

## Consistency Of Reported Outcomes Following Arthroscopic Management Of Femoroacetabular Impingement: A Systematic Review

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### Summary:

There is great variation in reported clinical and radiographic outcomes following arthroscopic treatment of femoroacetabular impingement (FAI). This study highlights the need for consistent outcome reporting following arthroscopic FAI surgery.

### Abstract:

**Introduction:** Femoroacetabular impingement (FAI) is increasingly being recognized as a cause of hip pain in the young adult. Outcomes following arthroscopic FAI surgery are reported to be favorable, but the consistency in outcome reporting has not been systematically documented. This systematic review evaluates consistency of clinical and radiographic outcome reporting following arthroscopic management of FAI.

**Methods:** Two databases (MEDLINE and EMBASE) were screened for clinical studies involving the arthroscopic management of FAI. A full-text review of eligible studies was conducted, and the references were searched. Inclusion and exclusion criteria were applied to the searched studies and a quality assessment was completed for included studies. All reported outcomes were organized into a database and descriptive statistics were performed.

**Results:** Twenty-nine eligible studies were identified involving 2,816 patients. A lack of consensus was identified with regards to reported outcomes (clinical and radiographic) following arthroscopic treatment of FAI. Commonly reported clinical outcomes were the Harris Hip Score (45%), Non Arthritic Hip Scale (28%), Range Of Motion (34%), Pain Scores (24%) and patient satisfaction (28%). Common radiological outcomes included Alpha angle (38%), head neck offset (14%) and degenerative changes (21%).

**Conclusions:** We found that there is great variation in reported clinical and radiographic outcomes following arthroscopic treatment of FAI. This study highlights the need for consistent outcome reporting following arthroscopic FAI surgery. Future research should explore what combination of clinical and radiographic outcomes should be used to determine successful management of FAI.