



Letter to the Editor

Response to Letter to the Editor, “Who Restores Hip Biomechanics More Effectively After a Femoral Neck Fracture? Comparison of Total Hip Arthroplasties Performed Either by Hip Surgeons or Orthopedic Residents”

In Reply

We have read with particular interest the comments made by the author on our recent article published in *Arthroplasty Today*, entitled “Who restores hip biomechanics more effectively after a femoral neck fracture? Comparison of total hip arthroplasties performed either by hip surgeons or orthopedic residents”.

First, we would like to thank our colleague for reading our article and the pertinent and precise comment. We would like to address our colleague's inquiries, acknowledging the study's limitations that might also lead to the misinterpretation of the results.

We agreed with the author's comment regarding the underestimation of the differences in the leg length measurements. Even though we correctly describe the leg length discrepancy measurement in the Methods section under the subheading Leg-length discrepancy, we made a mistake when drawing the measured parameters. As the correspondent author, I assume the entire responsibility for this misinterpretation.

In this sense, the green line in Figure 1a representing the leg length discrepancy measurement should be proximally moved to the center of the femoral head, to explain our description in the Methods section. Once the leg length discrepancy was measured using the teardrop and lesser trochanter horizontal lines and to get an accurate measurement avoiding underestimation, the discrepancy of the center of rotation must be subtracted to exclude the acetabular factor and obtain the discrepancy only from the femur [1–3].

It is well-known that preoperative templating helps orthopedic surgeons assess leg length discrepancy [4,5], but it is influenced by changes in the position of limbs, pelvis, and radiographic technique. Different methods have been reported to determine discrepancies [1,2,5], but the question remains to be answered, Which better provides the correct measurement? In this sense, we can suggest that radiographic measurements must be associated with clinical measurement methods during preoperative and postoperative assessments to achieve a complete and more accurate analysis.

We are aware of the limitations of our study. However, we want to highlight the importance of performing these types of studies to understand how we supervise and train our residents to develop future training methods and programs. We hope that with these amendments, we correctly answered our colleague's comments.

Conflict of interests

The authors declare there are no conflicts of interest.

Acknowledgment

The study was performed at the Italian Hospital of Buenos Aires, Argentina.

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