

## Editorial Be careful with abbreviations

Dear me, another abbreviation.

If there is one thing assured to drive an editor daft, it is the increasing overuse of abbreviations, when the full word would be simpler. I have just read a wonderful paper by Barnett and Doubleday [1] from South Australia, who looked at 24 million article titles and 18 million abstracts published between 1950 and 2019. They found at least one acronym in 19% of titles and 73% of abstracts, with acronym use increasing over time. Slightly more than 2000 acronyms, 0.2% of the total, were used regularly, while most (79%) appeared in the subsequent literature fewer than 10 times. Recently, Barnett and Doubleday have gone one step further [2] to show that COVID, an acronym for coronavirus disease, is now the sixth most popular acronym of all time and, in 2020, featured five times more commonly than the initials 'DNA' DNA had long held the record for being the most frequent abbreviation.

First, a word about terminology. What is an acronym? For most of us, it is an arrangement of letters that substitutes for a full word. The proper definition, however, states that an acronym should be pronounceable—president of the United States (POTUS), North Atlantic Treaty Organization (NATO), National Aeronautics and Space Administration (NASA), A Lot of Fuss About Nothing (ALOFAN), Fall On the Outstretched Hand (FOOSH) and the like. FAI, as with post-traumatic stress disorder (PTSD), global positioning system (GPS) and Federal Bureau of Investigation (FBI) are initialisms. Both acronyms and initialisms are forms of abbreviation.

Take FAI, which is an initialism not an acronym. To us it means Femoroacetabular Impingement, but likely only to those fluent in English, and who specialize in hip preservation. If I was native French—I was until my family left in a hurry in 1685—I could say, 'FAI', but quite likely I would use CFA—Conflit Fémoroacétabulaire instead. Confusingly, CFA might also be the College of Fine Arts, Cryptogenic Fibrosing Alveolitis, the Common Femoral Artery, or any of CFA's at least 170 meanings [3].

If I stick with FAI, I could be an engineer talking about Fresh Air Intake, an anarchist belonging to the Federación Anarquista Ibérica, an Indian farmer with membership of the Fertiliser Association of India, or any other of FAI's 56 meanings [4]. Happily, JHPS has only a few competitors—we are not the Johns Hopkins Precursors Study, nor India's Jubilee Hills Public School [5].

What is our obsession with abbreviations? Speed and efficiency, for sure. Group identity, too. Or is it insecurity? When we use an abbreviation, are we attempting to obscure the content

of our message? Hales, Williams and Rector, in 2017, certainly thought so [6].

It may also be true that we are trying to make a simple finding appear more complex than it really is. Jeschke *et al.* [7], and many others [8, 9], have described the knowledge–ignorance paradox, where information increases but useful knowledge does not. Many of us are aware of that, so might we be trying to give our own work a degree of special identity, to make it stand out from the rest? Our search to feel unique may make our writing more complex than is needed when our message may be very simple. There is nothing wrong with simplicity.

I would gladly reduce the number of abbreviations I use in my writing and try my hardest to do so. FAI is clearly here to stay, as are many other initializations and acronyms that now form part of popular culture. However, I feel happier when I adhere to the KISS principle. KISS? Keep It Short and Sweet, Keep It Simple Stupid, Keep It Sensible and Simple, and so many more.

Let us avoid abbreviations if we can and adhere to the widely established forms if we must abbreviate at all. Our writings will be simpler to comprehend if we do.

Turning to our journal, this journal, JHPS, the last issue, number 8.1, was up to its usual high standard. All its papers were first rate but two stand out to me. One was the paper by Maldonado et al. [10], who looked at the short-term outcomes after combined hip arthroscopy and an endoscopic shelf procedure for the treatment of acetabular dysplasia and intra-articular pathology. They found favourable outcomes at a minimum of 1 year, which I thought was excellent for what was a fair amount of surgery. My second selection was the comparative study by Leopold et al. [11], who asked if transverse screw fixation was necessary during a pelvic osteotomy (PAO). Their conclusion? They put it tactfully, but it appears that transverse screw fixation is not associated with increased fragment stability at PAO. That is one less item on my trolley during surgery.

As for this issue, issue 8.2, I was again spoilt for choice but two papers certainly held my attention. There was that by Chu et al. [12] on the outcome of arthroscopic surgery for external snapping hip, a procedure that is not always as simple as it may appear. The authors made diamond-shaped defects in the iliotibial band and resected more peripherally for an iliotibial band release. Their follow-up was lengthy and the findings were good, with the authors declaring that arthroscopic surgery for an external snapping hip is a safe and effective treatment with

promising long-term clinical outcomes. I was delighted to learn of this, as I have often worried about the snapping hip. The other paper that held me was the study by Zurmühle *et al.* [13] on the so-called crescent sign, a predictor of hip instability in magnetic resonance arthrography. Albeit a retrospective study, the authors found the crescent sign to have a sensitivity of 73% and a specificity of 93% for instability. That is excellent and certainly a sign I will keep in my armamentarium.

So, as ever, please enjoy this issue of *JHPS*. It is published for you, the hip preservation practitioner, and is filled from cover to cover with brilliance. I commend this issue to you in its entirety.

And remember, you will be doing us all a great favour if you read, use and cite this journal at every opportunity. Ask everyone you know to do the same.

My very best wishes to you all.

## REFERENCES

- Barnett A, Doubleday Z. The growth of acronyms in the scientific literature. Elife 2020; 9: e60080.
- Barnett A, Doubleday Z. Demonstrating the ascendancy of COVID-19 research using acronyms. Scientometrics 2021; 16: 1–4. Epub ahead of print.
- Available at: https://acronyms.thefreedictionary.com/CFA. Accessed: 21 September 2021.
- Available at: https://acronyms.thefreedictionary.com/FAI. Accessed: 20 September 2021.
- Available at: https://acronyms.thefreedictionary.com/JHPS. Accessed: 20 September 2021.

- Hales AH, Williams KD. (2017). Alienating the audience: how abbreviations hamper communication. Association for Psychological Science, February. Available at: https://www.psycho logicalscience.org/observer/alienating-the-audience-how-abbrevia tions-hamper-scientific-communication. Accessed: 20 September 2021.
- Jeschke JM, Lokatis S, Bartram I et al. Knowledge in the dark: scientific challenges and ways forward. Facets 2019; 4: 423–41
- Ungar S. Knowledge, ignorance and the popular culture: climate change versus the ozone hole. Public Underst Sci 2000; 9-297
- Peter M, Allen PM. Knowledge, ignorance, and learning. Emergence 2000: 2: 78–103.
- Maldonado DR, Owens JS, Ouyang VW et al. Short-term patientreported outcomes following concomitant hip arthroscopy and the endoscopic modified shelf procedure for the treatment of acetabular dysplasia and intra-articular pathology. J Hip Preserv Surg 2021; 8: hnab044.
- Leopold VJ, Conrad J, Hipfl C et al. Is transverse screw fixation really necessary in PAO?—A comparative in vivo study. J Hip Preserv Surg 2021; 8: hnab034.
- Chu C-T, Hsu H, Tang H-C et al. Mid- to long-term clinical outcomes of arthroscopic surgery for external snapping hip syndrome. J Hip Preserv Surg 2021; 8: hnab062.
- Zurmühle CA, Kuner V, McInnes J et al. The crescent sign—a predictor of hip instability in magnetic resonance arthrography. J Hip Preserv Surg 2021; 8: hnab067.

## Richard (Ricky) Villar

Editor-in-Chief, Journal of Hip Preservation Surgery