



correction results in P values of .067 and .028, respectively. Using univariate logistic regression, patients without a repair has a crude (unadjusted) odds ratio of 4.5 (95% confidence interval, 1.1-22.3, $P = .041$) for conversion to THA.

As can be seen, statistical significance of the main result is located just around the borderline value of .05 depending on the test used. Interpretation of such a result is full of caveats, such as labeling the finding as “significant” or “not significant.”⁶ Small sample size and low event rate indicate high uncertainty around the point estimate for THA conversion, which should be appreciated to avoid P value fallacy. Methods to handle binary data, however, are not reported by the authors, which is very concerning. Thus, the robustness of the main outcome result about THA conversion cannot be evaluated.

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References

1. Bolia IK, Fagotti L, Briggs KK, Philippon MJ. Midterm outcomes following repair of capsulotomy versus nonrepair in patients undergoing hip arthroscopy for femoroacetabular impingement with labral repair. *Arthroscopy* 2019;35:1828-1834.
2. Ortiz-Declet V, Mu B, Chen AW, et al. Should the capsule be repaired or plicated after hip arthroscopy for labral tears associated with femoroacetabular impingement or instability? A systematic review. *Arthroscopy* 2018;34:303-318.
3. Ekhtiari S, Sa D de, Haldane CE, et al. Hip arthroscopic capsulotomy techniques and capsular management strategies: a systematic review. *Knee Surg Sports Traumatol Arthrosc* 2017;25:9-23.
4. Domb BG, Philippon MJ, Giordano BD. Arthroscopic capsulotomy, capsular repair, and capsular plication of the hip: Relation to atraumatic instability. *Arthroscopy* 2013;29:162-173.
5. Domb BG, Chaharbakshi EO, Perets I, Walsh JP, Yuen LC, Ashberg LJ. Patient-reported outcomes of capsular repair versus capsulotomy in patients undergoing hip arthroscopy: Minimum 5-year follow-up-a matched comparison study. *Arthroscopy* 2018;34:853-863.
6. Goodman SN. Toward evidence-based medical statistics. 1: The P value fallacy. *Ann Intern Med* 1999;130:995-1004.

Author Reply to “Regarding ‘Midterm Outcomes Following Repair of Capsulotomy Versus Nonrepair in Patients Undergoing Hip Arthroscopy for Femoroacetabular Impingement With Labral Repair’”

We appreciate Dr. Reito’s comments on our recent publication. We apologize for the incorrect numbers in the manuscript. These numbers were for 2 failures in the repair group; however, as the final paper stated, we had 3 failures. We used Pearson’s chi square for our P value, which was .028, using SPSS, version 25. We updated the data and changed the odds ratio. The odds ratio should have been 4.5 (95% confidence interval, 1.1-19). We will submit a correction to *Arthroscopy* immediately. In addition, we agree that the statement “times more likely to” is a suboptimal statement; however, it is commonly used in the literature. In our future publications, we are now just stating the odds ratio instead of using it in a sentence regarding increased risk.

As for the use of P values for statistical significance, for this study and many like it, we set .05 as our threshold for statistical significance. Although there are some looking to move this threshold, it is currently the most common used in the literature. We believe the results of total hip arthroplasty conversion in this study are robust. However, to supplement this, we also included measures of clinical improvement. We showed that the percentage of patients who reached minimal clinically important difference for the hip outcome score-activity of daily living and hip outcome score-sport was significantly higher in the repair group. As with all studies, we will leave it to the readers to interpret our findings and apply them to their practice.

Thank you for catching our mistake and for your interest in our research.

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