

European Anterior Hip Meeting (EAHM)

Direct Anterior Versus Posterior Approach Total Hip Arthroplasty:
Implications for Early Recovery and return to Driving

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Introduction / Purpose

- Accelerated recovery is frequently cited as an advantage of the Direct Anterior Approach (DAA) over the Posterior Approach (PA) in total hip arthroplasty (THA).
- Return to driving is a common and meaningful postoperative milestone yet published comparative data between approaches are limited and conflicting.
- **The purpose of this study was to evaluate early functional recovery and return to driving following DAA in comparison to PA**

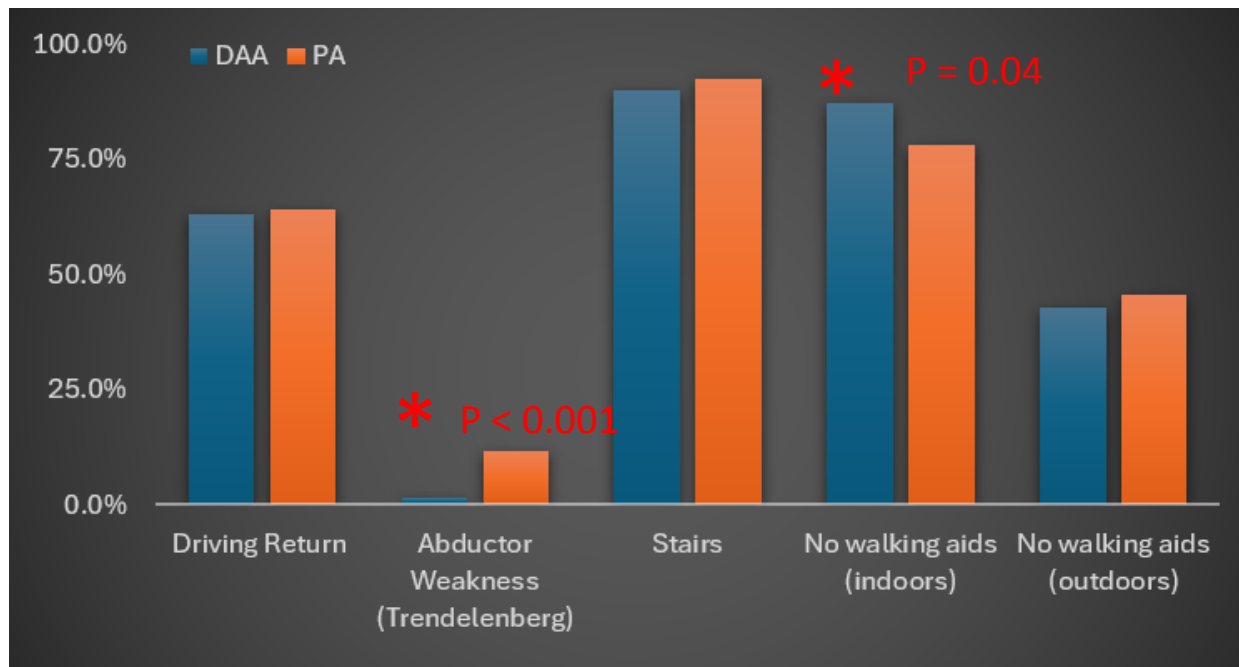


Methods

- A retrospective review of 1,307 primary THAs tertiary arthroplasty centre
 - between January 2019 and March 2026
- Two matched cohort: 141 DAA vs. 141 PA
 - Exact matching for operative side and time post surgery
 - Propensity matched for age and sex
- Outcomes assessed at the routine six week physiotherapy review:
 - patient reported measures
 - pain, walking aids, stair climbing ability, walking duration, return to driving
 - objective measures
 - Timed Up and Go test, abductor weakness (Trendelenberg), hip flexion, hip abduction



Results



		DAA	PA	
Timed up & go (sec)	Mean	9.16	10.95	$p = 0.003$
	SD	4.45	4.89	
Walking time (min)	Mean	32.59	33.12	$p = 0.793$
	SD	16.13	16.87	
Flexion (degrees)	Mean	91.38	91.93	$p = 0.507$
	SD	5.76	7.82	
Abduction (degrees)	Mean	42.28	40.04	$p = 0.005$
	SD	5.84	7.01	



Results summary

- At six weeks there were no significant differences in **patient reported measures** excepting the use of walking aids indoors:
 - Fewer DAA patients required walking aids indoors (13% vs 22%, $p = 0.04$)
- At 6 weeks pain, stair climbing ability, walking duration, and return to driving were not significantly different between DAA and PA groups.
- **Objective measures** revealed that, at 6 weeks, the DAA cohort had
 - significantly less cases of abductor weakness (1.5% vs 11.5%, $p = 0.0009$)
 - Improved timed up & go (9 vs 11 secs, $p = 0.003$)
 - Improved abduction (42° vs 42° , $p = 0.005$)
- Hip flexion at 6 weeks showed no difference



Conclusion

- Objective measures showed that patient in this matched cohort DAA THAs had small but significant improvements at 6 weeks over PA THAs.
- These improvements was not reflected in return to driving at 6 weeks, nor other patient reported measures.
- The lack of differences in the patient reported measures highlight that PROMs may not be sufficient to detect the marginal gains seen with the objective measures.



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