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Jonathan Robinson, Jose A. Rodriguez



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The Direct Anterior Approach: First Among Equals

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Jonathan Robinson, MD¹; Jose A. Rodriguez, MD²

¹ Department of Orthopaedic Surgery, Icahn School of Medicine at Mount Sinai, 5 East 98th Street, Box 1188, New York, NY 10029

²Department of Orthopaedic Surgery, Hospital for Special Surgery, 535 East 70th Street, New York, NY 10021

Author's Email Addresses:

Jorobin2@gmail.com

rodriguezjose@hss.edu

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Abstract:

The recent resurgence of the anterior approach to total hip arthroplasty has made it a controversial topic. While technically demanding, the direct anterior approach can be rewarding to both the patient and the surgeon when properly performed. The direct anterior approach is a true intra-nervous approach to the hip allowing for surgeon to deploy minimally invasive techniques and soft tissue handling. This article will highlight the senior author's experience with the direct anterior approach and review the recent literature on post-operative rehabilitation, muscle strength, muscle atrophy, and complications in the direct anterior approach to total hip arthroplasty.

Introduction:

The recent popularity of the anterior approach to total hip arthroplasty has made it a controversial topic. While there is a reported learning curve¹, the direct anterior approach can be rewarding to both the patient and the surgeon when properly performed. The direct anterior approach was first described by Hueter and subsequently modified and popularized by Smith-Petersen². It is a true inter-nervous approach to the hip allowing the surgeon to deploy minimally invasive techniques and soft tissue handling. Over the last decade there has been an increase

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