

Introduction



The treatment of patellofemoral pathology has been an exciting area of growth both in surgical techniques but more importantly in improved indications. Although new instrumentation allows us to perform procedures with less intervention morbidity, this does not expand proper indications for the same procedure. Typically, we are so worried about if “we could” we never stopped to think if “we should.” The use of trochleoplasty is a good example of this principle and while the procedure can be appropriately indicated and performed, availability of guided instrumentation and arthroscopic approaches will unfortunately lead to inappropriately expanded indications and potential risk. Keeping a balance of understanding where “historic” procedures fit into our daily algorithm is crucial while also evaluating where we can either improve up these approaches or add new thoughts to the algorithm.

Unfortunately, the treatment of patellofemoral pain commonly involves the surgeon lumping patients into nondescript diagnoses that don't help guide treatment, such as patellofemoral chondromalacia. As our understanding of anterior knee pain etiology progresses, treatment of these patients becomes more focused and algorithmic. Making the diagnosis tangible to the physician can help eliminate ambiguity and help move the patient along the appropriate treatment ladder. In the setting of anterior knee pain, the use of magnetic resonance imaging is crucial and immediately separates out the structural and nonstructural causes of pain. In the setting of nonstructural pain, nonoperative treatment typically can prevail; however, it is crucial to understand when nonstructural causes of pain can benefit from surgical intervention (plica syndrome or lateral facet compression, for example). Similarly, the presence of a cartilage defect can change the operative algorithm and add a focus toward

patellar loading/tracking as well as potential cartilage surface restoration.

Our understanding of how to approach patients with patellar instability has grown significantly in the last 10-20 years. This has been due to several factors including a more thorough understanding of the anatomical attachments of the medial and lateral patellar restraints. Migrating to more anatomical procedures such as medial patellofemoral ligament reconstruction that restore native length changes throughout flexion has helped decrease complications while improving overall outcomes. Similarly, a focus has been placed on increasing the bar of success to not just include no recurrent dislocations but to also add overall satisfaction, return to sport, and rate of return to sport, as well as other granular factors that affect patients' outcomes.

It is my honor to present this edition of Operative Techniques in Sports Medicine on patellofemoral techniques with commentary from some of the top surgeons in this field. In the last decade, our understanding of this compartment of the knee has greatly improved from both a clinical and biomechanical standpoint. The authors of these articles represent many of the thought leaders in the field that have helped shape the field from its infancy to those that continue to carry the flag moving forward. This volume is meant to provide a very practical approach to the treatment of the patellofemoral joint disorders through an update in anatomy, indications, techniques, and outcomes.

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