

The Patellofemoral Compartment: Making Sense of It

Jack Farr II, MD

Editor's Note: One of the goals of the new *AJO* is to offer solutions to common problems we face as orthopedists. With that in mind, this issue tackles the patellofemoral joint and represents a collaboration between our journal and some of the key leaders of the Patellofemoral Study Group. I'm indebted to my friend and mentor, Jack Farr, for organizing this issue and a continuing patellofemoral series. I know this series will provide an invaluable look into the thought process of true orthopedic legends and find a permanent place on your shelf of orthopedic reference materials.

I'm also pleased to introduce a new feature, our online Lifestyles section. Sometimes, as orthopedists, we spend

so much time taking care of others that we forget to look after ourselves and our loved ones. In an effort to make this easier, *AJO* has collaborated with Inspirato, the premiere luxury destination club. As a member, I've enjoyed truly life-changing vacations with my family and now have a way to share that opportunity with our readers. Inspirato is offering a complimentary 6-month Key membership and \$250 spending credit to all *AJO* readers. Simply visit www.inspirato.com/orthopedics to sign up and start booking your vacations like a member. Look for future lifestyle features and special opportunities online in upcoming issues.

—Bryan T. Hanypsiak, MD



The patellofemoral compartment of the knee has been an enigma for many years. Clinicians who enjoy treating patients with knee problems have the choice of either ignoring one-third of the knee or grappling with this unique compartment. In attempting to make sense of this area of the knee, it is necessary to take into account the vast and complex overlay of multiple factors affecting this compart-

ment. These factors span the gamut from psychosocial, to "core to floor" physiologic imbalance, to overuse, to the seemingly more "objective" elements of alignment, stability, morphology, bone, and cartilage.

Fortunately, a small merry band of international experts has made the patellofemoral compartment its "badge of courage" and continues to attempt to make sense of this small mobile sesamoid bone. We have invited a few of these stalwarts to share their experience and wisdom with us in this first of an ongoing patellofemoral series in *The American Journal of Orthopedics*. I appreciate the honor of assembling the works of these worldly patellofemoral gurus.

How many of us routinely order a "Merchant view",

discuss a "Fulkerson osteotomy", or tell patients they are out of their Scott Dye "envelope of function" and they need to allow their knee to return to homeostasis through a "core to floor" rehabilitation program? We are lucky to have these living legends offer us insight into their thinking process. I purposely have begun this patellofemoral series with some of my personal mentors to set the tone: think first, understand the problem, design an evidence-based medicine approach and, above all, do no harm. To that point, Dr. Merchant, Dr. Fulkerson, Dr. Dye, and Dr. Post each detail their approach to anterior knee pain, followed by a discussion on nonoperative therapy intervention by Dr. Hiemstra. However, I understand that most readers are surgeons and, therefore I have added two articles to pique your interest: the hot topic of medial patellofemoral ligament (MPFL)—"To repair or not to repair, that is NOT the question." The question is: "When does repair potentially benefit the patient and when is reconstruction the best approach?" Dr. Duchman and Dr. Bollier address the former, and Dr. Burrus and colleagues discuss optimizing MPFL reconstruction. I hope you enjoy learning from these authors as much as I have while producing this issue.

Author's Disclosure Statement: The author reports no actual or potential conflict of interest in relations to this article.

Am J Orthop. 2017;46(2):64. Copyright Frontline Medical Communications Inc. 2017. All rights reserved.

Dr. Farr is the Associate Editor of Patellofemoral for this journal; Vice President of the Patellofemoral Foundation; Program Director, Sports Medicine Fellowship, OrthoIndy; and Professor of Orthopedic Surgery, Indiana University School of Medicine, Indianapolis, Indiana.