

uals with a labral tear. Diagnostic accuracy of the clinical test was assessed by calculating sensitivity, specificity, and likelihood ratios.

**Results:** As hypothesized clinical tests had better than moderate agreement with kappa values as follows: Flexion-internal rotation impingement test  $\kappa = .69$ , log roll test  $\kappa = .53$ , greater trochanteric tenderness  $\kappa = .72$  and FABER test  $\kappa = .45$ . Diagnostic accuracy of clinical tests in diagnosing individuals with a labral tear was as follows: Flexion-internal rotation impingement test sensitivity = .75, specificity = .07 and a positive likelihood ratio = .81; FABER sensitivity = .65, specificity = .19 and positive likelihood ratio = .80; Flexion with external rotation sensitivity = .29, specificity = .67 and positive likelihood ratio = .89.

**Conclusions:** The flexion-internal rotation impingement test, log roll test and assessment for greater trochanteric tenderness seem to be reliable clinical tests. The reliability of the FABER test seems to be less than the other clinical examination tests. While the flexion-internal rotation and FABER had very high sensitivity, the specificity was low. Contrary to this the flexion-external rotation test had low sensitivity but high specificity. Further studies are needed to examine the diagnostic accuracy of these tests when exam findings are clustered together. In conclusion, the results of this study will allow the clinical examination for an individual with a potential labral tear to be more meaningfully interpreted.

**Outcomes Following Hip Arthroscopy With Microfracture (SS-21).** *Marc J. Philippon, MD, Karen Briggs, MPH, David Koppersmith, MD, Sophia Hines, BS, R. Brian Maxwell, MD*

**Summary:** The purpose of this study was to document 1 year outcomes in patients who underwent hip arthroscopy with microfracture. Microfracture technique to treat full thickness chondral defects in the hip can increase level of function, result in high patient satisfaction, and reduce symptoms as shown by the Harris Hip Score, non-arthritic hip score, and the hip outcome sports scale. Younger patients had better outcomes according to the non-arthritic hip score and showed a significant change in level of function.

**Purpose:** Indications for microfracture in the hip include full-thickness loss of articular cartilage in the weight-bearing region between the femur and acetabulum. The purpose of this study was to document 1 year outcomes in patients who underwent hip arthroscopy with microfracture.

**Methods:** Between 3/2005 and 6/2005, 19 hips underwent hip arthroscopy with microfracture. Average age at time of surgery was 47 years (range: 20-73).

Surgical data and patient completed questionnaires were collected. The hip outcome score (HOS) sports scale, Harris Hip Score, and non-arthritic hip score were used to compare symptoms and level of function. Patient satisfaction was obtained (1 = unsatisfied ; 10 = satisfied).

**Results:** Average pre-operative non-arthritic hip score was 64 (range: 14-81) and 77 post-operative (range: 53-95;  $p=0.010$ ). The average pre-operative Harris Hip Score for all patients was 58 (range: 18-77) and post operatively 74 (range: 31-96;  $p=0.03$ ). The average pre-operative HOS sports score was 44 (range: 3-61) and 62 post-operative (range: 0-91;  $p=0.039$ ). Eleven patients had microfracture solely on the acetabulum, 6 only the femoral head, and 2 patients had microfracture on both acetabulum and femoral head. Patients with microfracture on the femoral head showed better improvement in the Harris Hip Score (22 points) when compared to patients who underwent acetabular microfracture (11 points). Patient satisfaction was 8.6 out of 10 (range: 2-10). In patients less than 40 years old, the non-arthritic hip score was higher (86) than those patients 40 years or greater (72) ( $p=0.038$ ).

**Conclusions:** Microfracture technique to treat full thickness chondral defects in the hip can increase level of function, result in high patient satisfaction, and reduce symptoms as shown by the Harris Hip Score, non-arthritic hip score, and the hip outcome sports scale. Younger patients had better outcomes according to the non-arthritic hip score and showed a significant change in level of function.

**Does Slower Rehabilitation After Arthroscopic Rotator Cuff Repair Lead to Stiffness? (SS-22).** *Kenneth J. Accousti, MD, Bradford Parsons, MD, James Gladstone, MD, Raymond Klug, MD, Evan Flatow, MD*

**Summary:** Early passive range of motion (PROM) has been advocated following open rotator cuff repair to prevent stiffness. We sought to examine the effect of a conservative post-operative regimen. Six weeks of sling immobilization after arthroscopic rotator cuff repair did not result in stiffness at one year follow-up. Additionally, patients with perioperative stiffness trended toward better tendon healing rates.

**Purpose:** Early passive range of motion (PROM) has been advocated following open rotator cuff repair to prevent stiffness. Because of concern over re-tear rates after arthroscopic repair, many authors have advocated slower rehabilitation. We sought to examine the effect of