
Dislocation rates after total hip arthroplasty in a community setting have not been well documented. We used a community based joint registry to evaluate hip dislocations that occurred within 1 year after total hip arthroplasty. We evaluated patient, implant, and technical factors associated with dislocation, including primary versus revision surgery, femoral head size (28 mm versus > or = 32 mm), operative time, surgeon volume, surgical approach, age, gender, diagnosis, American Society of Anesthesiologists (ASA) classification, and body mass index (BMI). There were 1693 primary total hip arthroplasties and 277 revision procedures performed from 2001-2003. The overall dislocation rate was 1.7% for primary total hip arthroplasties and 5.1% for revision procedures. Patients with ASA scores of 3 or 4 had a 2.3-fold dislocation increase compared with patients with scores of 1 or 2. Patients with rheumatoid arthritis had an increased risk of dislocation. The dislocation rates for primary total hip arthroplasty were 2% for 28 mm heads and 0.7% for heads > or = 32 mm. The surgeon's patient volume, surgical approach, operative time, and body mass index had no effect on dislocation.