

Trial hip reduction should start with a +6 mm femoral head.

Select one:

True

False

Feedback

The goal of the trial reduction process is to determine the ideal tightness across the hip joint for an impingement free range of motion and a stable joint reduction. Typically, one starts with either a +0 mm or +3 mm femoral head to assess the reduction tightness across the hip joint.

The correct answer is 'False'.

Question 2

Correct

Marked out of 1



Question text

What position should the operated limb be placed in to assess the match between stem anteversion and cup retroversion during trial hip reduction?

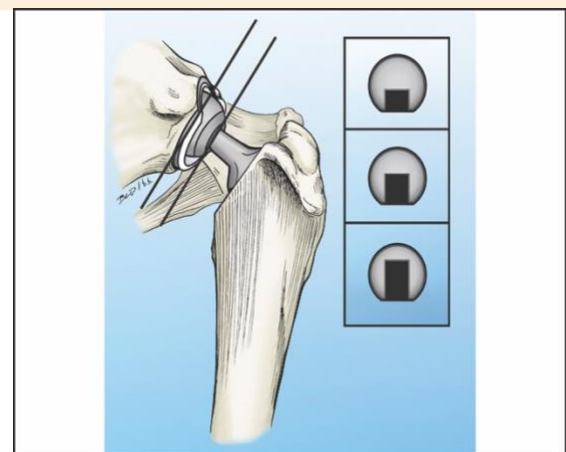
Select one:

- a. The operated limb is held in slight extension and external rotation to assess the match of [femoral anteversion](#) and acetabular retroversion
- b. The operated limb is held in full flexion and slight abduction to assess the match of [femoral anteversion](#) and acetabular retroversion
- c. The operated limb is held in a neutral walking position with the femur abducted 10 degrees off parallel with the floor to assess the match of [femoral anteversion](#) and acetabular retroversion
- d. The operated limb is held in a neutral walking position with the femur parallel to the floor to assess the match of [femoral anteversion](#) and acetabular retroversion

Feedback

With the hip joint reduced, the operated limb should be held in a neutral walking position with the femur parallel to the floor. In this position, the flat surface of the base or back of the femoral head component should be parallel with the plane of the nontruncated aspect of the face of the cup.

If more or less of the femoral head is visible cranially or caudally with the limb in this neutral walking position it indicates a mismatch between femoral stem and cup implant versions.



The correct answer is: The operated limb is held in a neutral walking position with the femur parallel to the floor to assess the match of [femoral anteversion](#) and acetabular retroversion

Question **3**

Correct

Marked out of 1



Question text

If on operative assessment of the reduced hip a significant mismatch of stem anteversion and cup retroversion is noted what should the next course of action be?

Select one:

- a. The only way to assess the match of stem retroversion and cup anteversion will be on the postoperative radiographs. The intraoperative evaluation is far less accurate
- b. A recognized significant mismatch of stem anteversion to cup retroversion on trial reduction should prompt consideration for immediate acetabular implant revision with implant removal and repositioning to a more appropriate version angle.
- c. If a significant mismatch is present between stem anteversion and cup retroversion, the femoral stem should be removed and repositioned to better match the anteversion of the cup
- d. Matching stem anteversion with cup retroversion is not that critical. Ensuring full abduction of the reduced hip is most critical

Feedback

If there is a significant mismatch between stem anteversion and cup retroversion the risk for a postoperative dislocation will be high and an implant revision should be strongly considered. This will usually be a revision of the acetabular component, meaning removal and replacement in a more appropriately matching position.

The correct answer is: A recognized significant mismatch of stem anteversion to cup retroversion on trial reduction should prompt consideration for immediate acetabular implant revision with implant removal and repositioning to a more appropriate version angle.

Question **4**

Correct

Marked out of 1



Question text

External rotation, abduction and full flexion should be assessed during trial reduction to identify any points of contact, interference or impingement. If noted, the cause of such contact must be addressed to minimize the risk of a postoperative dislocation.

Select one:

True

False

Feedback

A thorough assessment through a full range of motion is key to identifying any potential points of contact between the femoral neck and adjacent bone or between the femoral neck and osteophytes. These points of contact must be addressed by either removal of bone or osteophytes or through lengthening the femoral neck to reduce impingement. Failure to make a correction at this point risks a postoperative dislocation of the joint and the need for a revision surgery.

The correct answer is 'True'.

Question **5**

Correct

Marked out of 1



Question text

You have just completed a trial reduction and notice that there is significantly more of the femoral head showing cranially within the cup than caudally when the operated limb is held in a neutral walking position. What could be causing this appearance?

Select one:

- a. Increased cranial exposure of a reduced femoral head means that there is more retroversion of the cup relative to the femur
- b. Increased cranial exposure of a reduced femoral head means that there is more retroversion of the femoral stem relative to the cup
- c. Increased cranial exposure of a reduced femoral head means that the cup is more open than it should be
- d. Increased cranial exposure of a reduced femoral head means that there is either excessive anteversion of the cup relative to the stem or excessive anteversion of the stem relative to the cup

Feedback

The correct answer is: Increased cranial exposure of a reduced femoral head means that there is either excessive anteversion of the cup relative to the stem or excessive anteversion of the stem relative to the cup