

achieved parity however with the supine group in all parameters by 9 episodes. During the first three episodes, the junior trainees performed significantly worse for the first diagnostic round ($p=0.005$), but not the second diagnostic round ($p=0.200$). They then rapidly achieved parity with the senior trainees and performed at a similar level by the end of the study period.

Conclusions: Trainees with minimal experience of hip arthroscopy progressively learn and objectively improve their performance on a hip simulator. Orientation after portal exchange is difficult for all but particularly those learning in the lateral position. Trainees are likely to benefit from simulator training in order to learn orientation and basic competence prior to performing hip arthroscopy on patients.

Paper 27; The Diagnostic Accuracy of Clinical Tests in Identifying Those with Deep Gluteal Nerve Entrapment *ROBROY MARTIN, PHD, PT, USA, PRESENTING*

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SUMMARY

For those with recalcitrant hip pain and symptoms consistent with DGS the Active Piriformis Test and Seated Piriformis Stretch can be used to help identify those with and without DGS.

DATA

Purpose/Hypothesis: Entrapment of the sciatic nerve has been termed deep gluteal nerve syndrome (DGS) and treated arthroscopically. The objective of this study was to determine the diagnostic accuracy of the Lasague's Sign-Straight Leg Raise (SLR), Pace Sign-Active Piriformis Test, and Freiberg Sign-Seated Piriformis Stretch in those undergoing hip arthroscopy for suspected DGS.

Methods: 33 subjects (25 females, 8 male) were included in the study. Subjects had mean age of 43 years (range 15-64; SD 11 years) and mean symptom duration of 36 months (range 2-192; SD 41 months). Clinical records were retrospectively reviewed to identify those who underwent hip arthroscopy for recalcitrant hip pain and had symptoms suggestive of DGS. These symptoms included buttock pain, parasesthesia, pain distal to the knee, and/or inability to sit greater than 30 minutes. All subjects underwent a consistent clinical examination that included the SLR, Active Piriformis Test, and Seated Piriformis Stretch. All subjects also underwent hip ar-

throscopy to evaluate and treat any identified intra- and/or extra-articular pathologies. This surgical evaluation included visualization of the sciatic nerve and examination for entrapment.

Results: All subjects complained of hip pain with 27 (82%) having an arthroscopically identified labral tear. Symptoms of buttock pain, inability to sit greater than 30 minutes, parasesthesia, and/or pain distal to the knee, were noted in 81% (N=27), 76% (N=25), 57% (N=19), and 30% (N=10), respectively. Using surgical findings as the gold standard for DGS, 23 out of the 33 were diagnosed and treated for entrapment of the sciatic nerve. The sensitivity, specificity, positive likelihood ratio, negative likelihood ratio, and diagnostic odds ratio for the SLR were 0.15, 0.95, 3.2, 0.9, and 3.59, respectively. For Active Piriformis Test, the sensitivity, specificity, positive likelihood ratio, negative likelihood ratio, and diagnostic odds ratio were for were 0.78, 0.80, 3.9, 0.27, and 14.4, respectively. For the Seated Piriformis Stretch, the sensitivity, specificity, positive likelihood ratio, negative likelihood ratio, and diagnostic odds ratio were for were 0.52, 0.90, 5.22, 0.53, and 9.82, respectively. The most accurate results were obtained when the results of the Active Piriformis Test and Seated Piriformis Stretch were combined with sensitivity, specificity, positive likelihood ratio, negative likelihood ratio, and diagnostic odds ratio of 0.91, 0.80, 4.57, 0.11, and 42, respectively.

Conclusion: The SLR is not useful while the Active Piriformis Test and Seated Piriformis Stretch are valuable tests in identifying those with arthroscopically confirmed DGS.

Clinical Relevance: For those with recalcitrant hip pain and symptoms suggesting DGS the results of the Active Piriformis Test and Seated Piriformis Stretch can be used together to help identify those with and without the disorder.

Paper 28: Arthroscopic Treatment of Recalcitrant Greater Trochanteric Bursitis with Minimum Two-Year Followup *CONNOR LAROSE, MD, USA, PRESENTING*

AUTHOR

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SUMMARY

Two year clinical followup of patients who underwent arthroscopic bursectomy for recalcitrant greater trochanteric bursitis.

DATA

Background: The arthroscopic treatment of bursitis in the peritrochanteric space is a relatively new surgical