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Return to Long Distance Running After Hip Arthroscopy for Femoroacetabular Impingement

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Investigation performed at Hospital for Special Surgery, New York, New York, USA

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Disclosures:

Authors declare no financial interest/arrangement or affiliation with one or more organizations that could be perceived as conflict of interest in the context of the subject of this presentation.

Purpose

- Determine return to long-distance running rates and changes in running performance in long distance runners undergoing hip arthroscopic surgery for the treatment of FAI.
- Identify identify possible risk factors associated with not returning to long distance running.

Methods

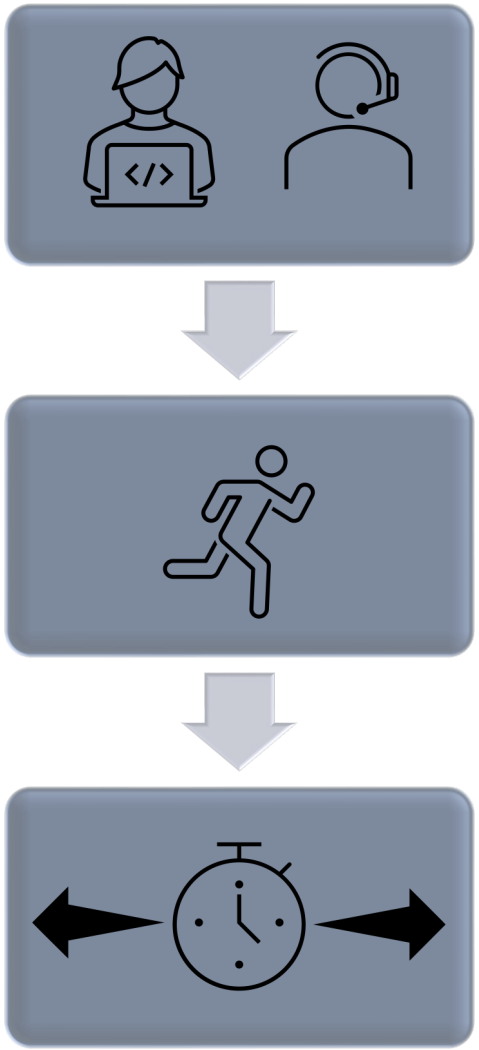
- An institutional hip preservation registry was retrospectively reviewed for patients identified as long distance runners (half marathons and marathons) who underwent primary hip arthroscopies for FAI (March 2010 → January 2017).

- Patient demographics and injury characteristics as well as clinical and radiographic findings were recorded.

- All patients were contacted for return to running information using a running specific return to sport questionnaire.

- Multivariable logistic regression analysis was used to identify potential risk factors for not returning to long-distance running.

Return To Running Questionnaire



The questionnaire was administered via telephone or email.

Runners who denied completing at least 1 long-distance running race (full marathon and half marathon) prior to hip symptoms **were excluded.**

The questionnaire included questions on various aspects of running and running performance prior to hip symptoms, after presentation of symptoms, and after surgery, as well as specific return to running metrics.

Results

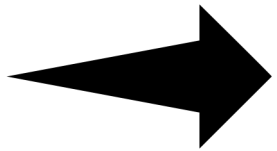
- 68 long distance runners (78 hips) were included.
- Mean patient age: 37.8±8.9 years
- Mean body mass index (BMI): 23.8±3.3 kg/m^2.
- 38 runners (56%) were female runners.
- Mean weekly running milage prior to injury: 34.5±16.9 miles.
- Mean duration of hip symptoms prior to seeking medical evaluation: 77.3±16.9 weeks.
- 59 runners (87%) had to stop or modify their running for a mean duration of 44.3±45 weeks prior to surgery due to hip symptoms.

Return to Running

- 50 runners (74%) returned to any running, of which 25 runners (50%) returned to long distance running completing half/full marathons races after surgery.
- Most common reasons for not returning to running were pain or discomfort (50%) followed by fear of re-injury (22%) and additional different injuries (22%).
- Among runners who did not return to any running, 12 (67%) reported satisfaction from surgery.

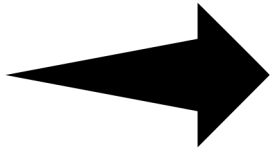
Multivariable logistic regression analysis

Female **vs.** **Male**



[OR] = 0.2
[CI] = 0.0 to 0.9
P value = 0.034

Higher **vs.** **Lower**
Alpha angles



[OR] = 0.9
[CI] = 0.9 to 1.0
P value = 0.045

SATISFACTION FROM SURGERY

Among 50 runners who returned to any running after surgery and 18 runners who did not

	50 RUNNERS RETURNING TO ANY RUNNING	18 RUNNERS NOT RETURNING TO RUNNING
VERY SATISFIED	34 (68%)	5 (28%)
SOMEWHAT SATISFIED	12 (24%)	7 (39%)
NEITHER	3 (6%)	1 (6%)
SOMEWHAT DISSATISFIED	1 (2%)	1 (6%)
VERY DISSATISFIED	0 (0%)	4 (20%)

OVERALL SATISFACTION AMONG ALL INCLUDED 68 RUNNERS: 85%

Limitations

- The return to running questionnaire used was specifically designed for this study, however it is not a validated questionnaire.
- This study does not report on additional outcomes besides return to soccer.
- This was a retrospective, registry-based study which carries its inherent risk of errors and biases.

Conclusions

- Hip arthroscopic treatment for FAI in symptomatic long-distance runners, a distinctive subgroup of runners, allowed most of them (74%) to return to running, however only 40% returned to long distance running races.

- Female runners and runners with radiologic findings of higher alpha angles were less likely to return to long-distance running.

- These data can better guide clinicians and long-distance runners with realistic expectations related to the arthroscopic management of symptomatic FAI.

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Thank You!

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