

# Editorial Commentary: Hip Joint Laxity, Microinstability, or Instability Require Precise Definition: No Matter What You Call It, It's Here to Stay!



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**Abstract:** Hip instability has gained recognition as an important cause of hip pathology. Causes include incongruity of the articular surfaces due to dysplasia and/or impingement, joint capsule pathology, labral pathology, ligamentum teres tears, ligamentous laxity, muscular imbalance, and tendon tears. Lacking clearly defined symptoms and tests has hindered identification and treatment of this condition. Furthermore, the relevant literature uses different terms such as hyperlaxity and microinstability to describe this patient population, conveying different messages. However, the different terms convey different messages. Joint hyperlaxity or hypermobility has sometimes been used in reference to the hip; however, these usually refer to a genetic ligamentous and capsular condition affecting collagen structure, such as in Ehlers Danlos Syndrome. More common, and often interchangeable, terms are instability and microinstability. As the authors state in the present study, 'instability' has the advantage of conveying the significant impact the condition has on a patient's life. On the other hand, 'microinstability' may more accurately reflect the vague clinical presentation that we often encounter in the average hip patient with instability. Most patients do not complain of symptoms commonly seen in other joints with "instability," such as giving way, subluxation, and recurrent dislocations. In the hip, the symptoms are generally less tangible, and hence, the term "microinstability" may be more appropriate.

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If you had to choose one field of sports medicine witnessing the greatest leaps of knowledge over recent years, it would probably be the field of hip arthroscopy. The field has benefited from a virtuous cycle, in which surgical advancements contributed to better understanding of the hip anatomy and biomechanics, which then led to improved clinical and surgical techniques and so forth. One aspect of hip pathology that has definitely benefited from this process is our understanding of hip (in)stability.

The hip was traditionally considered a congruous and constraint joint with inherent stability; however, we now recognize several factors that can mitigate this

stability.<sup>1</sup> These include incongruity of the articular surfaces due to dysplasia and/or impingement, joint capsule pathology, labral pathology, ligamentum teres tears, ligamentous laxity, muscular imbalance, and tendon tears.<sup>2,3</sup> I had the privilege to train as a hip arthroscopist at a highly specialized hip preservation practice, to witness the evolving understanding of this concept in real time, and even to have made a small contribution to this growing body of knowledge. But despite our increased knowledge, what was still missing was a clear definition and classification system to aid in diagnosis of this condition.

In their article "Criteria for the Operating Room Confirmation of the Diagnosis of Hip Instability: The Results of an International Expert Consensus Conference"<sup>4</sup> Safran, Murray, Andrade, Aoki, Ayeni, Balakumar, Bonin, Brick, Cakic, Domb, Field, Laude, Mei-Dan, Nho, O'Donnell, Philippon, and Khanduja, seem to finally make an initial leap toward standardization and definition of hip instability. That list of authors definitely sounds like an all-star roster of hip specialists, all making significant contributions to the literature of hip instability. The

*The author reports the following potential conflicts of interest or sources of funding: P.J.R. reports travel support to meetings from Stryker, Smith & Nephew, and Arthrex. Full ICMJE author disclosure forms are available for this article online, as [supplementary material](#).*

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0749-8063/22544/\$36.00

<https://doi.org/10.1016/j.arthro.2022.04.007>

accumulated knowledge has enabled them to publish this important work, identifying eight operating-room criteria, which based on their experience, are most consistent with hip instability.

Previous studies dealing with hip instability have used various terms to describe this (range of) pathology. While seemingly only a semantic difference, I believe the different terms convey different messages. Joint hyperlaxity and hypermobility have sometimes been used in reference to the hip; however, these usually refers to a genetic ligamentous and capsular condition. In these cases, instability generally can be attributed to a genetic condition effecting collagen structure, such as in Ehlers Danlos Syndrome.<sup>5</sup> The more common, and often interchangeable terms, are instability and micro-instability. As the authors state in the present study, ‘instability’ has the advantage of conveying the significant impact the condition has on a patient’s life. On the other hand, ‘microinstability’ may more accurately reflect the vague clinical presentation that we often encounter in the average hip patient with instability. Most patients do not complain of symptoms commonly seen in other joints with ‘instability’, complaints such as giving way, subluxation, and recurrent dislocations. In the hip, the symptoms are generally less tangible, and hence, the term ‘microinstability’ may be more appropriate.<sup>6</sup>

Classification and diagnosis are two distinct concepts.<sup>7</sup> Classification criteria are primarily set to enable clinical studies and to help interpret results. In contrast, diagnostic criteria are a set of signs, symptoms, and tests established for use in regular clinical setting to guide patient care. The authors successfully compiled a list of

intraoperative diagnostic criteria, although a future consensus study might explore preoperative clinical and radiographic criteria as well. But beyond diagnosis, the next step should be creation of a classification system, perhaps encompassing the aforementioned terms in order to facilitate future clinical studies.

No matter what you call it, at the end of the day, this study helps us further solidify hip instability as a clinical entity requiring special attention and appropriately tailored treatment.

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