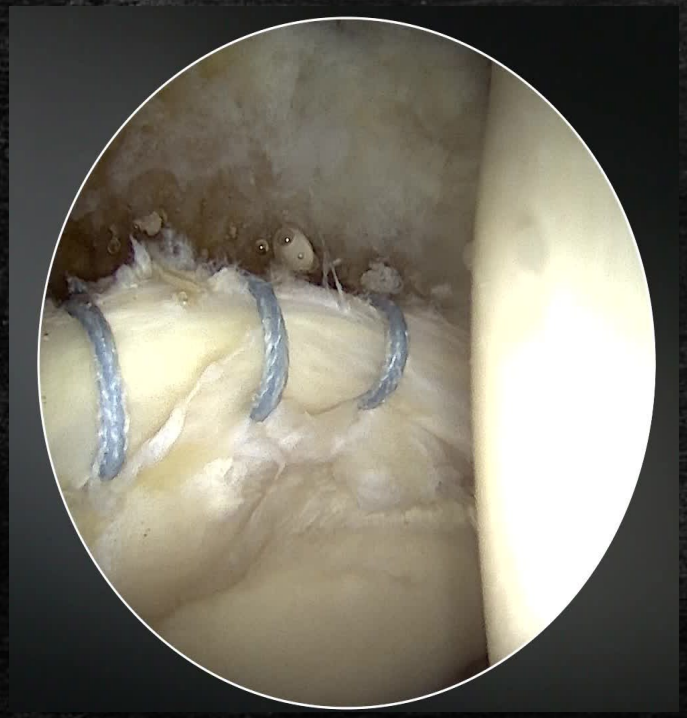


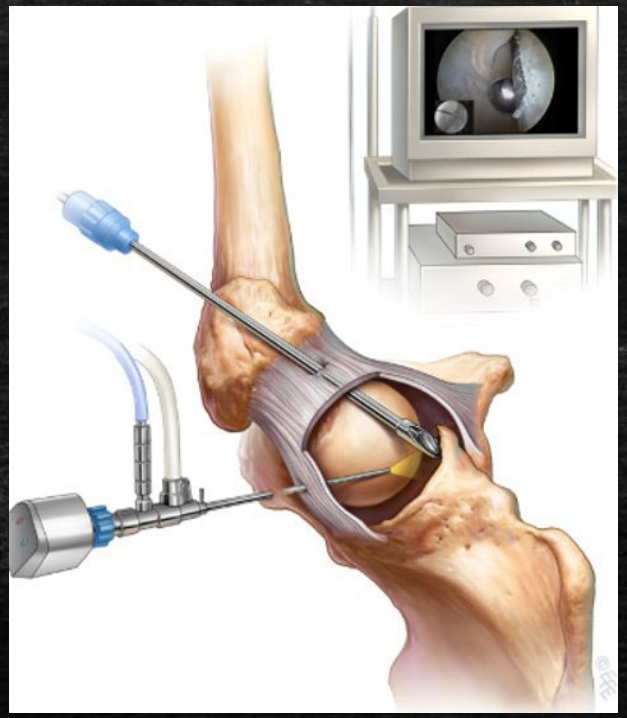
Treatment

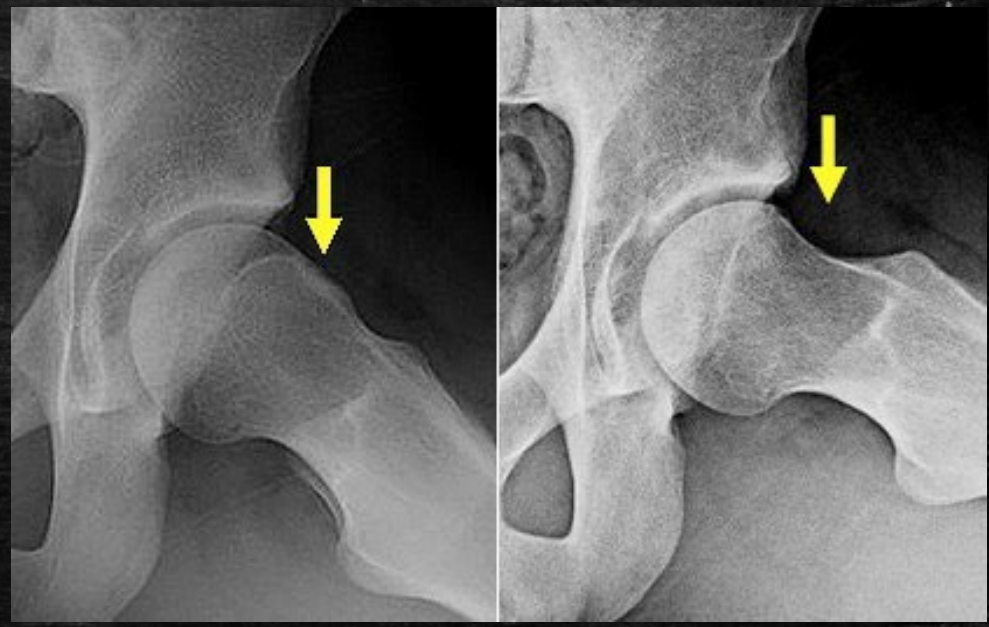
- Physical therapy (must fail 6-12 weeks of PT)
  - Some insurers allow physician directed HEP or are vague with conservative care
  - I require formal PT
- Diagnostic injection – especially if unclear pathology
- Activity modifications – avoiding deep squats, etc
- NSAIDs
- Surgery

Surgery

- Hip Arthroscopy now the mainstay for surgical treatment of FAI
- Many recent advances with instrumentation, imaging, anchors, etc





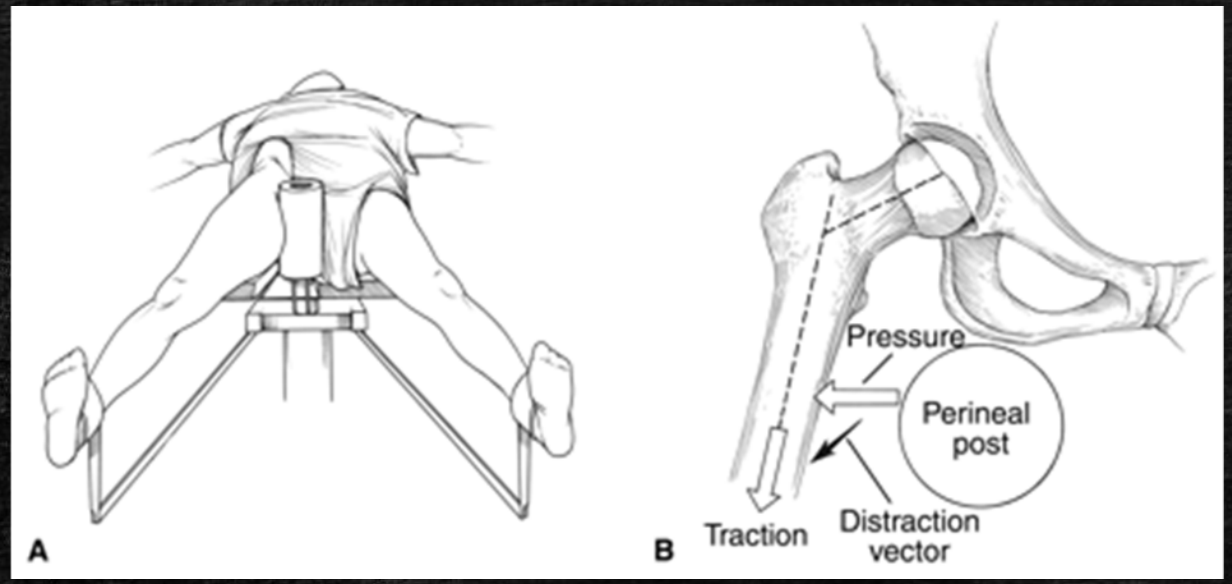


Updates

- Labral management
  - Initially – only did labral debridement
  - Labral repair – knots vs knotless – now essentially everything is knotless
  - Labral reconstruction – reserved for irreparable tears
    - ITB, Post Tib, Semi-T
  - Labral repair still gold standard, but recent studies have shown comparable outcomes with labral reconstruction techniques.
    - A. Elnewishy *et al.*, “Labral repair versus labral reconstruction in arthroscopic treatment of femoroacetabular impingement: A systematic review and meta-analysis,” *Cureus*, Jan. 2026, doi: 10.7759/cureus.101348.

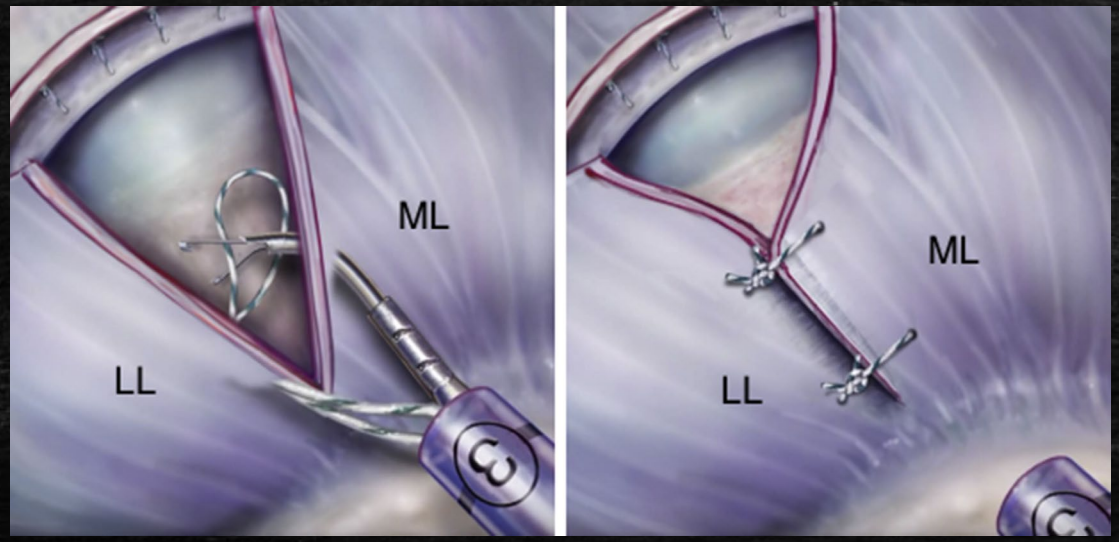
Updates

- Post vs Postless
  - Postless arthroscopy decreases incidence of perineal numbness/pudendal nerve damage



Updates

- Capsule management
  - Critical for good long-term outcomes
  - Substantial evidence now out supporting repair
    - Improved PROMs
    - Restoration of distraction resistance demonstrated by biomechanical studies
    - Capsule plication gives excellent outcomes with hip microinstability patients



Update - Outcomes

- Long term data now demonstrates sustained clinically meaningful improvements across all PROMs measured, excellent RTP
- Younger age, sport participation, absence of high grade chondral defects, and absence of psychiatric diagnosis predicts significant improvements
- Psych diagnosis emerged as a significant negative prognostic factor (depression/anxiety)

Who needs this?

- The ideal patient is:
  - <35 years old
  - Athlete
  - BMI <30
  - No high grade chondral lesions

- The reality is:
  - Most of my hip patients are 30-50
  - BMI around 35
  - Some degenerative changes
  - Some back pain, troch pain, SI pain, occasional paresthesias, etc

What can you do?

- Start PT – yields excellent outcomes for many patients
- Explain what is going on and what this could mean down the road
  - Significant impingement on imaging leads to arthritic changes later on
- Refer early or if unsure
  - Helps to go ahead and get the work up done to rule out other causes of pain
    - SI joint injections, lumbar MRI, etc

Imaging preferred

- I'm always happy to just see them and get my own imaging
- If you don't have a 3T scanner with a good MSK radiologist, get an arthrogram MRI. A non-arthrogram 1.5T MRI is fairly worthless
  - MRI the hip, not the pelvis
  - If bilateral pain, MRI both hips, not the pelvis
- If you aren't sure, refer early and let me get the imaging I need or call

Summary

- Hip arthroscopy continues to evolve with increasingly complex procedures and excellent outcomes
- Patient selection is critical for good outcomes
- Advanced imaging with Arthrogram MRI of the hip is important for establishing diagnosis
  - 3T MRI is also good
- Refer early if FAI suspected

Questions?

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