specific cartilage sequences and high concordance in the grading of osteochondral lesions. MRI presents poor precision to evaluate the surface of osteochondral lesions.

Arthroscopic Management of Femoro-Acetabular Impingement: Early Outcomes Measures (SS-16). *Christopher M. Larson, MD, Giveans Marc, MD*

Summary: There is little in the literature regarding outcomes measures after arthroscopic management of femoro-acetabular impingement. This study presents the early results (up to 2 years) of arthroscopic management of femoro-acetabular impingement. Treatment included proximal femoral osteoplasty and or acetabular rim trimming in conjunction with labral debridement or repair. Outcomes measures used included the "impingement" sign, modified Harris Hip scoring, SF-12 scoring, and visual analog pain scoring.

Purpose: Femoro-acetabular Impingement (FAI) is an increasingly recognized disorder resulting in hip pain and development of osteoarthritis in young and middle aged individuals. Treatment of this disorder has traditionally been managed with open dislocation and decompression of the femoral head neck junction and or acetabulum. More recently arthroscopic management has been described, but little with respect to valid outcomes measures is reported.

Methods: Between 2004 and 2006, 45 patients (46 hips) with radiographically documented FAI were treated with hip arthroscopy, management of intra-articular pathology, labral debridement vs repair, proximal femoral osteoplasty and or acetabular rim trimming. Ninety-five percent of patients had temporary pain relief after preoperative intra-articular anesthetic injection. Outcomes were measured with evaluation of the "Impingement" sign, Modified Harris Hip (HSS), SF-12, and visual analog pain scoring (VAS) preoperatively, and at 6 weeks, 3 months, 6 months, and yearly thereafter.

Results: There were 37 males and 8 females with up to 2 year follow-up. The mean age was 38 years. 100% had associated labral tears, 96% had chondral pathology, 17% had ligamentum teres lesions, 13% had loose bodies. Cam impingement was identified in 33 patients, pincer impingement in 29 patients, and both types were noted in 17 patients. Full thickness chondral defects requiring microfracture were identified on the acetabulum in 28% and femoral head in 2%. Modified HSS ($p<0.001$), SF-12 ($p=0.015$), and VAS ($p<0.001$) scores were significantly improved at most recent follow up. The "impingement" sign was positive in all patients preoperatively. Resolution or improvement of the "impingement" sign was noted in 85% of patients ($p<0.001$). Complications included heterotopic bone formation (1), lateral femoral cutaneous nerve neuropraxia (1), and partial sciatic nerve neuropraxia (1) which resolved. No patient went on to repeat arthroscopy or total hip arthroplasty at early follow-up.

Conclusions: Arthroscopic management of patients with FAI results in significant improvement in outcomes measures and the "impingement" sign at early term follow-up. Alteration in the natural progression to osteoarthritis and sustained pain relief as a result of arthroscopic management of FAI remains to be seen.

Early Results of Labral Repair (SS-17). *Sophia L. Hines, BS, Marc J. Philippon, MD, David Kuppersmith, MD, R. Brian Maxwell, MD*

Summary: The purpose of this study is to report early results of function and patient satisfaction in labral repair patients. Patients experienced improvement in function at least 6 months postoperatively. Early results demonstrate that arthroscopic labral repair for the treatment of labral tears lead to improved level of function and high patient satisfaction. This reveals the potential of labral repair in pain management and joint preservation. This may be important when developing a standard of surgical labral tear treatment.

Introduction: Previous arthroscopic intervention has included labral debridement, excision and repair. Studies suggest that debridement and excision, while alleviating immediate pain, compromise labral structure and function, leading to narrowed joint space and early arthrosis. It is believed that arthroscopic labral repair restores proper labral structure therefore preserving its physiological function. Little has been reported on labral repair postoperatively. The purpose of this study is to report early results of function and patient satisfaction in labral repair patients.

Methods: 52 patients underwent arthroscopic labral repair (26 male, 26 female). Patients completed subjective questionnaires preoperatively and at least 6 months post-operatively. Data was collected from the Hip Outcome Score (HOS), the Non-Arthritic Hip Score (NAH), and the Modified Harris Hip Score (MHH). Patient Satisfaction was also collected (1=unsatisfied, 10=very satisfied).

Results: The average postoperative follow-up was 9 months (range 6 to 15). Average age at follow-up was 34 (range 13 to 50). Postoperatively, the HOS (ADL and SPORT), NAH, and MHH all experienced significant improvement ($p<0.05$). HOS (SPORT) had the greatest improvement of 31 points increasing to 74. HOS (ADL)