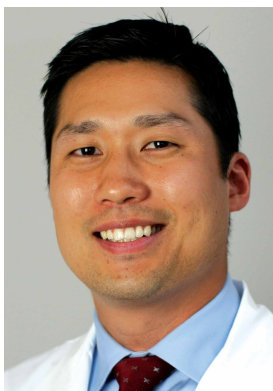


Hip Arthroscopy

Shane J. Nho, MD, MS

Editor's Note: *AJO* is fortunate to have Shane Nho, one of the nation's leading hip arthroscopists, as our Deputy Editor-in-Chief. He has compiled an outstanding update for all orthopedic surgeons who see hip patients. It's my pleasure to turn this issue over to him. On a side note, we've added a new feature for our speed readers. From now on, all articles published in *AJO* will feature a "Take-Home Points" text box. These points represent the most important items that the authors wish to convey from their article. Please enjoy this month's issue and keep the feedback coming. We are striving to continuously improve *AJO* and make it your go-to journal for practical information that you can apply directly to your practice.

—Bryan T. Hanypsiak, MD



Hip arthroscopy has been evolving over the past 2 decades as our techniques have been refined and our clinical outcomes have been reported. We have reached a point in our field to look back at the progress that has been made while also providing our readers with the most up-to-date information on diagnosis, imaging studies, and decision making for appropriate treatment.

Trofa and colleagues provide an excellent overview on intra- and extra-articular pathology of the hip and pelvis in their article, "Mastering the Physical Examination of the Athlete's Hip" (see page 10). The authors review common injuries in the athlete and provide physical examination tests to differentiate between adductor strain, athletic pubalgia, osteitis pubis, and femoroacetabular impingement (FAI). Also in this issue, Lewis and colleagues provide a comprehensive review of imaging studies in the "Imaging for Nonarthritic Hip Pathology" (see page 17). The authors review the most common radiographic measurements to detect FAI as well as describe the role of computed tomography and magnetic resonance imaging.

The mastery of hip arthroscopy for the treatment of FAI has a steep learning curve and the techniques have evolved along with our understanding of the importance of the

labrum and capsule. We are fortunate to have an article provided by one of the pioneers in the field, Dr. Marc J. Philippon, describing his role in advancing the field in the article "Treatment of FAI: Labrum, Cartilage, Osseous Deformity, and Capsule" (see page 23). Kollmorgen and Mather provide the most up-to-date techniques for labrum repair and reconstruction (see page 42). Friel and colleagues report on capsular repair and plication using the T-capsulotomy and the extensile interportal capsulotomy (see page 49).

We also have the opportunity to read about a number of clinical studies describing the experiences of multi-center studies and epidemiologic studies on large volumes of data. The ANCHOR group provides a summary of the experiences of some of the most renowned hip surgeons in North America as the treatment of FAI evolved from an open approach to an all-arthroscopic approach (see page 28). The MASH group is a large multi-center group of hip arthroscopists in the United States who describe their current indications for surgical treatment of FAI (see page 35).

On AmJOrthopedics.com, Matsuda and colleagues describe the outcomes of borderline dysplasia patients compared to normal controls across multiple centers. Anthony and colleagues report on the complication rates using the National Surgical Quality Improvement Program database.

I believe that our Hip Arthroscopy issue will not disappoint you. It is a comprehensive review of the state-of-the-art in hip arthroscopy from physical examination to current surgical techniques to clinical outcomes from large databases for the treatment of FAI. After reviewing this issue, you will be equipped with the most up-to-date information on the treatment of nonarthritic hip disease.

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