VAS. Preoperative strength and gait were compared to latest follow-up.
Results: There were 25 patients that fit our criteria. Significant improvement in PRO scores were demonstrated for mHHS, HOS-ADL, HOS-SSS, NAHS, and VAS from 54.9-76.2, 50.2-80.6, 30.1-67.3, 51.9-82.4, and 7.1-2.7 respectively ($p<0.001$). There were 11 patients with appreciable weakness prior to surgery; seven of these patients moved up at least one strength grade by final follow-up. There were 14 patients who had a Trendelenburg gait pre-operatively, 12 of them had a normal gait at latest follow-up (p-<0.001). Average patient satisfaction was 7.5. There were no revision surgeries, and no complications noted.
Conclusion: PUSTA lesions can be treated successfully with endoscopic trans-tendinous repair preserving the intact attachment of superficial fibers of the gluteus medius. We recommend this treatment for partial undersurface tears recalcitrant to non-operative treatment.

The Effect of Platelet-Rich Fibrin Matrix at the Time of Gluteus Medius Repair: A Case-Control Study

SS-38

May 19, 2017, 2:55 PM

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Introduction: The purpose of this study was to evaluate the effect of Platelet-Rich Fibrin Matrix (PRFM) on outcomes after surgical repair of gluteus medius tendons.
Methods: This is a retrospective review of prospectively-collected data comparing a single surgeon's case patients who underwent gluteus medius repair with PRFM to control patients without PRFM. Preoperative characteristics (gender, age, laterality, surgical history, duration and mechanism of symptoms, gait/limp, presence of femoroacetabular impingement, tear grade/size, presence of atrophy, and PROs), intraoperative characteristics (surgical approach, repair technique, concomitant surgery), and postoperative outcomes at a minimum 2-years (retear, PROs) were recorded. A multivariate analysis of variance (MANOVA) was used to test for differences in continuous demographic variables and postoperative-only scores between cohorts, chi-squared-tests for categorical variables, and a repeated measures-ANOVA was performed to test for the effects of PRFM. We also assessed for inter-observer variation for grading adductor tendon tears.
Results: In total, the gluteus medius repair without PRFM [(-)PRFM] cohort included 29 patients (25F/4M; 15R/4L) with a mean age of 63.09±12.0 years. The gluteus medius repair with PRFM [(+)PRFM] cohort included 18 patients (16 female, 2 male; 6 right, 12 left) with a mean age of 60.26±8.8 years. There were no differences in patient preoperative variables or intraoperative characteristics. While there was a significant effect of surgical intervention on VAS-Pain, HOS-ADL, HOS-SS, and mHHS, the utilization of PRFM had no significant effect on outcome. Linear models showed a significant positive effect of PRFM only on postoperative SF-12 Physical and IHOT-12 scores.
Conclusion: PRFM augmentation does not appear to have an effect on gluteus medius tendon repair in terms of pain or retear, but may have a role in improving subjective outcomes of overall and hip-specific physical functioning. Future longer-term evaluations with prospective, randomized protocols are necessary to further delineate any significant efficacy with PRFM use in this setting.

Continuous Passive Motion after Hip Arthroscopy for Femoroacetabular Impingement: A Prospective, Comparative Trial

SS-39

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Introduction: Though continuous passive motion (CPM) devices are often used in post-operative rehabilitation protocols after surgical treatment of symptomatic femoroacetabular impingement (FAI), no prospective, controlled data currently exists about whether or not these devices provide measureable benefit to patients after hip arthroscopy. The aim of this prospective, comparative study is to investigate whether or not CPM devices objectively benefit patients in the early post-operative period.
Methods: In this IRB-approved study at a tertiary care academic medical center, surgical and post-operative medications and rehabilitation protocols between 2 surgeons were standardized. One surgeon used CPM in his rehabilitation protocol while the other surgeon did not. Consented subjects answered questions regarding pre-operative pain, function, and psychological status included the International Hip Outcome Tool (iHOT-12), visual analog scale (VAS) pain, pain medication usage, Patient Health Questionnaire (PHQ-8), and Pain Catastrophizing Scale (PCS). At the two-week and six-week post-operative visits, patients recorded average pain felt over the preceding 2 weeks. At the 6-week visit, patients also completed the iHOT-12. Pre-operative predictors with univariate p-values less than 0.15 were incorporated into multivariable linear regression models.
Results: In a complete case analysis of 40 and 29 patients having reached the 2-week and 6-week post-operative marks, respectively, patients prescribed CPM devices had statistically significantly greater pain reduction at 6 weeks (normalized pain reduction of 76% vs. 33%, $p=0.0048$) and greater improvement in hip function score at 6 weeks (normalized iHOT-12 score increase of 143% vs. 50%, $p=0.0088$). No factors achieved significance at 2 weeks post-operative.
Conclusion: This is the first study to investigate the impact of CPM inclusion in short-term post-operative rehabilitation outcomes after hip arthroscopy for symptomatic FAI. Including CPM in post-operative