

# How Are We Using Patient Reported Outcomes In Patients With FAI: Which Score Is Best?

Eric Makhni<sup>1</sup>, MD Benjamin Kuhns<sup>1</sup>, MD Jennifer Alter<sup>1</sup>, BS  
Gift C. Ukwuani<sup>1</sup>, MD Jaskarndip Chahal<sup>1</sup>, MD Joshua David Harris<sup>2</sup>, MD  
Shane J. Nho<sup>1</sup>, MD, MS.

Rush University Medical Center, Chicago, Illinois, United States. <sup>2</sup>Houston, TX, United States.



# Disclosures

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# Introduction

- Patient reported outcomes PROs are used to determine patient outcomes.
- The commonly used PROs for FAI treatment outcomes are the mHHS and the HOS.

**Hypothesis:** we hypothesized that **mHHS** would highly correlate with pain and satisfaction in older patients, while **HOS** (specifically Sports Subscale – SS) would be more highly correlated to pain and satisfaction scores in younger patients.

# Methods

Consecutive patients undergoing primary hip arthroscopy for FAI with a minimum of 2 year outcome were reviewed using our institution's hip registry between 1/2012 and 1/2014.

- The primary PROs collected were the HOS-ADL, HOS-SS, and mHHS.
- Subjective outcomes included VAS pain and satisfaction scores.
- Age based bivariate analysis was used to calculate the correlation between PRO scores, VAS pain and satisfaction scores.

# Results

- 397 of the 489 patients in the hip repository had a minimum of 2 year follow up data.

The average age was 33.7, with quartiles identified as :14.9-23.8, 24.2-33.4, 33.5-42.2, and >42.3 years-23, 24-33.

	Preop Scores	Postop Scores	P-value
HOS-ADL	66.5	85.8	0.001
HOSS-SS	43.7	72.1	<0.001
mHHS	58.0	76.4	<0.001

**Average Patient reported outcomes scores both preop and postop**

# Results

- Confirming the hypothesis, younger patients (1st and 2nd quartiles: 14.9-23.8, 24.2-33.4,;  $r^2=0.66$ ) demonstrated increased correlation between satisfaction scores and HOS-SS scores compared to older patients (3rd quartile 33.5-42.2,.;  $r^2=0.5$  , and fourth quartile  $>42.3$  years-23, 24-33,;  $r^2=0.35$ )
- All PRO scores highly correlated with each other as well as the benchmark outcomes ( $p<0.0001$ )
- The HOS-ADL most highly correlated with the mHHS ( $r^2=0.74$ ) and HOS-SS scores ( $r^2=0.69$ ), and less correlated with postoperative pain ( $r^2=0.5$ ), pain improvement ( $r^2=0.63$ ), and satisfaction ( $r^2=0.56$ ).

# Conclusions

- HOS-SS is a better PRO for determining postoperative outcomes in younger patients as opposed to mHHS and HOS-ADL scores that are focused on activities of daily living.
- All PROs among all age groups correlated with postoperative pain and satisfaction outcomes.