Author's Accepted Manuscript

Recurrent dislocation: Management strategies

Stephen Murphy, Timothy Joyce

Seminars	in Arthroplasty
Editor: A. Seth Green	wald, DPhil(Oxon)
THE HIP	TS IN JOINT REPLACEMENT – m the 15th Annual Spring Meeting
A. Seth Greenwald, DP	

PII: S1045-4527(17)30008-1

DOI: http://dx.doi.org/10.1053/j.sart.2017.03.008

Reference: YSART50739

To appear in: Seminars in Arthroplasty

Cite this article as: Stephen Murphy and Timothy Joyce, Recurrent dislocation: Management strategies, *Seminars in Arthroplasty*, http://dx.doi.org/10.1053/j.sart.2017.03.008

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting galley proof before it is published in its final citable form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

ACCEPTED MANUSCRIPT

Recurrent Dislocation: Management Strategies

Stephen Murphy, MD

Associate Professor, Orthopedic Surgery, Tufts University School of Medicine Timothy Joyce, MD

Otto E. Aufranc Fellow, Orthopedic Surgery, New England Baptist Hospital

New England Baptist Hospital

125 Parker Hill Ave. Suite 545, Boston, MA 02120

Acknowledgements: The authors wish to acknowledge the contributions of Wayne Paprosky MD and Hugh P. Chandler MD to our understanding of this field.

Abstract:

Success in the treatment of recurrent instability following total hip arthroplasty depends upon the correct identification of the root cause. Causes include component malposition, soft tissue deficiency, impingement, late wear, and mechanical failure. Occasionally, the cause of recurrent instability cannot be determined. Assessment of the unstable hip begins with the history, examination, and interpretation of plain radiographs but component malposition is best objectively assessed by CT, soft tissue statues is best assessed by MR and dynamic issues can also be assessed using fluoroscopy. Whenever possible, treatment should be focused on correcting a very specific issue. Salvage treatments such as dual mobility or constrained

Download English Version:

https://daneshyari.com/en/article/5712425

Download Persian Version:

https://daneshyari.com/article/5712425

<u>Daneshyari.com</u>