

ARTHROPLASTY IN MODERN ORTHOPAEDIC PRACTICE: CURRENT TRENDS, CHALLENGES, AND FUTURE DIRECTIONS

Dr Anmol A Hublikar¹, Naveenkumar Patil², Dr Debdeep Karak³, Prof Dr. N. Sriram Choudary⁴, Teeka Ram Sahu⁵, Shalaka Baidya⁶

¹Assistant professor, Department of Orthopaedics, KLE Jagadguru Gangadhar Mahaswamigalu Moorusavirmath Medical College and Hospital HUBLI, KLE Academy of Higher Educational and Research, Deemed to be University, Belagavi, Karnataka, India, Email id: anmol.hublikar15@gmail.com Orcid ID : 0009-0008-5548-4395

²Associate Professor, Department of Orthopaedics, KLE Jagadguru Gangadhar Mahaswamigalu Moorusavirmath Medical College and Hospital HUBLI, KLE Academy of Higher Educational and Research, Deemed to be University, Belagavi, Karnataka, India, Email id: nkp7249@gmail.com, Orcid Id: 0000-0002-1531-9001

³Senior Resident, Department of Orthopaedics, West Bengal University of Health Sciences, email id: debdeepkarak@gmail.com, Orcid Id: 0000000233090992

⁴Ph.D- Research Scholar, Indira Gandhi Institute of Dental Sciences, Affiliated to Sri Balaji Vidyapeeth University, Dept of Oral & Maxillofacial Surgery, Email ID: drsriramchoudary87@gmail.com, Orcid Id :<https://orcid.org/0009-0005-6479-3921>

⁵University Department of Biotechnology, GD Rungta College of Science and Technology, Rungta International Skills University, Bhilai, Chhattisgarh, Genetics and Molecular Research, Email ID: teekaramsahu78@gmail.com, Orcid Id: 0009-0007-2386-9111

⁶Assistant Professor, Assam down town University, Faculty of Physiotherapy and Rehabilitation, Email ID: baidya.shal07@gmail.com, Orcid Id : 0000-0002-9420-7752

ABSTRACT

Total joint arthroplasty has become one of the most successful orthopedic interventions for relieving pain, restoring joint function, and improving the quality of life of patients with advanced hip and knee disorders. This review synthesizes recent evidence on advances in arthroplasty, focusing on surgical innovations, implant developments, perioperative management, rehabilitation strategies, and the diagnosis and management of periprosthetic joint infection. The review highlights the growing role of robotic-assisted surgery, biomarker-based diagnostic techniques, microbiological profiling, and evidence-based clinical pathways in enhancing surgical precision, early complication detection, and long-term implant performance. It also examines the factors influencing postoperative outcomes, including patient selection, multidisciplinary care, and technological integration, while discussing current challenges related to infection, implant longevity, and clinical decision-making. Recent developments demonstrate that combining precision surgery with improved diagnostic approaches and personalized treatment strategies contributes to safer procedures, reduced complications, and better functional recovery. Overall, contemporary arthroplasty practice continues to evolve toward patient-centered, technology-driven care that supports durable clinical outcomes and sustainable improvements in musculoskeletal health. The findings provide a comprehensive overview of current evidence and identify key considerations for optimizing future arthroplasty research and clinical practice.

KEYWORDS: Total joint arthroplasty, Hip arthroplasty, Knee arthroplasty, Periprosthetic joint infection, Robotic-assisted surgery, Human Health

INTRODUCTION

For patients with end-stage joint diseases, arthroplasty has become one of the most effective and life-changing surgeries in the modern orthopaedic practice that provides effective pain relief and restores joint function, thereby improving the quality of life. Today, total hip arthroplasty (THA) and total knee arthroplasty (TKA) are performed routinely throughout the world for advanced osteoarthritis, inflammatory arthritis, osteonecrosis and complex fractures. They are widely used, as the techniques and management of them have improved over time, with better implants and patient pathway, improving the clinical outcomes and longevity of the implants (Health Investigators, 2019). More recently, the field of arthroplasty has seen further developments, driven by the advent of biologically-inspired treatment strategies and technology-assisted interventions that are continually reshaping the practice of arthroplasty (Liang et al., 2024).

With the increasing incidence of musculoskeletal conditions, ageing population, obesity and longer life expectancy, there is a greater need for joint replacement globally. Thus, the focus has changed from simply implant survival to maximizing the recovery, functional independence, and satisfaction after surgery. Recognizing the substantial advances in perioperative optimization and use of healthcare resources, arthroplasty programs are increasingly moving towards outpatient models while maintaining the same levels of short-term safety (Darrith et al., 2019). Similarly, large population-based studies have shown that the skills of the surgeon and management of the patient can play a significant role in the incidence of complications and overall outcomes after surgery, further underscoring the need for evidence-based surgical practice (Matar et al., 2021).

Arthroplasty is also acknowledged as a holistic procedure, which involves not only reconstructing the joint but also enhancing physical function, mobility and health status. In addition to this, clinical studies have shown that there have

Genetics and Molecular Research 25 (17s): 2026

been great gains in physical activity and body composition after successful TKA, which underscores the wider contribution of TKA in improving long-term musculoskeletal health (Rezzadeh et al., 2019). Meanwhile, patient-centeredness is a vital factor to the success of the surgery as expectations prior to surgery have been demonstrated to play a major role in the patient's satisfaction with surgery afterwards and their perception of the surgical outcome (Ghomrawi et al., 2020). Predictive models that include clinical scoring systems also have been able to help identify patients at risk of dissatisfaction to help with individualized treatment planning and postoperative follow-up (Liu et al., 2021).

In recent years, the goals of arthroplasty have been further extended to achieve the greatest possible functional recovery by using multidisciplinary rehabilitation and digital health care technologies. While future research is required to confirm a causal relationship, total hip arthroplasty has been proven to significantly improve locomotive function and decrease the degree of disability in patients with advanced hip disease, highlighting the importance of the procedure in regaining independence and functionality in everyday life (Miyazaki et al., 2022). At the same time, mobile health applications and telehealth-based rehabilitation programs have emerged as effective tools to support patients' postoperative care, improve patient engagement, and monitor outcomes outside of the traditional healthcare setting (Wang et al., 2023). There are also RCTs showing the efficacy of telehealth-guided physical activity intervention to optimize physical activity rehabilitation after TKA, underscoring the growing role of digital tools within the standard of care pathway for orthopaedic surgery patients (Christiansen et al., 2024).

Even with these tremendous progressions, a number of biological and clinical challenges remain that impact long-term arthroplasty success, such as progressive joint degeneration, inflammatory response, integration of implants, biomaterial performance, implant wear-induced osteolysis and periprosthetic joint infection. At the same time, new technologies like novel biomaterials, 3-D printing, robot-assisted surgery, artificial intelligence, regenerative medicine and precision orthopaedics are changing the face of joint replacement. Hence, this review aims to synthesize the biological mechanisms involved in joint degeneration, the trends in arthroplasty practice, advancements in materials used for implants, molecular determinants for clinical outcomes, emerging technological innovations, and future directions that may further improve the safety, durability and accuracy of modern arthroplasty.

2. Biological Basis of Joint Degeneration Leading to Arthroplasty

2.1 Osteoarthritis and Other Pathological Conditions Requiring Arthroplasty

Osteoarthritis (OA) is the most common reason for total hip and knee arthroplasty, which is caused by deterioration of the cartilage, remodeling of the subchondral bone, inflammation in the synovial space, and dysfunction of the joint. While ageing, obesity, trauma and mechanical stress are all known to play a role in the development of the disease, it is now becoming clear from recent genome studies that OA is a biologically complex disease with multiple genetic pathways. Susceptibility loci linked to cartilage metabolism, extracellular matrix regulation and inflammatory signalling have been identified via genome-wide analyses, offering new therapeutic targets to delay disease progression (Tachmazidou et al., 2019). Large population studies also show that there is significant genetic heterogeneity in phenotypes of OA, pointing towards personalized strategies for disease management (Boer et al., 2021).

2.2 Genetic Determinants and Molecular Mechanisms of Joint Degeneration

The mechanisms which regulate the progression of OA towards end-stage OA (which requires arthroplasty) involve the interplay between genetic susceptibility and molecular signalling pathways. Variants that affect bone morphology, cartilage integrity, and skeletal development have been identified by genome-wide association studies that are associated with the risk of OA (Styrkarsdottir et al., 2019). These variants are further correlated with changes in expression of genes in joint tissues through molecular quantitative trait locus mapping, facilitating the understanding of extracellular matrix degradation and tissue remodelling (Steinberg et al., 2021).

2.3 Inflammatory Cytokines and Cellular Signalling Pathways

Inflammatory mediators that are involved in joint degeneration accelerate the breakdown of cartilage and structural deterioration. There is great biological diversity among individuals with OA, as reflected by molecular classification studies that have identified different inflammatory OA subtypes (Lv et al., 2021). Similarly, transcriptomic studies reveal disruption of immune signalling, extracellular matrix organisation and metabolic pathways, uncovering the molecular mechanisms underpinning the progression of the disease and ultimately joint replacement (Li et al., 2023). Table 1 summarizes the major causes, risk factors, and clinical indications associated with total joint arthroplasty, while Figure 1 illustrates the genetic and molecular mechanisms underlying joint degeneration leading to arthroplasty.

Table 1. Major Genetic and Molecular Determinants of Joint Degeneration

Molecular determinant	Clinical significance	References
Genome-wide susceptibility loci	Identification of OA therapeutic targets	Tachmazidou et al. (2019)
Population-scale OA genetics	Precision risk stratification	Boer et al. (2021)
Molecular quantitative trait loci	Functional gene regulation	Steinberg et al. (2021)
Bone morphology genetics	Prediction of OA susceptibility	Styrkarsdottir et al. (2019)
Molecular OA subtypes	Personalized therapeutic strategies	Lv et al. (2021)
Integrated transcriptomics	Novel molecular targets	Li et al. (2023)

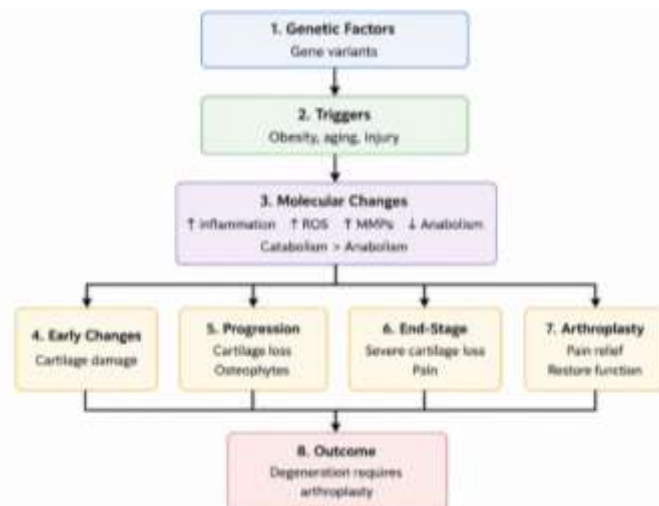


Figure 1. Genetic and Molecular Mechanisms Underlying Joint Degeneration Leading to Arthroplasty

2.4 Biomarkers and molecular predictors of arthroplasty progression

The current molecular biology revolution has revealed a number of biomarkers that give better insight into osteoarthritis progression and the probability of undergoing arthroplasty. CRTAC1 is a cartilage acidic protein, identified as a circulating biomarker in large-scale proteomic analyses, which is associated with disease severity and risk of progression to Joint Replacement (Styrkarsdottir et al., 2021), thus promising for early diagnosis and risk stratification. Similarly, RNA sequencing identified complex networks of microRNA-mediated regulation of cartilage degradation, extracellular matrix maintenance, and inflammatory regulation, which are suitable targets for future therapeutic development and disease monitoring (Coutinho de Almeida et al., 2019). Additionally, genome-wide association studies have shown that inherited genetic susceptibility can also lead to the development of end-stage knee osteoarthritis (OA) necessitating total knee arthroplasty, establishing the increasing importance of genomic biomarkers in precision orthopaedics (Kulm et al., 2022).

2.5 Clinical Implications

Genomic, transcriptomic, and proteomic evidence are helping to change the way degenerative joint diseases are managed, and are allowing for earlier diagnosis and treatment strategies to be tailored to the individual. Transcriptomic studies have implicated abnormal Mechan transduction and extracellular matrix signaling mechanisms in the progression of OA, and this indicates that these may be promising molecular targets for disease modifying interventions, before the point of irreversible joint damage is reached (Hu et al., 2023). In combination with clinical findings, these biological insights provide a better foundation for precision orthopaedics, where molecular profiling, for example, could be used to better select patients, predict disease activity, better time arthroplasty, and target therapies to improve long-term clinical outcomes.

3. Current Trends in Modern Arthroplasty

3.1 Improved Peri-operative care and pain management

This has resulted in more and more evidence-based peri-operative strategies for modern arthroplasty that aim to minimise post-operative complications and accelerate recovery. Enhanced Recovery After Surgery (ERAS) pathways are used to maximise functional recovery and minimise length of stay, and include multimodal analgesia, early mobilization, optimized anesthetic techniques and patient education. The formulation of local anesthetic has been another development that has helped to make pain management after surgery effective. HTX-011 has been demonstrated to be effective for opioid sparing postoperative management as was shown in a randomized clinical trial that demonstrated reduced intensity of postoperative pain and reduced opioid consumption after primary total knee arthroplasty (Lachiewicz et al., 2020). They have been well adopted in the existing arthroplasty programs and have been proven to enhance their clinical outcomes and patient experience.

3.2 Personalized Patient Optimization

Increasingly, practice of arthroplasty revolves around optimizing the patient pre-operatively for the best possible postoperative results. When deciding on treatment, clinicians now consider the overall metabolic status, systemic inflammation and nutritional status, and the individual risk factors in addition to the radiographic severity. Several metabolic and inflammatory markers have been identified in a recent systematic review, that are linked to functional recovery and clinical outcomes following TKA, emphasizing the need for thorough pre-operative assessment for tailored care planning (Meert et al., 2023). This method of care helps to improve rehab, as well as reducing the complications and performance of these implants in the long run.

3.3 Improvements in implant materials and surgical techniques

The materials and procedures that are used to replace the joints have been vastly improved in the past years, making the surgery more durable and accurate. The example of newer bearing surfaces, such as ceramic-on-ceramic THA, has demonstrated excellent survivorship and outcomes and will be associated with reduced wear and increased longevity (Kim

et al., 2022). Simultaneously, robotic-assisted arthroplasty has also been shown to be more accurate and efficient in component positioning, resulting in optimal component placement and more consistent surgical procedures than manual methods (Deckey et al., 2021). Table 2 summarizes the progress made in implant materials and surgical techniques in modern arthroplasty, and Figure 2 shows the current trends that influence the practice of arthroplasty.

Table 2. Contemporary Trends in Modern Arthroplasty

Current trend	Clinical significance	References
Enhanced recovery protocols	Reduced pain, opioid use, and hospital stay	Lachiewicz et al. (2020)
Personalized patient optimization	Improved risk stratification and recovery	Meert et al. (2023)
Advanced ceramic bearing surfaces	Increased implant longevity and reduced wear	Kim et al. (2022)
Robotic-assisted surgery	Improved implant alignment and surgical precision	Deckey et al. (2021)

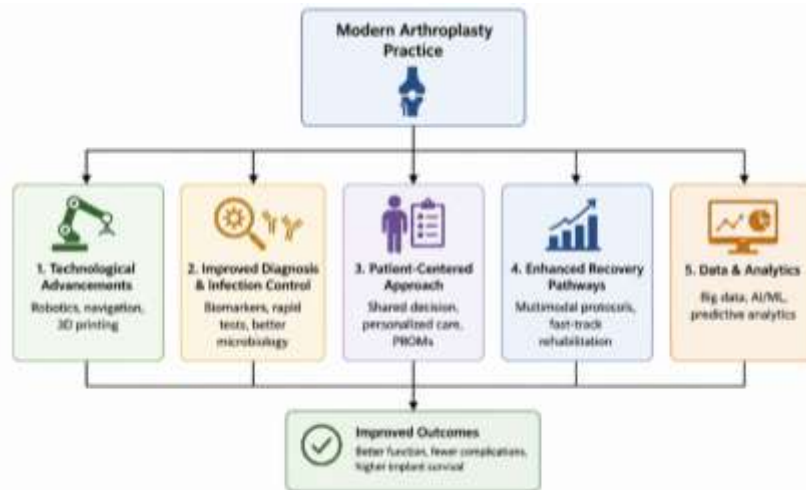


Figure 2. Contemporary Trends Shaping Modern Arthroplasty Practice

3.4 Artificial Intelligence and Digital Technologies

The era of modern arthroplasty is undergoing a revolution with artificial intelligence (AI) and digital technologies providing improved diagnostics, implant identification, surgical planning and clinical decision making. Conventional X-rays can also be used to automatically detect implant insertion in hip arthroplasty with high accuracy using deep learning algorithms, potentially reducing the time in the diagnostic workflow and helping revision planning (Karnuta et al., 2021). This has been demonstrated using large multi-center cohorts of more than two million X-rays and has been proven to be reliable and scalable for implant recognition in day-to-day orthopaedic practice (Karnuta et al., 2023). These innovations allow for better workflow in the clinical setting and more standardized preop assessment.

3.5 Future Clinical Perspectives

Innovation in arthroplasty has continued to change this field with robotics, artificial intelligence and data-driven decision support. Cost-effectiveness analyses demonstrate the cost-effectiveness of UKA performed with a robot, as a result of the higher accuracy of the procedure and lower revision surgery costs over time (Clement et al., 2019). Moreover, systematic evaluations of machine learning applications have shown great promise in predicting clinical outcomes, optimizing patient selection, as well as in personalized perioperative management, and standardized reporting and external validation are crucial for clinical implementation (Polce et al., 2022). These developments together point to the future of arthroplasty where intelligent technologies will work together with precision surgery to enhance patient outcomes, increase the lifespan of implants, and improve healthcare efficiency.

4. Advances in Implant Materials and Biomaterials

4.1 Evolution of Implant Materials

The success of arthroplasty is largely related to the materials used for the implants which have to be mechanically strong, corrosion resistant, and biologically compatible. Due to its favorable mechanical properties, good biocompatibility and elastic modulus, Ti and its alloys are still the materials of choice for joint replacements. The biomedical titanium alloys have been continuously improved so as to have better fatigue resistance, decrease the stress shielding, and prolong the life and function of the implant (Zhang & Chen, 2019). These advances have led to the use of modern biomaterials based on titanium as the basis of the arthroplasty implants of the current day.

4.2 Surface Modification for Enhanced Osseointegration

The main requirement for successful arthroplasty is to achieve fast and stable osseointegration between the implant and the surrounding bone. Recent developments in surface engineering have led to micro and nano scale surface modifications that enhance cellular adhesion, proliferation of osteoblasts and bone formation. Multi-scale surface treatments of titanium implants have shown to be effective in improving biological fixation, creating a positive bone–implant interaction, and promoting early osseointegration (Wang et al., 2020). These surface modifications minimize implant micromotion and help promote long term implant fixation after joint replacement.

4.3 Three-Dimensional Printing and Personalized Biomaterials

The most significant impact found in the healthcare industry thus far is in the field of implants, where the design of patient-specific implants has been revolutionized by additive manufacturing via optimized structural and biological properties of the implants. Three-dimensional (3D) printing enables the accurate production of bioadaptive scaffolds that replicate the natural bone structure, encourages tissue regeneration and mechanical stability (Ren et al., 2023). Likewise, 3D printed porous titanium scaffolds have shown improved bone ingrowth and greater fixation of the implant due to an increased surface area for osseointegration (Zheng et al., 2020). These innovations enable the design of personalised implants and enhance the reconstructive choices for patients with complicated bone defects. Table 3 summarizes current strategies for perioperative management and postoperative rehabilitation following total joint arthroplasty, while Figure 3 illustrates the major advances in implant materials and biomaterials that contribute to improved implant performance and clinical outcomes.

Table 3. Recent Advances in Implant Materials and Biomaterials for Arthroplasty

Innovation	Clinical significance	References
Biomedical titanium alloys	Improved strength, biocompatibility, and implant longevity	Zhang & Chen (2019)
Multi-scale titanium surface treatments	Enhanced osseointegration and implant fixation	Wang et al. (2020)
3D-printed bioadaptive scaffolds	Patient-specific bone regeneration	Ren et al. (2023)
Porous titanium scaffolds	Increased bone ingrowth and biological fixation	Zheng et al. (2020)

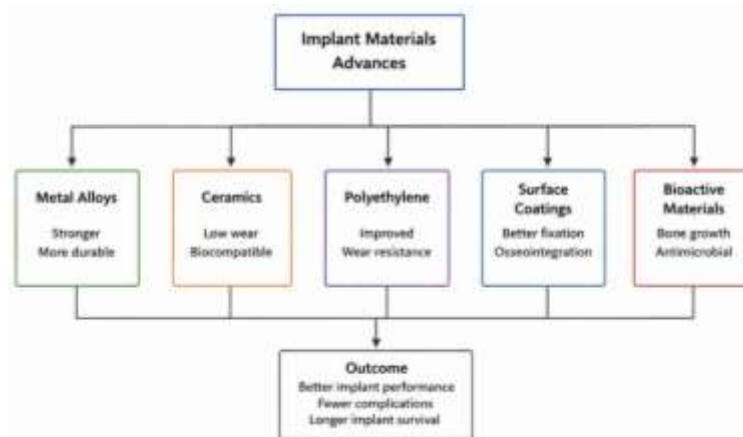


Figure 3. Advances in Implant Materials and Biomaterials for Modern Arthroplasty

4.4 Bioactive Functionalization of Orthopaedic Implants

There has been recent research in the field of biomaterials aimed at improving the bioactivity of implants by designing scaffolds and adding osteogenic molecules. The functionalization of the titanium scaffolds with bone morphogenetic protein-2 (BMP-2) and osteoprotegerin has been shown to significantly improve bone regeneration, implant stability and osseointegration, especially under osteoporotic conditions where bone healing is impaired (Wang et al., 2021). Simultaneously, improvements in porous scaffold designs have allowed the creation of scaffolds with controllable pore geometry and interconnected porous structures, which allow for vascularization, transport of nutrients, and new bone formation with sufficient mechanical strength (Chen et al., 2020). These advances help to better integrate the implant into the body and ensure a lasting performance.

4.5 Clinical Applications and Future Perspectives

Advanced biomaterials have been translated into clinical applications, enhancing primary and complex revision arthroplasty. Apatite–wollastonite glass-ceramic-coated implants in conjunction with highly cross-linked polyethylene have proven their durability and wear resistance in total hip arthroplasty (Fuke et al., 2022) and have shown excellent implant survivorship in long-term clinical investigations, while maintaining long-lasting functional outcomes. In addition, individual personalized three-dimensional printed titanium implants have demonstrated promising short- and medium-term results in the revision of hip arthroplasty for severe acetabular bone defects, with better restoration of anatomical stability and fixation of implants (Fang et al., 2022). Together, they show that biomaterials and additive manufacturing are paving the way towards more durable, biologically active and patient-specific implants, which further the evolution of precision arthroplasty.

5. Engineering Applications Supporting Smart Decision-Making

5.1 Industry 4.0 Technologies

Industry 4.0 has revolutionized manufacturing SMEs with the inclusion of high level of digital technology in production, planning and operational management. Smart manufacturing technologies are used to boost productivity, flexibility, and efficient use of resources, and to enhance competitiveness in international markets (Ghobakhloo & Ching, 2019). Another

crucial factor in digital transformation under Industry 4.0 is the strategic alignment of technological investments and organizational capabilities for sustainable competitive performance (Ghobakhloo & Iranmanesh, 2021). Empirical evidence shows that manufacturing companies can implement Industry 4.0 technologies in various implementation patterns based on the operational priorities and technological maturity (Frank et al., 2019). Moreover, the research carried out over the past ten years in the field of Industry 4.0 indicates technological integration, sustainability and organizational readiness are among the factors that play decisive roles in the successful implementation of Industry 4.0 (Ghobakhloo et al., 2021). Table 4 summarizes the recent advances in arthroplasty technology, diagnostic approaches, and clinical applications

Table 4. Engineering Applications Supporting Smart Decision-Making for SME Internationalization

Engineering Application	Organizational Function	Strategic Contribution	Internationalization Benefit	References
Industry 4.0 technologies	Smart manufacturing	Improves operational efficiency	Enhances global competitiveness	Ghobakhloo & Ching (2019)
Digital supply chain	Risk management	Strengthens resilience	Improves international coordination	Ivanov & Dolgui (2021)
Blockchain systems	Secure information exchange	Builds digital trust	Increases supply chain transparency	Orji et al. (2020)
Smart production systems	Process optimization	Improves operational performance	Supports scalable international operations	Queiroz et al. (2020)
Engineering decision support	Multi-criteria evaluation	Enhances managerial decisions	Optimizes technology selection	Büyüközkan & Göçer (2019)

5.2 Intelligent Manufacturing and Smart Operations

Intelligent manufacturing refers to a manufacturing system that uses automation, digital monitoring and continuous organizational learning to make the manufacturing system perform better. Smart production systems are used for the integration of engineering processes with business process management, which helps organizations to improve production efficiency and facilitate decision-making by management (Queiroz et al., 2020). Organizational learning, in turn, enhances Industry 4.0 adoption by helping companies to continuously improve their technological skills, adjust their operational methods, and maintain productivity gains throughout the digital transformation process (Tortorella et al., 2020).

5.3 Supply Chain Digitalization

The advent of digital technology has dramatically revolutionized supply chain management, enhancing visibility, resilience and analytics. Industry 4.0 enables companies to anticipate and counteract potential supply chain disruptions through the use of data analytics and optimization tools to enhance their supply chain. (Ivanov et al., 2019). Digital supply chain twins also help increase resilience by providing real-time monitoring and simulation capabilities, which can support proactive decision-making in the face of uncertainty (Ivanov & Dolgui, 2021). Big data analytics in SCM makes better information available and provides greater predictive power, which ultimately improves the quality of decisions that an organization makes (Kache & Seuring, 2017). Furthermore, AI technologies enhance supply chain resilience by facilitating adaptive responses to disturbances, maintaining operational continuity during crises, and minimizing disruption in the event of a major crisis.

5.4 Blockchain and Digital Trust

The value of blockchain technologies as engineering applications in the sense of enhancing transparency, traceability and trust in international supply chains has become evident. Technological readiness, organizational commitment, and collaboration among supply chain stakeholders are all important in the successful adoption of blockchain. The decentralized nature of blockchain, combined with its security and transparency, also contributes to the resilience of a supply chain, achieving better coordination of geographically dispersed international operations (Min, 2019).

5.5 Engineering Decision Support Systems

Engineering decision-support systems offer structured analytical methods for assessing complex technological alternatives and enhance the quality of strategic decisions. Comprehensive multi-criteria decision-making methods help organizations systematically analyze engineering solutions, leading to better technology decisions and resource allocation for digital enabled international operations (Büyüközkan & Göçer, 2019). Overall, engineering applications have become strategic enablers that are integrated with Industry 4.0 technologies, smart manufacturing, resilient supply chain, blockchain and engineering decision support systems (Saravanan et al., 2024). Their combined use empowers operational intelligence, organisational resilience and evidence-based managerial decisions, giving SMEs a solid technological frame for sustainable international growth.

6. Emerging Advances in Arthroplasty Technology and Periprosthetic Joint Infection Management

6.1 Robotic-Assisted Arthroplasty

In this regard, robotic-assisted total knee arthroplasty has become a significant technological development for the precise surgery and reduction of soft-tissue trauma. A prospective randomized controlled trial found a significantly reduced

systemic inflammatory response when comparing robotic-arm assisted procedures to conventional jig-based TKA, indicating that improved surgical accuracy may help to reduce physiological stress and improve postoperative recovery (Kayani et al., 2021).

6.2 Microbiological characteristics of a PJI.

The microbiological diagnosis of periprosthetic joint infection (PJI) is still essential for the effective management of this infection. Recent database data showed that a wide range of microorganisms can cause PJIs of the hip and knee, and pathogen-specific identification is critical to guide antimicrobial therapy and maximize treatment success. Better microbiological profiling also enables tailored methods of managing infections and minimizes the chances of failure of therapy (Tai et al., 2022).

6.3 Biomarker-Based Diagnosis of Periprosthetic Joint Infection

The early diagnosis of PJI has been greatly facilitated by reliable biomarkers. Validation studies have demonstrated the high diagnostic value of the alpha-defensin lateral flow test and its potential to be used as an immediately available adjunct test to conventional laboratory testing to support timely clinical decision making (Deirmengian et al., 2021). In addition, complementary prospective evidence highlighted the high predictive ability of both complement parameters, which exhibit good diagnostic agreement, thereby boosting clinician confidence in the assessment of patients with a suspected implant-related infection (Grünwald et al., 2023).

6.4 Arthroplasty after Septic Arthritis

Patients who have had septic arthritis previously have been thought to be at a higher risk for postoperative complications after total knee arthroplasty (TKA). But, recent case-control evidence has shown that favorable functional outcomes and acceptable implant survival can be achieved when infection is eradicated properly before surgery and a comprehensive set of peri-operative management protocols are followed (Bettencourt et al., 2021).

6.5 Clinical Implications

Contemporary arthroplasty practice has been greatly enhanced by recent advances in robotic-assisted surgery, microbiological characterization and biomarker-based diagnostics. These advances together help to enable early identification of an infection, more accurate surgical interventions, individualized antimicrobial management and improved patient selection. When used together, it helps reduce the rate of complications, extend the life of the implants, and enhance long-term clinical outcomes, and offers a more robust evidence-based approach to optimizing the care of patients undergoing total joint arthroplasty (TJA).

7. Future Research Directions

Despite the significant advances made in the use of AI, machine learning, big data analytics, IS and Industry 4.0 to support SME internationalization, there are still key research needs. Previous works are mainly focused on the use of individual technologies separately, while future research should aim for integrated smart decision-making frameworks simultaneously taking into account the use of AI, ML, engineering applications, digital transformation, and organizational capabilities. This would give insight into the interdependencies of digital ecosystems in strategic decision-making and international business performance in a more comprehensive manner.

A further research avenue is the need to do longitudinal and cross-country studies to assess the evolution of technological uptake in various institutional, cultural and economic contexts. The majority of the evidence currently available is from developed economies and is therefore not necessarily transferable to emerging markets where SMEs may be more resource limited and not as digitally mature. Comparative studies across industries and across geographical regions would enhance the development of theory and give more context-specific managerial insights.

The need for responsible AI, cybersecurity, data governance, and ethical decision-making in the context of intelligent business ecosystems are also areas that warrant further investigation in future research. The importance of transparency, trust, privacy and regulatory compliance associated with technology adoption and organizational performance will continue to grow as organizations rely more and more on data-driven technologies. Moreover, more efforts are needed to build human-centric and explainable AI systems to boost managerial confidence and assist in collaborative decision-making. In conclusion, future research should focus on bridging the gap and combining digital twins, generative AI, IoT, blockchain, and advanced predictive analytics into holistic platforms that can enhance SME resilience, innovation, and sustainable international expansion.

8. CONCLUSION

There have been many dramatic advances in the area of total joint arthroplasty, in surgical techniques, implant technology, diagnostic tools and peri-operative care. This review shows that modern evidence-based practice supports patient specific treatment decision making, precision surgical techniques, and evidence-based rehabilitation to optimize functional recovery and the survival of the implant. Of equal importance, the diagnosis and treatment of periprosthetic joint infection has improved, such as with new microbiological characterization and biomarker-based testing, enhancing the ability to detect infection at an early stage and optimize clinical decision-making, which lessens the impact of one of the most serious complications after arthroplasty. The results also emphasize the importance of a multidisciplinary approach, including the accurate assessment in pre-operative stages, the proper selection of patients, the meticulous surgical execution, as well as the comprehensive post-operative care, for successful clinical results. New advances in technology, including robotic surgery for arthroplasty and new biomarkers for diagnosis, have further enhanced clinicians' ability to

provide more precise individualized, effective treatment. However, further research is needed to achieve better implant survival rates, fewer complications, and better patient results in various clinical situations. In summary, TJA is one of the best treatments in restoring the function of the joint and the quality of life of a patient with end-stage joint disease. A combination of ongoing technological advancements, coupled with excellent clinical research and collaboration across multiple disciplines, will continue to improve arthroplasty practice and continue to enable safer, more efficient and patient-centered orthopedic care.

REFERENCES

1. Bettencourt, J. W., Wyles, C. C., Fruth, K. M., Osmon, D. R., Hanssen, A. D., Berry, D. J., & Abdel, M. P. (2021). Outcomes of primary total knee arthroplasty following septic arthritis of the native knee: a case-control study. *JBJS*, 103(18), 1685-1693.
2. Boer, C. G., Hatzikotoulas, K., Southam, L., Stefánsdóttir, L., Zhang, Y., de Almeida, R. C., ... & Wilkinson, J. M. (2021). Deciphering osteoarthritis genetics across 826,690 individuals from 9 populations. *Cell*, 184(18), 4784-4818.
3. Chen, H., Han, Q., Wang, C., Liu, Y., Chen, B., & Wang, J. (2020). Porous scaffold design for additive manufacturing in orthopedics: a review. *Frontiers in bioengineering and biotechnology*, 8, 609.
4. Christiansen, C. L., Kline, P. W., Anderson, C. B., Melanson, E. L., Sullivan, W. J., Richardson, V. L., ... & Stevens-Lapsley, J. E. (2024). Optimizing total knee arthroplasty rehabilitation with telehealth physical activity behavior change intervention: a randomized clinical trial. *Physical Therapy*, 104(10), pzae088.
5. Christiansen, R. J., Münch, H. J., Bonefeld, C. M., Thyssen, J. P., Sloth, J. J., Geisler, C., ... & Jakobsen, S. S. (2019). Cytokine profile in patients with aseptic loosening of total hip replacements and its relation to metal release and metal allergy. *Journal of Clinical Medicine*, 8(8), 1259.
6. Clement, N. D., Deehan, D. J., & Patton, J. T. (2019). Robot-assisted unicompartmental knee arthroplasty for patients with isolated medial compartment osteoarthritis is cost-effective: a markov decision analysis. *The bone & joint journal*, 101(9), 1063-1070.
7. Coutinho de Almeida, R., Ramos, Y. F., Mahfouz, A., den Hollander, W., Lakenberg, N., Houtman, E., ... & Meulenbelt, I. (2019). RNA sequencing data integration reveals an miRNA interactome of osteoarthritis cartilage. *Annals of the rheumatic diseases*, 78(2), 270-277.
8. Darrith, B., Frisch, N. B., Tetreault, M. W., Fice, M. P., Culvern, C. N., & Della Valle, C. J. (2019). Inpatient versus outpatient arthroplasty: a single-surgeon, matched cohort analysis of 90-day complications. *The Journal of arthroplasty*, 34(2), 221-227.
9. Deckey, D. G., Rosenow, C. S., Verhey, J. T., Brinkman, J. C., Mayfield, C. K., Clarke, H. D., & Bingham, J. S. (2021). Robotic-assisted total knee arthroplasty improves accuracy and precision compared to conventional techniques. *The bone & joint journal*, 103(6 Supple A), 74-80.
10. Deirmengian, C., Madigan, J., Mallikarjuna, S. K., Conway, J., Higuera, C., & Patel, R. (2021). Validation of the alpha defensin lateral flow test for periprosthetic joint infection. *JBJS*, 103(2), 115-122.
11. England, T., Pagkalos, J., Jeys, L., Botchu, R., & Smith, R. C. (2021). Additive manufacturing of porous titanium metaphyseal components: early osseointegration and implant stability in revision knee arthroplasty. *Journal of Clinical Orthopaedics and Trauma*, 15, 60-64.
12. Fang, S., Wang, Y., Xu, P., Zhu, J., Liu, J., Li, H., & Sun, X. (2022). Three-dimensional-printed titanium implants for severe acetabular bone defects in revision hip arthroplasty: short-and mid-term results. *International orthopaedics*, 46(6), 1289-1297.
13. Fuke, R., Maezawa, K., Nozawa, M., Yuasa, T., & Kaneko, K. (2022). Long-term outcome of primary total hip arthroplasty with apatite-wollastonite glass-ceramic-coated implants and highly cross-linked polyethylene. *Journal of Orthopaedic Science*, 27(6), 1268-1274.
14. Ghomrawi, H. M., Nwachukwu, B. U., Jain, D., Wright, T., Padgett, D., Bozic, K. J., & Lyman, S. (2020). Preoperative expectations associated with postoperative dissatisfaction after total knee arthroplasty: a cohort study. *JAAOS-Journal of the American Academy of Orthopaedic Surgeons*, 28(4), e145-e150.
15. Goodman, S. B., Pajarinen, J., Yao, Z., & Lin, T. (2019). Inflammation and bone repair: from particle disease to tissue regeneration. *Frontiers in Bioengineering and Biotechnology*, 7, 230.
16. Grünwald, L., Schmidutz, F., Döttger, P., Erne, F., Schreiner, A. J., & Hemmann, P. (2023). Leukocyte esterase and alpha-defensin in periprosthetic joint infection: predictive quality and correlation in a prospective study. *International Orthopaedics*, 47(11), 2663-2668.
17. Health Investigators. (2019). Total hip arthroplasty or hemiarthroplasty for hip fracture. *New England Journal of Medicine*, 381(23), 2199-2208.
18. Hu, Y., Li, K., Swahn, H., Ordoukhanian, P., Head, S. R., Natarajan, P., ... & Lotz, M. K. (2023). Transcriptomic analyses of joint tissues during osteoarthritis development in a rat model reveal dysregulated mechanotransduction and extracellular matrix pathways. *Osteoarthritis and cartilage*, 31(2), 199-212.
19. Jämsen, E., Pajarinen, J., Kouri, V. P., Rahikkala, A., Goodman, S. B., Manninen, M., ... & Nurmi, K. (2020). Tumor necrosis factor primes and metal particles activate the NLRP3 inflammasome in human primary macrophages. *Acta biomaterialia*, 108, 347-357.
20. Karnuta, J. M., Haeberle, H. S., Luu, B. C., Roth, A. L., Molloy, R. M., Nystrom, L. M., ... & Ramkumar, P. N. (2021). Artificial intelligence to identify arthroplasty implants from radiographs of the hip. *The Journal of arthroplasty*, 36(7), S290-S294.

21. Karnuta, J. M., Murphy, M. P., Luu, B. C., Ryan, M. J., Haeberle, H. S., Brown, N. M., ... & Ramkumar, P. N. (2023). Artificial intelligence for automated implant identification in total hip arthroplasty: a multicenter external validation study exceeding two million plain radiographs. *The Journal of Arthroplasty*, 38(10), 1998-2003.
22. Kayani, B., Tahmassebi, J., Ayuob, A., Konan, S., Oussedik, S., & Haddad, F. S. (2021). A prospective randomized controlled trial comparing the systemic inflammatory response in conventional jig-based total knee arthroplasty versus robotic-arm assisted total knee arthroplasty. *The Bone & Joint Journal*, 103(1), 113-122.
23. Kim, H. S., Park, J. W., Ha, J. H., Lee, Y. K., Ha, Y. C., & Koo, K. H. (2022). Third-generation ceramic-on-ceramic total hip arthroplasty in patients with osteonecrosis of the femoral head: a 10-to 16-year follow-up study. *JBJS*, 104(Suppl 2), 68-75.
24. Kohno, Y., Lin, T., Pajarinen, J., Jämsen, E., Romero-Lopez, M., Maruyama, M., ... & Goodman, S. B. (2019). Treating titanium particle-induced inflammation with genetically modified NF- κ B sensing IL-4 secreting or preconditioned mesenchymal stem cells in vitro. *ACS biomaterials science & engineering*, 5(6), 3032-3038.
25. Kulm, S., Kolin, D. A., Langhans, M. T., Kaidi, A. C., Elemento, O., Bostrom, M. P., & Shen, T. S. (2022). Characterization of genetic risk of end-stage knee osteoarthritis treated with total knee arthroplasty: a genome-wide association study. *JBJS*, 104(20), 1814-1820.
26. Lachiewicz, P. F., Lee, G. C., Pollak, R. A., Leiman, D. G., Hu, J., & Sah, A. P. (2020). HTX-011 reduced pain and opioid use after primary total knee arthroplasty: results of a randomized phase 2b trial. *The Journal of arthroplasty*, 35(10), 2843-2851.
27. Landgraeber, S., Jäger, M., Jacobs, J. J., & Hallab, N. J. (2014). The pathology of orthopedic implant failure is mediated by innate immune system cytokines. *Mediators of inflammation*, 2014(1), 185150.
28. Li, C., Wei, P., Wang, L., Wang, Q., Wang, H., & Zhang, Y. (2023). Integrated analysis of transcriptome changes in osteoarthritis: gene expression, pathways and alternative splicing. *Cartilage*, 14(2), 235-246.
29. Liang, W., Zhou, C., Bai, J., Zhang, H., Jiang, B., Wang, J., ... & Zhu, H. (2024). Current advancements in therapeutic approaches in orthopedic surgery: a review of recent trends. *Frontiers in Bioengineering and Biotechnology*, 12, 1328997.
30. Liu, J., Yang, Y., Wan, S., Yao, Z., Zhang, Y., Zhang, Y., ... & Zhang, C. (2021). A new prediction model for patient satisfaction after total knee arthroplasty and the roles of different scoring systems: a retrospective cohort study. *Journal of Orthopaedic Surgery and Research*, 16(1), 329.
31. Lv, Z., Yang, Y. X., Li, J., Fei, Y., Guo, H., Sun, Z., ... & Shi, D. (2021). Molecular classification of knee osteoarthritis. *Frontiers in cell and developmental biology*, 9, 725568.
32. Matar, H. E., Jenkinson, R., Pincus, D., Satkunasivam, R., Paterson, J. M., & Ravi, B. (2021). The association between surgeon age and early surgical complications of elective total hip arthroplasty: propensity-matched cohort study (122,043 patients). *The Journal of Arthroplasty*, 36(2), 579-585.
33. Meert, L., Mertens, M. G., Meeus, M., Vervullens, S., Baert, I., Beckwée, D., ... & Smeets, R. J. (2023). Identification of metabolic factors and inflammatory markers predictive of outcome after total knee arthroplasty in patients with knee osteoarthritis: a systematic review. *International Journal of Environmental Research and Public Health*, 20(10), 5796.
34. Miyazaki, S., Tsuruta, K., Yoshinaga, S., Yamaguchi, Y., Fujii, Y., Arakawa, H., ... & Chosa, E. (2022). Effect of total hip arthroplasty on improving locomotive syndrome in hip disease patients: A prospective cohort study focused on total clinical decision limits stage 3. *Journal of Orthopaedic Science*, 27(2), 408-413.
35. Pajarinen, J., Lin, T., Gibon, E., Kohno, Y., Maruyama, M., Nathan, K., ... & Goodman, S. B. (2019). Mesenchymal stem cell-macrophage crosstalk and bone healing. *Biomaterials*, 196, 80-89.
36. Polce, E. M., Kunze, K. N., Dooley, M. S., Piuze, N. S., Boettner, F., & Sculco, P. K. (2022). Efficacy and applications of artificial intelligence and machine learning analyses in total joint arthroplasty: a call for improved reporting. *Journal of Bone and Joint Surgery*, 104(9), 821-832.
37. Ren, Y., Zhang, C., Liu, Y., Kong, W., Yang, X., Niu, H., ... & Wang, J. (2023). Advances in 3D printing of highly bioadaptive bone tissue engineering scaffolds. *ACS Biomaterials Science & Engineering*, 10(1), 255-270.
38. Rezzadeh, K., Behery, O. A., Kester, B. S., Long, W. J., & Schwarzkopf, R. (2019). The effect of total knee arthroplasty on physical activity and body mass index: An analysis of the osteoarthritis initiative cohort. *Geriatric Orthopaedic Surgery & Rehabilitation*, 10, 2151459318816480.
39. Saravanan, T. R., Suvitha, S., Banavath, D., Gogula, S., Upadhyay, J., & Sudhakar, M. (2024). Exploring AI and machine learning integration in medical assistive robotics: An experimental approach. *Fostering Cross-Industry Sustainability with Intelligent Technologies*, 130-151.
40. Shen, Y., Nakajima, H., Zhu, J., & Wu, W. (2025). Integrin β 2 regulates titanium particle-induced inflammation in macrophages: In vitro aseptic loosening model. *Molecular Medicine Reports*, 31(1).
41. Steinberg, J., Southam, L., Roumeliotis, T. I., Clark, M. J., Jayasuriya, R. L., Swift, D., ... & Zeggini, E. (2021). A molecular quantitative trait locus map for osteoarthritis. *Nature Communications*, 12(1), 1309.
42. Styrkarsdottir, U., Lund, S. H., Saevarsdottir, S., Magnusson, M. I., Gunnarsdottir, K., Norddahl, G. L., ... & Stefansson, K. (2021). The CRTAC1 protein in plasma is associated with osteoarthritis and predicts progression to joint replacement: a large-scale proteomics scan in Iceland. *Arthritis & Rheumatology*, 73(11), 2025-2034.
43. Styrkarsdottir, U., Stefansson, O. A., Gunnarsdottir, K., Thorleifsson, G., Lund, S. H., Stefansson, L., ... & Stefansson, K. (2019). GWAS of bone size yields twelve loci that also affect height, BMD, osteoarthritis or fractures. *Nature communications*, 10(1), 2054.
44. Tachmazidou, I., Hatzikotoulas, K., Southam, L., Esparza-Gordillo, J., Haberland, V., Zheng, J., ... & Zeggini, E. (2019). Identification of new therapeutic targets for osteoarthritis through genome-wide analyses of UK Biobank data. *Nature genetics*, 51(2), 230-236.

45. Tai, D. B. G., Patel, R., Abdel, M. P., Berbari, E. F., & Tande, A. J. (2022). Microbiology of hip and knee periprosthetic joint infections: a database study. *Clinical Microbiology and Infection*, 28(2), 255-259.
46. Wang, Q., Hunter, S., Lee, R. L. T., & Chan, S. W. C. (2023). The effectiveness of a mobile application-based programme for rehabilitation after total hip or knee arthroplasty: a randomised controlled trial. *International journal of nursing studies*, 140, 104455.
47. Wang, Q., Zhou, P., Liu, S., Attarilar, S., Ma, R. L. W., Zhong, Y., & Wang, L. (2020). Multi-scale surface treatments of titanium implants for rapid osseointegration: a review. *Nanomaterials*, 10(6), 1244.
48. Wang, X., Li, Z., Wang, Z., Liu, H., Cui, Y., Liu, Y., ... & Wang, J. (2021). Incorporation of bone morphogenetic protein-2 and osteoprotegerin in 3D-printed Ti6Al4V scaffolds enhances osseointegration under osteoporotic conditions. *Frontiers in bioengineering and biotechnology*, 9, 754205.
49. Zhang, L. C., & Chen, L. Y. (2019). A review on biomedical titanium alloys: recent progress and prospect. *Advanced engineering materials*, 21(4), 1801215.
50. Zheng, Y., Han, Q., Wang, J., Li, D., Song, Z., & Yu, J. (2020). Promotion of osseointegration between implant and bone interface by titanium alloy porous scaffolds prepared by 3D printing. *ACS biomaterials science & engineering*, 6(9), 5181-5190.