

TABLE E-1 Criteria Used to Diagnose Femoroacetabular Impingement

Category	Findings
History (one or more findings present)	Groin, buttock, and/or lateral-sided hip pain often exacerbated with activities requiring hip flexion and/or internal rotation; mechanical symptoms such as clicking or catching localized to the groin; start-up pain; or C sign demonstrated by patient
Physical examination (one or more findings present)	Reproducible provocative impingement maneuvers on examination, including (but not limited to) flexion-adduction-internal rotation (FADDIR) test, flexion-abduction-external rotation (FABER) test (also known as the Patrick test), or subspine impingement sign; pain and/or limitation in hip internal rotation and/or flexion; pain with log roll; pain with resisted straight-leg raise localized to groin; or posterior impingement test
Imaging findings (one or more findings present)	Alpha angle of $>50^{\circ}$ for the cam morphology; crossover sign and/or lateral center-edge angle of $>20^{\circ}$ for the pincer morphology (no dysplasia); joint space width of >2 mm; or Tönnis grade 0 or 1

TABLE E-2 Rehabilitation Following Hip Arthroscopy for Femoroacetabular Impingement

Timeline	Rehabilitation
Weeks 1-3	Hip orthosis; crutch-assisted gait with 20-lb (9.1-kg) foot-flat weight-bearing; and physical therapy with continuous passive motion, passive hip circumduction, and stationary bicycle
Weeks 4-5	Brace and crutches weaned and gentle hip extension and external rotation permitted
Weeks 6-8	Gentle muscle strengthening (hip abductors, hip adductors, gluteus maximus, and core or trunk), balance exercises, and proprioception
Weeks 9-11	Closed-chain kinetic exercises and more aggressive stretching
Weeks 12-15	Treadmill running
Weeks 16-24	Return to sport