

## Fake joints, real results, Part 1: Hip and knee replacement



*Dr Bas Masri*

**A**rthritic conditions have plagued humanity since the beginning of time. It was not long ago that becoming unable to walk or needing to rely on walking aids was considered a normal part of aging. Efforts to replace arthritic joints began in 1890, when Professor Gluck tried to replace an arthritic femoral head with an ivory one. After this unsuccessful first effort at hip replacement, numerous attempts were made with variable and generally poor or unpredictable results. In the early 1960s, Sir John Charnley developed low-friction arthroplasty of the hip, which is basically the modern hip replacement. Without a doubt, this was one of the most significant advances in orthopaedics in particular and medicine in general. Further advances have since led to a rapid expansion in the application of hip replacement beyond arthritic conditions to traumatic and neoplastic affliction. Over the years, joint replacement technology has also moved beyond hips. In fact, knee replacements have surpassed hip replacement in terms of numbers done in British Columbia. Other joints are now successfully treated with arthroplasty as well, including shoulders, elbows, wrists, knuckles, and ankles.

In this first of a two-part theme issue, we consider the most common joint replacement surgeries. Drs Bradley Ashman, David Cruikshank, and Michael Moran outline the history of hip replacement and the many designs

and materials used for components in 2016, while Drs Paul Dooley and Charles Secretan examine the indications for and expectations of knee replacement. In the second part of the theme issue to be published next month, we will consider joint replacements that are becoming increasingly common. Dr Kelly Apostle will discuss advances in ankle replacement, while Dr Derek Plausinis will review current options for shoulder replacement.

What is most remarkable about this group of authors is that so many of them are faculty members in the Department of Orthopaedics at the University of British Columbia, and most of them practise outside Vancouver. This is very different from the situation in the department, the university, and the province when I first enrolled at UBC in 1981, and reflects the benefits that have come from expanding the Faculty of Medicine across BC.

I am very grateful for the contributions made by the theme issue authors and hope that you will enjoy these articles and find them of use in your practice.

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