

**Paper 14: Is the Use of a Postoperative Hip Orthosis Beneficial Following Routine Arthroscopy of the Hip? A Retrospective Cohort Study**

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**Objectives:** Treatment of intra- and extra-articular pathologies of the hip via arthroscopy continues to gain popularity. To date, the impact of routinely bracing patients postoperatively on patient reported outcome measures (PROMs) and re-operation rate has not been elucidated. The purpose of this study is to determine if there is a difference in PROMs and re-operation rate for patients who were braced versus those who were not braced following routine hip arthroscopy.

**Methods:** This was a retrospective review of 193 patients who underwent hip arthroscopy from 2018 to 2021 by two orthopedic surgeons at a single institution. 101 patients prior to July 1, 2019 were immobilized in a hip orthosis following hip arthroscopy whereas 92 patients after July 1, 2019 were not. Baseline patient reported outcomes in the form of visual analog pain scale (VAS), modified Harris Hip Score (M-HHS), single assessment numeric evaluation (SANE) hip scores, VR-12 physical score, VR-12 mental score were obtained for all patients in both cohorts and postoperatively repeated at two weeks, four weeks, three months, six months, one year, and two years. Additionally, results were stratified by gender to assess gender-based difference. The groups were then compared to evaluate for a difference in PROMs over time. T-tests or Wilcoxon ranked-sum were utilized to compare these groups depending on normality of the data. Comparisons of categorical demographics such as age and gender between bracing groups were assessed using chi-squared tests. Re-operation rate was compared between the two groups using the Fischer Exact Test. Statistical significance was set at  $p < 0.05$  for all analyses.

**Results:** After analyzing a cohort of patients who were braced and a cohort who were not braced postoperatively, no significant difference ( $p > .05$ ) in PROMs at two weeks, four weeks, three months, one year or two years was detected for VAS, mHHS, SANE, VR-12 Physical and VR-12 Mental. No significant difference in reoperation rate was detected for the braced vs the non-braced cohort ( $p = .105$ ). Demographics were not significantly different regarding gender distribution ( $p = 0.418$ ) and age ( $p = 0.087$ ) between groups.

**Conclusions:** The findings above suggest the use of an orthosis after routine hip arthroscopy does not improve patient reported outcomes or alter the reoperation rate. Postoperative bracing increases perioperative cost and by foregoing routine bracing, patients may avoid associated morbidity that can come with wearing a brace for a prolonged period of time. The results of this project will help to guide clinical decision making as it pertains to whether to use a postoperative hip orthosis following routine hip arthroscopy.

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