

Preface

ESSKA has given the arthroscopy committee a fantastic opportunity: to compile an international reflection on patellofemoral (PF) disorders.

In creating this book we invited orthopedic surgeons, physiotherapists, and researchers from Europe and the USA to provide their personal point of view on various topics of interest and concern related to patellofemoral disorders. This was followed by group discussions and debate at a consensus meeting where all authors discussed each chapter of this book. This work is a collection of information and differing points of view resulting in what we hope is a homogenous product to the reader. Its goal was to construct a global overview of the pathology and treatment options for patellofemoral disorders for the young child to the old athlete.

Patellofemoral pathology is a frequent reason for consulting a knee physician; it is also a leading cause of iatrogenic surgery.

Current literature is difficult to interpret due to confusion over terminology and definitions associated with this pathology, a plethora of surgical procedures for the same pathology, and a paucity of well-executed outcome studies to help define treatment algorithms. It is sometimes difficult to define what is normal and what is pathological in a given patient. Precise definitions and clear terminology are needed in order to ensure everyone is interpreting what is being discussed in the same manner; this is a necessary first step for comparing and compiling global clinical results.

The phylogenesis of the human gait evolved from a quadruped mammal to bipedal locomotion, making the constraint of the extensor mechanism increasingly more important. The shape of the patellofemoral joint changed over the years to support this necessary constraint and yet allow upright bipedal ambulation. The patella, housed within the extensor mechanism, is the lower limb restraint mechanism. In each phase of evolution the development of a specific problem could occur. The family genetic influence is strong within this joint; the difference between pain and instability or dislocation has to be strongly individualized. The link is strong from the child to the elderly because all the factors which lead to dislocation and pain are the same factors which can lead to degenerative disease and osteoarthritis.

In the evaluation of PF disorders, there are elements that are objective others that are subjective. Clinical history and examination is important and should be standardized. The use of objective data to quantify findings on x-rays, CT scan, and MRI are necessary to allow orthopedic surgeons, sport-medicine doctors, and physiotherapists to speak the same language.

This was the goal of our team; this was the goal of ESSKA: to promote a unique, but open point of view on this controversial topic.

We hope this book has utility for all clinicians interested in the patellofemoral joint and its disorders. We hope this book will be a reference in the future for our youngest to our oldest colleagues.

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