CASE STUDY OrthAlign® technology was imperative for this patient with a prior spinal fusion undergoing right THA.



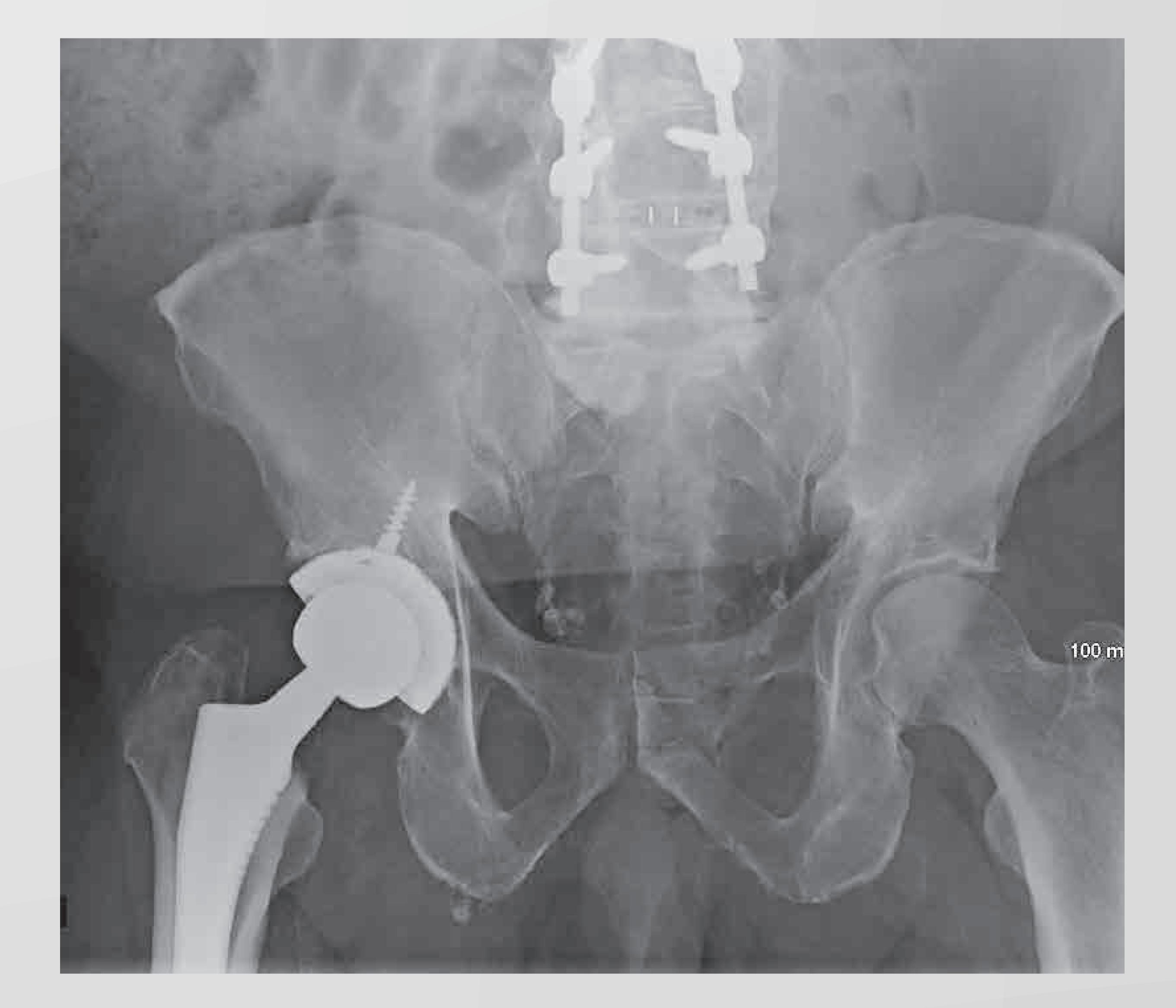
76 year old male patient presented with severe right hip DJD and history of prior spinal fusion L2-

Lateral X-ray of spine showing fusion L2-L5

Intraoperative fluoroscopy would have provided a false perception of acetabular anteversion due to alterations in sagittal alignment and pelvic tilt.

L5. Due to loss of lumbar lordosis from prior spinal fusion he developed decreased pelvic tilt, which decreased accommodative femoral anteversion.

HipAlign[®] was chosen to help precisely place the acetabular component in an ideal anatomic location, minimizing impingement and dislocation risk.



HipAlign gave Dr. Durbhakula confidence to place the acetabular component the proper anteversion to promote long term stability and to accommodate for pelvic tilt.

Post-op AP Pelvis

