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# Foot and Ankle Surgery

journal homepage: [www.elsevier.com/locate/fas](http://www.elsevier.com/locate/fas)

## Editorial

### Clip a toe and cut a heel



Foot and ankle surgery continues to be an underrated orthopaedic specialty although it affects more people than hip, knee and spine surgery together. The title reflects what foot surgery stands for in the public as well as other orthopaedic colleagues' opinion. That is until they themselves suffer from a foot/ankle condition. If a foot is not working it affects the entire locomotion system – and even your mind. Foot and ankle surgery may not be as fancy as other orthopaedic specialties – blood and blue blinks – and “sensations” are mostly connected to famous sports stars who suffer from common conditions such as ligament injuries, fractures of small bones, and ankle fractures. For such people the right treatment is of utmost importance for their continued career. However, optimal treatment is also important for common people. In the public the highly specialized corrections in forefoot and hindfoot in the treatment of degenerated and neurological disorders used to treat pain and function is not in focus, whereas terrible stories of bunions treatment are popular subjects for dinner conversations. To realign and stabilize a foot can be a major task which includes all techniques known from all the other orthopaedic disciplines. So, foot and ankle surgery is a multidisciplinary specialty with treatments ranging from pediatric disorders, degenerative disorders (RA, OA and ligaments), cartilage conditions, trauma conditions, neurological disorders to diabetes. It is not for untrained juniors. As an esteemed colleague once said: “Only a fool does not fear foot surgery”. EFAS is doing a massive

effort to train surgeons through basic and advanced courses as well as cadaver courses in order to optimize the treatment for our patients. The newest is being certified as a foot ankle surgeon in Europe. It is not easy, and it should not be, but it is highly recommended. Journals concentrating on foot and ankle surgery deserves more attention on other platforms, and not just for surgeons involved in the specialty. Anecdotal, a colleague, who was blamed for publishing in ladies' magazines, answered: “When you have used years to investigate a certain entity and publish your results in a scientific journal, ten people may read it. At least 50,000 read my publication every week”! That is of course not a suggestion to stop publishing in scientific journals, far from, but the world has changed and all kinds of media have a leading role. Just imagine, once a month in the big national Sunday newspapers, a column from a distinguished specialist: “*What's new in foot ankle surgery – the scientific view*”. We as foot and ankle surgeons must be aware of this opportunity in order to better promote our specialty to the public. Our American colleagues seem to have understood this much better, BUT the net is full of “fake news” and advertisements. We must do better. The editorial board welcomes good ideas.

Hakon Kofoed

Charlottenlund, Denmark E-mail address: [hakon.kofoed@gmail.com](mailto:hakon.kofoed@gmail.com)

(H. Kofoed).