

Hip Arthroscopy

The last major joint to be “conquered” by the arthroscope has been the hip joint. The hip joint’s reclusivity is a product of its fortress of surrounding musculature, its being draped anteriorly and posteriorly by formidable neural and vascular structures, and the depth and constraint of the articulation itself.

Nevertheless, we are now in a position to not only visualize the hip joint arthroscopically, but also offer treatments for conditions previously relegated to large open exposures. In addition the advent of **hip arthroscopy** has allowed us to diagnose and treat conditions not previously recognized.

The indications for **hip arthroscopy** continue to evolve and expand. Key to the process is a valid diagnosis based on a thorough history and physical examination. New, expanded MRI techniques are also adding significantly to our diagnostic capabilities in hip disease.

Many conditions affecting the hip and pelvic girdle are extra-articular and thus not available to the arthroscope. Of those that are indeed intra-articular many are not treated adequately with arthroscopic techniques. However, there are many conditions which are amenable to arthroscopic treatment including, femoroacetabular impingement, labral tears, ligamentum teres ruptures, capsular laxity and instability, synovial osteochondromatosis, loose body removal, some osteochondral fractures, and others. In the realm of **total hip replacement, hip arthroscopy** may provide useful diagnostic information and treatment opportunities for the patient with a painful prosthesis.