1. Types
   a. Traumatic vs Atraumatic
   b. Native vs Iatrogenic
   c. Anterior vs Posterior

2. Hip Arthroscopy: Debate as to whether it is important to repair the capsule with a routine hip arthroscopy for FAI
   a. Numerous case reports highlighting anterior hip dislocation/instability events
   b. Despite not performing a routine capsular closure after hip arthroscopy FAI surgery, the historical literature reports good outcomes.

3. Who's at risk of having instability?
   a. Lagamentous laxity, collagen disorders
   b. Hip Dysplasia
   c. Female

4. Capsule
   a. Anatomy
      i. Iliofemoral ligament: resists anterior translation/ER
      ii. Ischiofemoral ligament
      iii. Pubofemoral ligament
   b. With most current techniques of exposure, the iliofemoral ligament is violated (interportal and T-type cut)

5. Potential iatrogenic reasons for hip instability
   a. Capsulotomy
   b. Acetabular rim trim
   c. Labral debridement
   d. Psoas release
   e. Femoral resection and increased capsular volume

6. My practice
   a. Patients with continued pain despite adequate treatment of FAI. Patients were treated with revision surgical management with EUA and capsular repair.
      i. Arthroscopic Capsular Repair for Symptomatic Hip Instability After Previous Hip Arthroscopy, AJSM 2016. Wylie JD, Beckmann JT, Maak TG, Aoki SK.
         1. 20 patients with minimum 1 year follow up.
            a. 18 female/2 male
            b. 11 with 2 year follow up
         2. 19/20 reported perceived functional improvement with revision capsular repair.

7. Evaluation
a. History
   i. Continued pain, inability to return to desired activity, mechanical popping, avoidance of hip extension activity, instability

b. Exam
   i. Beighton criteria – collagen disorders
   ii. Posterior Impingement – dislike of hip extension
   iii. Dial test – lack of endpoint, asymmetry
   iv. Axial Distraction Test – Pain, Toggle, Apprehension

c. Studies
   i. MRA: better visualization of the capsular defect/volume

d. Preparation for revision surgery
   i. Understand previous surgery
      1. Collect previous operative reports
      2. View arthroscopic pictures
      3. Speak to previous surgeon
   ii. How was the capsule managed previously?
      1. Approach
         a. Interportal capsulotomy
         b. T-cut
         c. Extra-capsular approach with takedown off the acetabulum
         d. Capsular ellipse
         e. Capsulectomy
      2. Any previous attempted repair?

8. Bibliography