Once the rim and labrum have been addressed, traction is released, and attention is shifted to the peripheral compartment. In the setting of incomplete or unaddressed femoral-sided impingement, complete exposure of the bony deformity is imperative. The T capsulotomy allows for the most comprehensive visualization, including the femoral neck. The interval separating the medial and lateral limbs of the iliofemoral ligament is identified with a switching stick, and then a blade is used to cut the capsule along the femoral neck toward the intertrochanteric groove. Dynamic fluoroscopy assists the direct visualization to perform the femoroplasty. The cam deformity should be sequentially addressed from superior, superolateral, anterior, anterolateral, and inferior portions (Figure 26-7). The retinacular vessels should be visualized. Restoration of adequate head-neck offset is confirmed with fluoroscopy (Figure 26-8).