

Back to the Future

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Those who cannot remember the past are condemned to repeat it.

—George Santayana (Life of Reason, 1905)



Zero. That's the number I put on the screen when I start the lecture I give to residents about the future of orthopedics. It represents the number of cases I still do exactly the same way now as I did when I graduated from my residency program. It represents the commitment to lifelong learning that we've made as orthopedists. Surgical techniques innovate so rapidly that they often outpace our research, leaving us performing new techniques based solely on industry and key opinion leader recommendation, and not on randomized controlled studies. Sometimes we're led down the wrong path (remember when the meniscus was thought to be vestigial?) and other times new techniques lead to disappointing long-term results (the transtibial anterior cruciate ligament's (ACL's) failure to prevent arthritis). Sometimes, the old way is just as good as the new (there is no evidence to suggest that results from arthroscopic cuff repair are better than open in the long term). If we've been in practice long enough, we see the same

ideas come around again (meniscal spacers, ACL repair, anterolateral ligament [ALL]). Most often, these new variations offer a slightly different twist and supporting literature.

So it seems "everything old is new again." That's why this issue of *AJO* is called The Throwback Issue. In this issue, we revisit ideas whose time has come and gone and now come again.

Our lead article this month focuses on ACL repair. Once abandoned after a landmark paper by Feagin and Curl¹ showed poor mid-term results, new and innovative techniques and instrumentation for knee surgery have made this possible. Investigators such as Murray² and DiFelice³ have done outstanding work showing the feasibility of ACL repair. In this issue we offer a comprehensive review and surgical technique for adding ACL repair to your portfolio of surgical offerings (see pages 408 and 454). Expanded versions of both of these articles are available at amjorthopedics.com.

Our second feature article discusses the reemergence of the ALL, an idea so hot in the public domain that it has been featured as a Jeopardy question. Described originally by Müller⁴ as the missing link in persistent rotational instability, the ALL might offer the key to improved long-term outcomes for patients undergoing ACL surgery. Read the article on page 418 and learn how to identify which patients are candidates for ALL reconstruction, and a simple surgical technique you can apply to your practice. Scan the provided QR code to watch the accompanying surgical technique video.

The Throwback Issue marks the fifth edition of the "new AJO." It's time to let us know how we are doing. Please email us at ajo@frontlinemedcom.com to suggest future themes, articles you'd like to read, or suggestions for improvement.

Recently, based on the work of the authors mentioned above, I've begun offering ACL repair to select patients in my practice. I wouldn't be able to do this if we as orthopedists weren't constantly looking to improve, and weren't willing to revisit old ideas to do it. Our goal at *AJO* is to present something in every article that can be immediately applied to your practice. Take a look at the articles presented this month, as we go "Back to the Future" to see what discarded ideas from our recent past can be applied to improve outcomes for your patients in the future.

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- Müller W. The Knee: Form, Function, and Ligament Reconstruction. Berlin: Springer-Verlag, 1983.

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