



Editorial

Youth Movement

The annual American Association of Hip and Knee Surgeons (AAHKS) meeting is on the horizon, November 2-5, 2023, at the Gaylord Texan, in Grapevine, TX. It is a great time to catch up on the latest research and to connect with colleagues from around the country and around the world. Thursday and Friday are focused on resident education, team member courses, and industry symposia. Ran Schwarzkopf, MD, and the program committee have done a superlative job of putting together a tremendous program that is a true highlight of the year for practitioners in our specialty. It is a gargantuan task with many moving parts, and it promises to be an outstanding event. Thanks to the program committee and the staff at AAHKS for their outstanding preparation for what promises to be an enriching educational event. I hope to see you there. The Gaylord Texan is an outstanding venue, with many on-site amenities and easy access to local haunts.

We have 2 upcoming special issues. The first is an issue compiled by Dr. Anna Cohen-Rosenblum, MD, MSc, comprising submissions solely from Young Arthroplasty Group members. It is a novel opportunity for our younger members to showcase their research in a unique collection. The second will be an issue focused on digital orthopedics, with Dr. Stefano Bini, MD, as the guest editor. I am so grateful for both of their work on these projects and look forward to reading and sharing the final products.

This issue has a wealth of solid articles with great educational potential. In their Viewpoint article, Roof et al. [1] discuss the economic implications of periprosthetic joint infection, including a push for regionalization of infection care to specialized centers. The dynamic impact of spinopelvic parameters and risk of dislocation is explored by Grosso et al. [2], who found that cup positioning in the standing and anterior pelvic plane was less likely to be in the so-called "safe zone" than supine positioning and that adjustment of anteversion may not be sufficient to prevent dislocation in patients

with stiff spines. In addition, Welling et al. [3] report that, based on a large-scale administrative database study, dislocation risk is no different depending on whether lumbar spinal fusion is done prior to or after primary or revision total hip arthroplasty. Perico et al. [4] describe a surgical technique for combined anteversion using a surgeon estimate of femoral version and a handheld accelerometer for acetabular version. In a single-surgeon series, Stafford et al. [5] found no differences in alignment or risk of infection when residents were involved in total knee arthroplasty procedures despite longer operating and tourniquet times.

I am proud to see the ongoing growth and impact of *Arthroplasty Today* over the last several years, and I am indebted to all the authors, reviewers, editorial board members, our peer review manager, and the teams from AAHKS and Elsevier who make it possible.

See you in Dallas!

Gregory J. Golladay, MD
Editor-in-Chief

References

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- [3] Welling S, Smith S, Yoo J, Philipp T, Mildren M, Kagan R. Is timing of total hip arthroplasty and lumbar spine fusion associated with risk of hip dislocation? *Arthroplast Today* 2023;23:101202.
- [4] Perico DA, Warne CN, Lee SH, Roberts HJ, Sierra RJ. Combined anteversion technique for total hip arthroplasty with handheld accelerometer-based navigation system. *Arthroplast Today* 2023;23:101193.
- [5] Stafford JA, DeVito P, Grewal G, Davis TA, Guerra C, Corces A. Resident impact on primary total knee arthroplasty: a consecutive series under a single surgeon. *Arthroplast Today* 2023;23:101175.