

TABLE E-1 Crowe Classifications*

	Crowe II	Crowe III	Crowe IV
All Patients	22	19	24
Living Patients	11	9	14

*Crowe classifications were evenly distributed.

TABLE E-2 Acetabular Revisions for Aseptic Loosening

Case	Age at time of THR (yr)	Gender	Time to Revision (yr)	Reason for Revision	Component Revised	Technique of Revision Surgery
1	61	F	14	Acetabular Loosening	Acetabular and Femoral	Hybrid cementless with high hip center
2	42	F	16	Acetabular Loosening	Acetabular and Femoral	Hybrid cementless with high hip center
3	48	F	17	Acetabular Loosening	Acetabular	Cementless with anatomic hip center
4	51	F	25	Acetabular Loosening	Acetabular	Cementless Acetabulum
5	42	F	9	Acetabular Loosening	Acetabular	Cemented Acetabulum
6	42	F	15	Acetabular Loosening	Acetabular	Cemented Acetabulum
7	32	F	18	Acetabular Loosening	Acetabular	Cemented Acetabulum
8	42	F	13	Acetabular Loosening	Acetabular and Femoral	Hybrid cementless with high hip center
9	32	F	21 25	1)Acetabular and Femoral Loosening 2)Acetabular loosening	1)Acetabular and femoral 2)Acetabular	1)Cementless Acetabular and Femoral AML with allograft struts 2)Bilobed cementless acetabular component

TABLE E-3 Hip Pain in Living Patients at Time of Follow-up

Pain	Hips (N=34)
None	28 (82%)
Mild	2 (6%)
Moderate	3 (9%)
Severe	1 (3%)

TABLE E-4 Activity of Living Patients at Time of Follow-up

Activity	Patients (N=24)
Heavy Labor	1 (4%)
Moderate Manual Labor	8 (33%)
Light Labor	11 (46%)
Semi-sedentary Work	3 (13%)
Sedentary	1 (4%)

Acetabular Aseptic Revisions

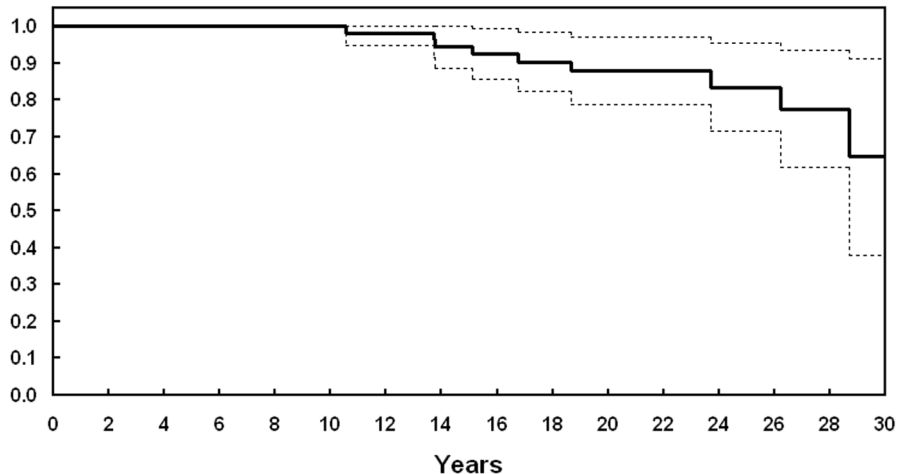


Fig. E1-A

Figs. E1-A through E1-D Survivorship curves with 95% confidence intervals as determined with the Kaplan-Meier method. **Fig. E1-A** With revision of the acetabular component because of aseptic loosening as the end point, the survivorship was $86\% \pm 8\%$ at a minimum of twenty years.

Femoral Aseptic Revisions

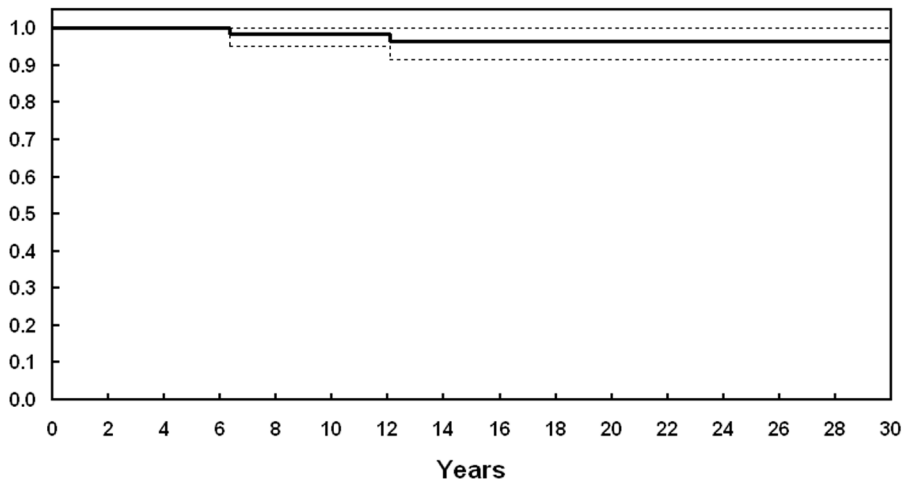


Fig. E1-B

With revision of the femoral component because of aseptic loosening as the end point, the survivorship was $97\% \pm 3\%$ at a minimum of twenty years.

Acetabular Loosening

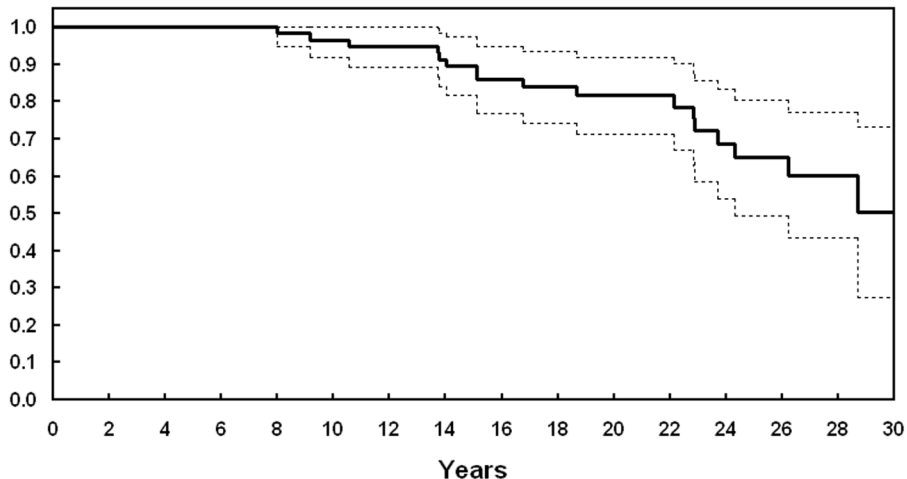


Fig. E1-C

With definite or probable radiographic loosening or revision because of aseptic loosening of the acetabular component as the end point, the survivorship was $82\% \pm 10\%$ at a minimum of twenty years.

Femoral Loosening

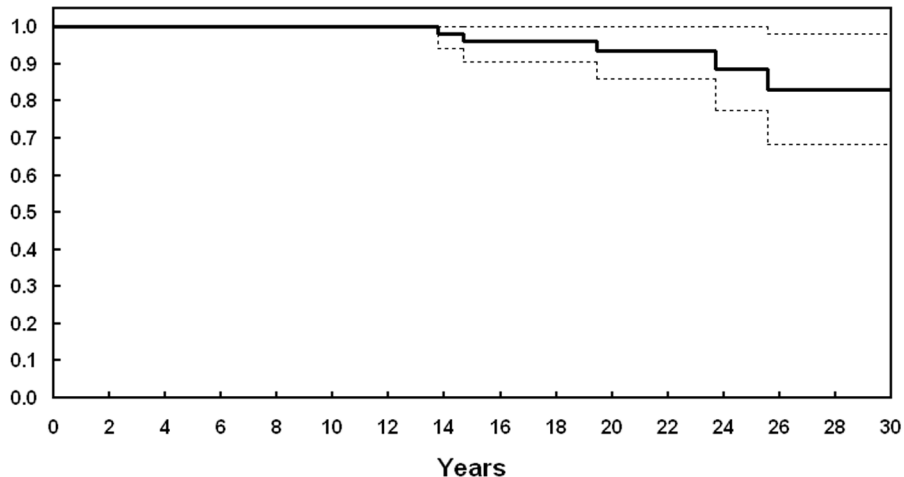


Fig. E1-D

With definite or probable radiographic loosening or revision because of aseptic loosening of the femoral component as the end point, the survivorship was $92\% \pm 6\%$ at a minimum of twenty years.

Any Revision

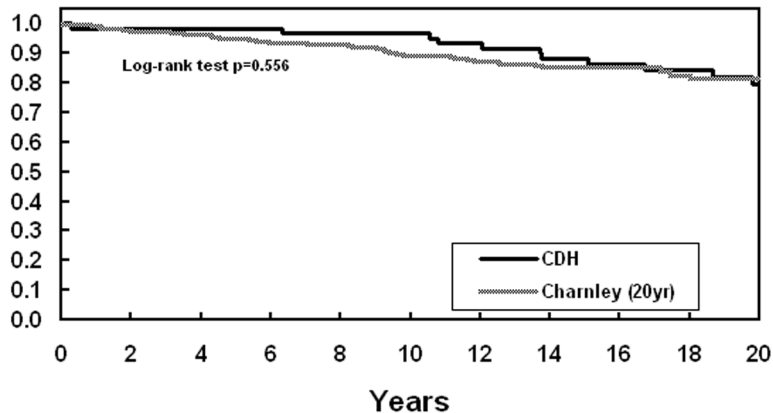


Fig. E2-A

Figs. E2-A through E2-F Survivorship curves with 95% confidence intervals, as determined with the Kaplan-Meier method, for the current study compared with the twenty-year results of total hip arthroplasty performed by the senior author for diagnoses other than developmental dysplasia of the hip. **Fig. E2-A** Comparison of curves with revision for any reason as the end point ($p = 0.556$).

Aseptic Revision

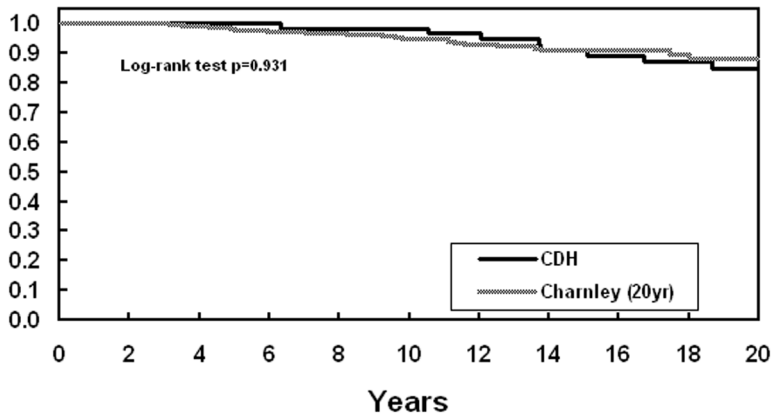


Fig. E2-B

Comparison of curves with revision of either component because of aseptic loosening as the end point ($p = 0.931$).

Aseptic Acetabular Revision

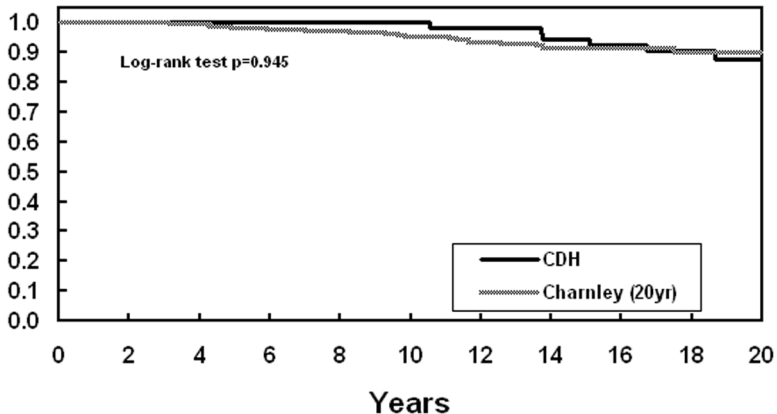


Fig. E2-C

Comparison of curves with revision of the acetabular component because of aseptic loosening as the end point ($p = 0.945$).

Femoral Aseptic Revision

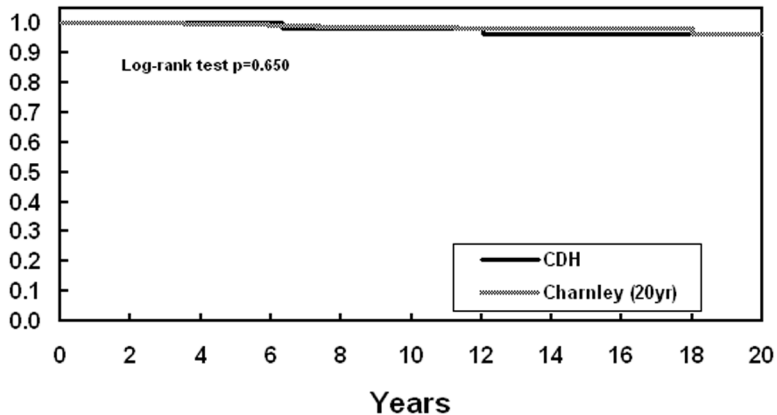


Fig. E2-D

Comparison of curves with revision of the femoral component because of aseptic loosening as the end point ($p = 0.650$).

Acetabular Loosening

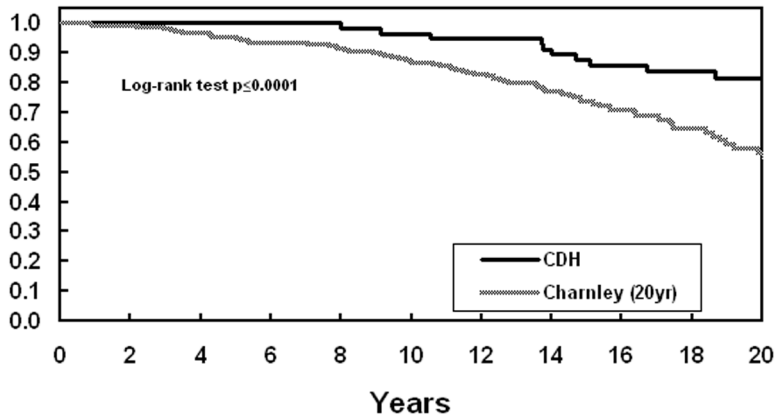


Fig. E2-E

Comparison of curves with definite or probable radiographic loosening or revision because of aseptic loosening of the acetabular component as the end point ($p \leq 0.0001$).

Femoral Loosening

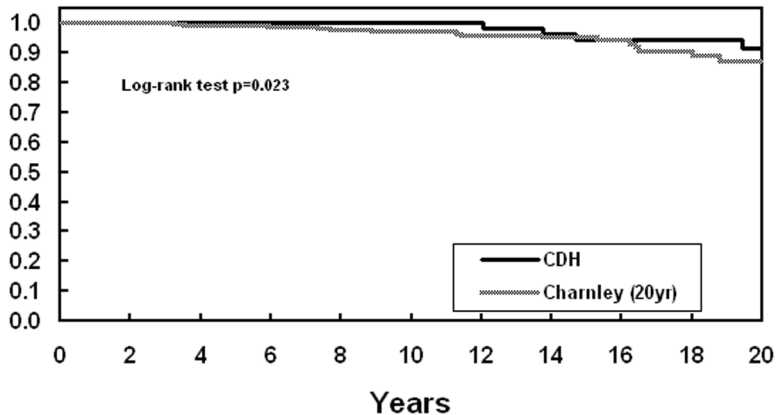


Fig. E2-F

Comparison of curves with definite or probable radiographic loosening or revision because of aseptic loosening of the femoral component as the end point ($p = 0.023$).