
Preface

This monograph reflects my deep interest in the pathology of the knee, particularly that of the extensor mechanism, and to emphasize the great importance I give to the concept of subspecialization, this being the only way to confront the deterioration and mediocrity of our specialty, Orthopaedic Surgery; and to provide our patients with better care. In line with the concept of subspecialization, this book necessarily required the participation of various authors. Although the authors are from different nationalities and different schools of thought I hope it is a homogenous product for the reader. In fact, I do not think there is a lack of cohesion between the chapters. Now, there are certain variations in form, but not in the basic content, regarding some topics dealt with by different authors. Thus it is evident that a few aspects remain unclear and the controversy continues.

With this book, we draw upon the most common pathology of the knee, even though it is the most neglected, the least known, the most problematic and controversial topic (The Bane of the Knee Surgeon, The Black Hole of Orthopaedics, Low Back Pain of the Knee). To begin with, the terminology is confusing (The Tower of Babel). Our knowledge of its etiopathogeny is also limited, therefore its treatment is one of the most complex among the different pathologies of the knee. On the other hand, we also face the problem of frequent and serious diagnostic errors that may lead to unnecessary operations. The following data reflect this problem: 11% of patients in my series underwent an unnecessary arthroscopy, and 10% were referred to a psychiatrist by physicians who had previously been consulted.

This book is organized into parts which have been reformatted from the first edition. Unlike other publications, this work gives great importance to the etiopathogeny; the latest theories are presented regarding the pathogeny of anterior knee pain and patellar instability, although in an eminently clinical and practical manner (Part I). In agreement with John Hunter, I think that to know the effects of an illness is to know very little; to know the cause of the effects is what is important. However, we do not forget the diagnostic methods or the therapeutic alternatives, surgical and non-surgical, emphasizing minimal procedures and nonsurgical methods. Similarly, much importance is given to anterior knee pain following ACL reconstruction. Further, the participation of diverse specialists (orthopaedic surgeons, physiotherapists, rehabilitation specialists MDs, radiologists, biologists, pathologists, physiologists, psychologists, bioengineers, and plastic surgeons), that is, their multidisciplinary approach, affords us a wider vision of this pathology. In this second edition a new section has been added (Part II) where new technologies for the evaluation of the extensor mechanism are discussed (upright weight bearing MRI, real-time MRI, PET-CT imaging, physiologic imaging of cartilage, computational modeling, kinetic analysis,

and kinematic analysis). The third part of this monograph is given over to the discussion of complex clinical cases (Part III). I believe we learn far more from our own mistakes, and those of other specialists, than from our successes (*"To Err is Human..."*, Alexander Pope). We deal with oft-operated patients with sequelae due to operations, well indicated and performed or not, but where there were complications (*"Learn from the mistakes of others – you can never live long enough to make them all yourself"* John Luther). The diagnoses reached and how the cases were resolved are explained in detail (*"Good results come from experience, experience from bad results,"* Professor Erwin Morscher). In Part IV (Surgical Techniques – "How I do it") the surgical techniques that are in use today for the patellofemoral joint are described in detail. They are described by the surgeons who have designed the technique, who are recognized by their colleagues as "masters" in their specialty. Moreover, they come with a descriptive DVD. In this second edition, I have also added a section with the personal thoughts about anterior knee pain and patellar instability (Part V) of two highly recognized and respected orthopaedic surgeons, Alan C Merchant and Scott F Dye, who give us their personal and authorized view about this controversial problem.

Deliberately the same subject is analyzed by different authors, of different nationalities, all with international prestige. The goal is to see how each one of them approaches a controversial condition/treatment (for example, proximal femoral osteotomy vs distal femoral osteotomy in the surgical treatment of a patient with femoral anteversion, isokinetics yes vs isokinetics no, etc.). Oddly enough, depending on the country of origin, indications may vary. I believe that with this approach (different opinions with their own reasoning) the reader is the one who will benefit.

The first objective I have laid out in this book is to highlight the soaring incidence of this pathology, and the impact on young people, athletes, workers, and the economy. The second goal is to improve prevention and diagnosis in order to reduce the economic and social costs of this condition. The final objective is to improve health care in these patients. This, rather than being an objective, should point to the way forward.

"Anterior Knee Pain and Patellar Instability" is addressed to orthopaedic surgeons (both general and those specialized in knee surgery), specialists in sports medicine, rehabilitation specialists, MDs, and physiotherapists.

Thus, we feel that with this approach, this monograph will fill an important gap in the literature about the pathology of the extensor mechanism of the knee. However, we do not intend to substitute any studies on patellofemoral pathology, but rather to complement them (*"All in all, you're just another brick in the wall,"* Pink Floyd, The Wall). Although the information contained herein will evidently require future revision, it serves as an authoritative reference on one of the most problematic entities currently in the pathology of the knee. We hope this book will be a reference in the future from our youngest to our oldest colleagues. We trust that the reader will find this work useful, and consequently, be indirectly valuable for patients.

Valencia, Spain

Vicente Sanchis-Alfonso, M.D., Ph.D.

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