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## Original Research Article

# Artificial Intelligence and the Future in Knee Surgery: Challenges and Opportunities for Personalized Care

Luca Andriollo<sup>1,2,\*</sup>, Corrado Ciatti<sup>3,4</sup>, Stefano Marco Paolo Rossi<sup>1</sup>, Francesco Benazzo<sup>1,5</sup>

<sup>1</sup> Orthopaedics and Traumatology, Fondazione Poliambulanza Hospital, Brescia, Italy.

<sup>2</sup> Artificial Intelligence Center, Alma Mater Europaea University, Vienna, Austria.

<sup>3</sup> Orthopaedics and Traumatology Department, Guglielmo da Saliceto Hospital, Piacenza, Italy.

<sup>4</sup> University of Parma, Parma, Italy.

<sup>5</sup> IUSS-School for Advanced Studies, Pavia, Italy.

\* Corresponding Author Email: [luca.andriollo@poliambulanza.it](mailto:luca.andriollo@poliambulanza.it)

### ABSTRACT

Artificial Intelligence (AI) is revolutionizing the field of orthopedics and trauma surgery, offering new possibilities for improving diagnostic accuracy, enhancing surgical precision, and optimizing patient care. Through machine learning and deep learning algorithms, AI can analyze vast datasets, including medical images and patient histories, to recognize patterns that may be undetectable to the human eye. In orthopedics, AI is increasingly being integrated into preoperative planning, surgical navigation, and robotic-assisted procedures, providing surgeons with tools to perform more accurate interventions while reducing medical errors and physician fatigue. Despite the many benefits, challenges such as ethical considerations, patient privacy concerns, and regulatory requirements need to be addressed to ensure the reliable and safe use of AI in clinical practice. This study highlights AI's current applications in knee osteoarthritis diagnosis and treatment, its growing role in surgical decision-making, and the potential for machine learning models to personalize treatment plans. Additionally, it discusses the future of AI in healthcare, including the ethical dilemmas posed by autonomous systems and the importance of maintaining human empathy and judgment in patient care. Ultimately, while AI holds immense promise in transforming orthopedics and surgery, its full potential will only be realized through thoughtful integration and responsible use.

**Keywords**—*Artificial intelligence, Knee arthroplasty, Robotics, Robotic surgery, Cutting-edge arthroplasty.*

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## **INTRODUCTION OF ARTIFICIAL INTELLIGENCE IN JOINT ARTHROPLASTY AND TRAUMA SURGERY**

Artificial Intelligence (AI) is rapidly transforming the medical field, with particularly significant advancements in orthopedics and trauma surgery. By leveraging machine learning and deep learning techniques, AI algorithms can process vast amounts of data, including medical images, clinical records, and patient histories, to enhance decision-making and diagnostic accuracy. One of the key advantages of AI lies in its ability to analyze large datasets and recognize patterns that might not be immediately obvious to the human eye. For example, AI can assist in interpreting radiological images, predicting patient outcomes, and personalizing treatment plans based on individual patient data.<sup>1</sup>

In the realm of orthopedics, AI is becoming increasingly valuable in preoperative planning, surgical navigation, and even robotic-assisted surgeries, aiding surgeons in performing more precise interventions. AI-driven systems can analyze radiographic images to detect fractures, joint abnormalities, and other pathologies with accuracy often comparable to that of human radiologists. Furthermore, AI has the potential to reduce medical errors and alleviate physician burnout by automating repetitive tasks and offering decision support.<sup>2,3</sup>

Despite these promising benefits, there are still notable challenges to address. Ensuring the ethical use of AI, maintaining privacy of patient data, and establishing clear regulatory frameworks are crucial considerations. Additionally, proving the clinical superiority of AI over traditional methods requires rigorous validation through ongoing research. Nevertheless, the potential of AI to reshape orthopedic surgery is immense, from improving patient outcomes to enhancing healthcare efficiency. Orthopedic surgeons must embrace these emerging technologies to fully leverage their benefits in clinical practice.<sup>4</sup>

## **ARTIFICIAL INTELLIGENCE IN ORTHOPEDIC DIAGNOSIS AND IMAGING**

Knee pain and injuries are common in clinical practice, and diagnosing such conditions often involves complex musculoskeletal (MSK) imaging. However, interpreting

these images can be time-consuming and subject to variability, even among specialized MSK radiologists, because of the sheer volume of data and the details required for accurate assessments. Integrating AI into MSK radiology workflows presents a potential solution, offering improvements in diagnostic accuracy, expediting cases with urgent findings, reducing radiologist fatigue, and providing decision support in regions with limited access to expert radiology.<sup>5</sup>

Artificial Intelligence algorithms designed to assess knee pathology have shown great potential. Experimental models can now evaluate the severity of knee osteoarthritis (OA) using radiographs, detect and classify cartilage lesions, and identify meniscal and ligament tears on magnetic resonance imaging (MRI) scans. They can also provide automatic quantitative assessments of tendon healing and fracture detection, as well as predict the likelihood of recurrent bone tumors, offering powerful tools for both diagnosis and prognosis.<sup>5</sup>

One such algorithm, the You Only Look Once version 3 (YOLOv3), assists radiologists and orthopedists in detecting and classifying knee OA, following the Kellgren–Lawrence (KL) grading system. This model has demonstrated high accuracy, particularly in identifying early-stage OA from simple anteroposterior radiographs (YOLOv3; Creator: Joseph Redmon and Ali Farhadi; Version 3; real-time object detection neural network; open-source software; Online repository, 2018)<sup>6</sup>.

Another development, the Knee Osteoarthritis Labelling Assistant (KOALA), has proven that AI can significantly enhance diagnostic consistency. Studies have shown that when physicians are supported by this system, their agreement proportions on assessing KL grades, sclerosis, and osteophyte formation improve, compared to when they work unaided. This highlights the potential of automated software to improve the accuracy of OA diagnoses.<sup>7</sup>

Additionally, the quantitative double-echo steady-state (qDESS) method, enhanced by deep learning, offers a rapid, 5-min three-dimensional (3D) knee MRI scan with automatic T2 mapping, improving sensitivity for detecting cartilage abnormalities. Its diagnostic performance rivals that of conventional MRI, with high inter-reader agreement.<sup>8</sup>

## **ETHICAL CHALLENGES AND LIMITATIONS OF ARTIFICIAL INTELLIGENCE IN ORTHOPEDIC SURGERY**

The origins of AI in the mid-20th century were centered on replicating human cognitive functions. Today, advancements in machine learning have enabled systems to collect, analyze, and solve complex problems. Within medicine, AI has increasingly influenced clinical decision-making and enhanced surgical precision through sophisticated algorithms and robotics. However, the integration of AI into healthcare brings ethical concerns, including safeguarding patient privacy, mitigating algorithmic biases, and ensuring cybersecurity.<sup>9</sup>

In orthopedics, AI holds transformative potential by improving patient care, risk assessments, diagnostics, and surgical techniques. Yet, the rapid pace of development introduces challenges that demand the establishment of robust regulatory frameworks. Key ethical issues include preventing discrimination, addressing bias within AI training datasets, maintaining patient confidentiality, and securing informed consent. Automation also raises concerns about deskilling clinicians and over-reliance on AI systems, which could lead to significant risks in the event of system failures. Additionally, cybersecurity threats and questions of accountability further underline the need for ongoing monitoring and regulatory updates.<sup>9</sup>

Although fully autonomous medical practice remains a distant possibility, the field of AI in orthopedics is advancing rapidly. Current applications rely on augmented intelligence, where human oversight is essential for monitoring data inputs and outputs. The early developmental stage of AI in this field sparks debates that are likely to evolve into more complex ethical dilemmas as technology continues to progress.<sup>10</sup>

Artificial Intelligence in healthcare, powered by machine learning and deep neural networks, also presents significant concerns about privacy and bias. For instance, the 2015 partnership between DeepMind and the UK National Health Service, later found to breach data protection laws, highlighted critical privacy issues. Algorithmic bias, often arising from skewed training datasets, can result in systematic errors, disproportionately affecting underrepresented populations. Furthermore, adversarial

attacks pose a serious risk, potentially impacting medical diagnoses, insurance processes, and drug approvals.

While regulating AI may help mitigate risks, it could also slow innovation. Proposed solutions include revising regulatory frameworks, but challenges such as the deskilling of healthcare professionals, over-reliance on data without context, and underestimating the complexity of medical decision-making persist. Addressing these issues is vital to ensure the safe and ethical integration of AI into healthcare systems.<sup>4</sup>

## **THE FUTURE OF ARTIFICIAL INTELLIGENCE IN ORTHOPEDIC SURGERY**

As AI and robotics continue to advance, the role of surgeons and healthcare providers is evolving. Stephen Hawking once warned that fully developed AI could surpass human intelligence, potentially replacing us in many tasks. In the surgical field, this raises questions about whether intelligent machines could eventually replace human surgeons, whose skills and decision-making abilities have long been integral to patient care.<sup>11</sup>

While surgical robots have already improved precision and reduced human error, they still rely on human guidance, especially for complex ethical decisions. However, as these technologies evolve, there is a growing possibility that robots could become more autonomous, leading to concerns about job displacement and the erosion of the human element in patient care.

Despite these concerns, AI could ultimately empower surgeons, rather than replace them. By automating technical aspects of surgery, AI may free up surgeons to focus more on the human side of patient care, building stronger therapeutic relationships and enhancing the emotional and moral dimensions of treatment.

The future of surgery lies not in resisting AI but in mastering it. By integrating AI into their practice, surgeons can continue to play a vital role in healthcare while leveraging AI as a powerful tool to improve patient outcomes and enhance the overall quality of care.

### **The Evolving Role of Artificial Intelligence**

Artificial Intelligence has become a transformative force across multiple fields, including robotics and surgery. As

an informatic discipline, AI focuses on developing software that can perform tasks traditionally requiring human intelligence, such as decision-making and problem-solving, through advanced algorithms and methodologies.

In robotics, AI enables machines—especially advanced robotic arms and industrial robots—to learn from their environment and optimize their movement despite challenges such as friction and mechanical slippage. These machines continuously map their surroundings, improving their efficiency over time.<sup>12-14</sup>

Robot-assisted knee surgeries, including single-compartment knee arthroplasty and total knee arthroplasty (TKA), are becoming increasingly common.<sup>15</sup> Compared to traditional navigation methods, robotic-assisted TKA offers several advantages, such as providing real-time haptic feedback during bone cutting, achieving more precise alignment, evaluating the soft-tissue envelope, and enhancing early functional outcomes. A comparative analysis of postoperative images from conventional and robotic-assisted TKA procedures found that the robotic approach resulted in reduced bone damage and less injury to soft tissue.<sup>16</sup> These findings highlight the significant improvements that robotics and AI have brought to knee surgeries, particularly in enhancing accuracy, surgical planning, and the overall patient outcomes.

However, in robotic surgery, today's machines are not fully autonomous or "intelligent" as AI might eventually allow. Surgical robots still rely heavily on surgeons for guidance, particularly in ethical and moral decision-making. AI enhances the precision of tasks, but the human surgeon remains responsible for critical decisions. This partnership highlights a limitation of current surgical robots: they enhance human capability, rather than make patient-specific decisions independently.

Nonetheless, AI's future in surgery is promising. In knee arthroplasty, for instance, robotic systems now allow for highly customized prosthetic implantation, with AI providing real-time data on ligament compliance. This enables surgeons to plan and execute resections and alignments more accurately. As AI evolves, we may see robots capable of analyzing vast amounts of patient data to predict optimal surgical strategies, offering tailored solutions based on individual anatomy and biomechanics.

While this potential is exciting, it raises important questions about the future role of surgeons. As AI-driven systems become more autonomous, surgeons' decision-making freedom may face new constraints. Balancing AI's precision with human experience and intuition is a key to achieve the best patient outcomes.

### Where Are We Going?

Artificial Intelligence is making significant strides in the management of knee OA, with machine learning models showing great promise in automating radiographic grading and predicting the need for TKA. These models also show potential in forecasting postoperative outcomes, such as patient satisfaction, recovery time, and the risk of complications. However, challenges remain, particularly the lack of external validation for current AI algorithms, biases inherent in clinical data, and the need for larger and more representative datasets. Additionally, there are gaps in the literature regarding the generalizability and reliability of these models across diverse populations.<sup>17</sup>

Hip and knee OA are highly prevalent conditions globally, especially among the aging population. Joint replacements are becoming increasingly common, and the backlog of elective surgeries because of the COVID-19 pandemic has only exacerbated this demand. With limited resources and rising patient numbers, AI could offer a solution by streamlining the patient care pathway, particularly in selecting suitable candidates for arthroplasty. Projects such as "AI to Revolutionize the Patient Care Pathway in Hip and Knee Arthroplasty" (ARCHERY) aim to develop predictive models using machine learning, combining patient demographics, medical history, and radiological data to improve surgical selection processes.<sup>18</sup>

The ability of AI to learn from data makes it a valuable tool throughout the arthroplasty process, from diagnosis to surgical planning and postoperative monitoring. AI algorithms can assist surgeons in making patient-specific decisions, optimizing preoperative health, and allocating resources more efficiently. This level of personalization has the potential to revolutionize patient care. However, concerns about algorithmic bias—where non-representative data could lead to inaccurate recommendations for minority groups—must be addressed. Ensuring the

privacy and protection of patient data is also critical to the widespread adoption of AI in healthcare.<sup>19</sup>

One of AI's more promising applications is in implant identification during revision surgery. Accurate identification of knee arthroplasty implants is crucial for successful revisions, where delays in identifying the manufacturer and model can lead to complications and increased healthcare costs. Deep learning models have shown the ability to distinguish between different knee implants with near-perfect accuracy, facilitating more efficient preoperative planning and reducing revision surgery costs.<sup>20</sup>

While AI has the potential to transform knee and hip arthroplasty, addressing algorithmic biases, ensuring clinical validation, and protecting patient privacy remain critical.<sup>21</sup> As AI research continues to evolve, its integration into routine care could improve patient outcomes and streamline surgical processes, delivering more personalized and cost-effective solutions.

#### **AUTHOR CONTRIBUTIONS**

Conceptualization, L.A. and C.C.; Methodology, L.A. and C.C.; Writing—Original Draft Preparation, L.A. and C.C.; Writing—Review & Editing, F.B. and S.M.P.R.

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#### **REFERENCES**

1. Beyaz, S. A brief history of artificial intelligence and robotic surgery in orthopedics & traumatology and future expectations. *Jt Dis Relat Surg.* 2020;31(3):653–655. <https://doi.org/10.5606/ehc.2020.75300>.
2. Tjardes, T, Heller, R.A., Pförringer, D., et al. Artificial intelligence in orthopedics and trauma surgery. *Chirurg.* 2020;91(3):201–205. <https://doi.org/10.1007/s00104-019-01091-9>.
3. Dretakis, K., Koutserimpas, C. Pitfalls with the MAKO robotic-arm-assisted total knee arthroplasty. *Medicina (Kaunas).* 2024;60(2):262. <https://doi.org/10.3390/medicina60020262>.
4. Myers, T.G., Ramkumar, P.N., Ricciardi, B.F., et al. Artificial intelligence and orthopaedics: an introduction for clinicians. *J Bone Joint Surg Am.* 2020;102(9):830–840. <https://doi.org/10.2106/JBJS.19.01128>.
5. Garwood, E.R., Tai, R., Joshi, G., et al. The use of artificial intelligence in the evaluation of knee pathology. *Semin Musculoskelet Radiol.* 2020;24(1):21–29. <https://doi.org/10.1055/s-0039-3400264>.
6. Pongsakonpruttikul, N., Angthong, C., Kittichai, V., et al. Artificial intelligence assistance in radiographic detection and classification of knee osteoarthritis and its severity: a cross-sectional diagnostic study. *Eur Rev Med Pharmacol Sci.* 2022;26(5):1549–1558. [https://doi.org/10.26355/eurrev\\_202203\\_28220](https://doi.org/10.26355/eurrev_202203_28220).
7. Nehrer, S., Ljuhar, R., Steindl, P., et al. Automated knee osteoarthritis assessment increases physicians' agreement rate and accuracy: data from the osteoarthritis initiative. *Cartilage.* 2021;13(1 Suppl):957S–965S. <https://doi.org/10.1177/1947603519888793>.
8. Chaudhari, A.S., Grissom, M.J., Fang, Z., et al. Diagnostic accuracy of quantitative multicontrast 5-minute knee MRI using prospective artificial intelligence image quality enhancement. *AJR Am J Roentgenol.* 2021;216(6):1614–1625. <https://doi.org/10.2214/AJR.20.24172>.
9. Kaya Bicer, E., Fangerau, H., Sur, H. Artificial intelligence use in orthopedics: an ethical point of view. *EFORT Open Rev.* 2023;8(8):592–596. <https://doi.org/10.1530/EOR-23-0083>.

10. Andriollo, L., Picchi, A., Sangaletti, R., et al. The role of artificial intelligence in anterior cruciate ligament injuries: current concepts and future perspectives. *Healthcare (Basel)*. 2024;12(3):300. <https://doi.org/10.3390/healthcare12030300>.
11. Franceschetti, E., Gregori, P., De Giorgi, S., et al. Machine learning can predict anterior elevation after reverse total shoulder arthroplasty: a new tool for daily outpatient clinic? *Musculoskelet Surg*. 2024;108(2):163–171. <https://doi.org/10.1007/s12306-023-00811-z>.
12. Rainey, J., Sodhi, N., Gililand, J.M., et al. The growing role of artificial intelligence and technology in hip and knee arthroplasty. *Surg Technol Int*. 2024;44:251-256. <https://doi.org/10.52198/24.STI.44.OS1809>.
13. Rossi, S.M.P., Sangaletti, R., Andriollo, L., et al. The use of a modern robotic system for the treatment of severe knee deformities. *Technol Health Care*. 2024;32(5):3737–3746. <https://doi.org/10.3233/THC-231261>.
14. Andriollo, L., Pietramala, S., Polizzi, A., et al. Computer-assisted navigation in reverse shoulder arthroplasty: surgical experience and clinical outcomes. *J Clin Med*. 2024;13(9):2512. <https://doi.org/10.3390/jcm13092512>.
15. Hasan, S., Ahmed, A., Waheed, M.A., et al. Transforming orthopedic joint surgeries: the role of artificial intelligence (AI) and robotics. *Cureus*. 2023;15(8):e43289. <https://doi.org/10.7759/cureus.43289>.
16. Kayani, B., Konan, S., Tahmassebi, J., et al. Robotic-arm-assisted total knee arthroplasty is associated with improved early functional recovery and reduced time to hospital discharge compared with conventional jig-based total knee arthroplasty: a prospective cohort study. *Bone Joint J*. 2018;100-B(7):930–937. <https://doi.org/10.1302/0301-620X.100B7.BJJ-2017-1449.R1>.
17. Lee, L.S., Chan, P.K., Wen, C., et al. Artificial intelligence in diagnosis of knee osteoarthritis and prediction of arthroplasty outcomes: a review. *Arthroplasty*. 2022;4(1):16. <https://doi.org/10.1186/s42836-022-00118-7>.
18. Farrow, L., Ashcroft, G.P., Zhong, M., et al. Using artificial intelligence to revolutionise the patient care pathway in hip and knee arthroplasty (ARCHERY): protocol for the development of a clinical prediction model. *JMIR Res Protoc*. 2022;11(5):e37092. <https://doi.org/10.2196/37092>.
19. Batailler, C., Shatrov, J., Sappey-Marini, E., et al. Artificial intelligence in knee arthroplasty: current concept of the available clinical applications. *Arthroplasty*. 2022;4(1):17. <https://doi.org/10.1186/s42836-022-00119-6>.
20. Karnuta, J.M., Luu, B.C., Roth, A.L., et al. Artificial intelligence to identify arthroplasty implants from radiographs of the knee. *J Arthroplasty*. 2021;36(3):935–940. <https://doi.org/10.1016/j.arth.2020.10.021>.
21. Rossi, S.M.P., Panzera, R.M., Sangaletti, R., et al. Problems and opportunities of a smartphone-based care management platform: application of the Wald principles to a survey-based analysis of patients' perception in a pilot center. *Healthcare*. 2024;12(2):153. <https://doi.org/10.3390/healthcare12020153>.