

Patellofemoral Instability

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This issue for *Sports Medicine and Arthroscopy Review* addresses the complex issue of patellofemoral (PF) instability, specifically recurrent lateral patella dislocations.

The PF joint is enclosed within the extensor mechanism of the lower limb. As such, its function is closely associated with dynamic muscle activity of the lower extremity, within the constraints of the osseous and soft-tissue static elements. This creates complex function and kinematics. The patellofemoral joint may also have significant dysplastic components of both its soft-tissue and osseous components.

The last decade has seen significant advances in the diagnosis and treatment of patella instability because of a variety of factors including more precise imaging, correlative injury anatomy, more focused physical examinations, and an explosion of personal and institutional communication between surgeons and scientists across national and language barriers.

We are fortunate to have gathered an international field of authors to discuss key points in the management of patella instability that spans 3 continents and 4 countries. The various topics include both surgical and nonoperative treatment of patella instability. Both soft-tissue and bony surgical corrections and the appropriate indications for stabilizing the patella are discussed. Included in this issue is a summary of current imaging reviewing techniques and their clinical utility in diagnoses and surgical planning for PF conditions. An overview of cartilage lesions associated with PF dislocations is presented, as the decision to treat surgically and nonsurgically continues to be a challenge for the clinician. The management of the skeletally immature patient is also explored, including treatment algorithms and options based on their unique physiology and physiological age. Finally, this issue also includes a chapter on how to establish a foundation of improving body mechanics through physical therapy in patients with PF disorders.

We hope that the readers will find this addition to be a key resource in the management of patients with PF instability. Despite the expanding wealth of new knowledge, continued vigilance in recording outcomes over time is essential. Furthermore, it is important to understand not only the correlative anatomy but also its impact on risk factors of injury and surgical outcomes. These will continue to refine the way we approach and treat injuries of the PF joint.

My coassociate editors and I shared the opportunity and challenge of presenting relevant articles and updates of our current approach to this problem. We thank all the authors for their excellent contributions. We hope that you will view this as a current and vital resource to your clinical practice in managing these complex and interesting problems.