

SUPPLEMENTARY FILE B

Consensus by Question

	MEAN	RANK
● In those with FAI morphology, can we predict who will become symptomatic?	5.6	1
● Is surgery or conservative management more effective for improving short- and long-term outcomes?	6.5	2
● What is the outcome of conservative treatment?	8.8	3
● Is FAI surgery more effective than sham surgery?	9.6	4
● How do we define FAI syndrome?	9.7	5
● What is the natural history of FAI morphology?	9.9	6
● Which patients respond best to conservative management?	10.3	7
● What is the most effective conservative management program?	10.5	8
● Do changes to training in adolescent athletes decrease Cam formation?	10.7	9
● What is the role of hip muscle dysfunction and movement patterns in FAI morphology and symptoms?	10.9	10
● Can rehabilitation prevent FAI pain and if so, how?	11.0	11
● What are the diagnostic criteria for Cam and Pincer morphology?	11.3	12
● What is the source of pain in FAI?	11.8	13
● Does operating on asymptomatic hips lead to long-term benefits in terms of reducing OA?	13.0	14
● What is the incidence and prevalence of FAI syndrome?	13.0	15
● What are the best outcome measures to show change following treatment?	13.1	16
● What is the role of structural features in FAI syndrome eg. Femoral anteversion, capsular tightness?	13.3	17
● What is the optimal post operative rehabilitation program?	14.7	18
● What is the optimal method to treat labral pathology?	15.3	19
● Which factors affect surgical outcomes eg. pre-and post-op alpha angle, fem retroversion, age, sex, OA?	15.6	20
● Does pre-operative rehabilitation improve post-operative outcomes?	16.4	21
● What are the return to sport criteria following FAI surgery?	17.2	22
● Does capsule closure lead to improved patient outcomes?	17.8	23

Question Themes

- Effect of treatment
- Aetiology
- Diagnosis
- Prognosis