Acta Scientific Orthopaedics (ISSN: 2581-8635)

Volume 7 Issue 2 February 2024

Editorial

Limb Length Discrepancy after THR

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DOI: 10.31080/ASOR.2024.07.0889

Received: December 19, 2023

Published: January 01, 2024

Limb length inequality can sometimes be a factor in patient satisfaction in an otherwise excellent function of the new hip. Majority of the time it is the feeling of lengthening due to preoperative shortening which gets corrected.

Excessive lengthening may result in fatigue, pain and lumbar spine problems.

All most every single time the hip is replaced, the length will change to some extent. Acceptable limit as per many papers is 22.7 mm difference.

Severe lengthening with neurological involvement requires revision surgery.

Up to 12 mm is not significant and most patients will be able to adjust without requiring any further management. Most times the lengthening is a result of ensuring stability of the hip. While subsidence in elderly people with poor bone quality, will adjust the length over a period of time, it may not be so in young patients with good quality bone and correct size of prosthesis.

Restoration of tissue tension and slight increase in offset ensures better lever arm and function of hip and avoids dislocations. With correct tissue tension, version, prosthetic size, the surgical approach is inconsequential.

While slack tissues with normal length may give a trendelenberg's lurch which is not correctible, a little increase in length with excellent tissue tension is correctible by shoe inserts and add On's and makes a pleasing walk.

The harris hip score surprisingly does not consider the change.

Soft tissue adjustments and subsidence may continue over 6 months to a year after surgery and shoe adjustments to those who need may change till such time. Cemented or cementless implants do not change the amount of subsidence to a great extent.

With the advent of robotics, it may be easier to do preoperative planning as regards cup placement. The type of prosthetic usage to match the patient anatomy may play a role in matching offset and length to some extent. Excessive lengthening usually is accompanied by increase in horizontal offset and may result in trochanteric bursitis and pain.

Harris Hip Score (HHS)

Patient Name: _____

Date: _____

Affected Hip: R L (Circle One)

Pain

☐ None or ignores it	+44
☐ Slight, occasional, no compromise in activities	+40
☐ Mild pain, no effect on average activities, rarely moderate pain with unusual activity; may take aspirin	+30
☐ Moderate pain, tolerable but makes concession to pain. Some limitation of ordinary activity or work. May Require occasional pain medication stronger than aspirin	+20
☐ Marked pain, serious limitation of activities	+10
☐ Totally disabled, crippled, pain in bed, bedridden	+0

Limp

☐ None	+11
☐ Slight	+8
☐ Moderate	+5
☐ Severe	+0

Support

☐ None	+11
☐ Cane for long walks	+7
☐ Cane most of the time	+5
☐ One crutch	+3
☐ Two canes	+2
☐ Two crutches or not able to walk	+0

Distance Walked

☐ Unlimited	+11
☐ Six blocks	+8
☐ Two or three blocks	+5
☐ Indoors only	+2
☐ Bed and chair only	+0

Sitting

☐ Comfortably in ordinary chair for one hour	+5
☐ On a high chair for 30 minutes	+3
☐ Unable to sit comfortably in any chair	+0

Enter public transportation

☐ Yes	+1
☐ No	+0

Stairs

☐ Normally without using a railing	+4
☐ Normally using a railing	+2
☐ In any manner	+1
☐ Unable to do stairs	+0

Put on Socks and Shoes

☐ With ease	+4
☐ With difficulty	+2
☐ Unable	+0

Absence of Deformity (All yes = 4, Less than 4 = 0)

☐ Less than 30° fixed flexion contracture	-
☐ Less than 10° fixed abduction	-
☐ Less than 10° fixed internal rotation in extension	-
☐ Limb length discrepancy less than 3.2cm	-

Range of motion (* indicates normal)

Flexion (*140°): ____

Abduction (*40°): ____

Adduction (*40°): ____

External Rotation (*40°): ____

Internal Rotation (*40°): ____

Scoring Guide:

Range of Motion:
Total range of motion:
211° - 300° = 5 points
161° - 210° = 4 points
101° - 160° = 3 points
61° - 100° = 2 points
31° - 60° = 1 point
0° - 30° = 0 points

Range of motion score: _____

Total Harris Hip Score:
Harris Hip Score: Summation of points
Harris Hip Score: _____ Points

Figure a