

# Preface

It is with great pleasure and gratitude that I am able to edit *Sports Medicine and Arthroscopic Surgery of the Foot and Ankle*. The idea for this book came about through my contact and subsequent friendships with two well-known and innovative foot and ankle surgeons – Nicola Maffulli, M.D., Ph.D., and Kai Olms, M.D. – as we discussed the need to share international thought leaders’ concepts. As the world progressed into a global economy and the Internet helped connect people of similar interests in the early twenty-first century, I began communicating, writing, and lecturing with these two individuals across the globe. Through these two individuals with their zeal for traveling, teaching, and learning (but not necessarily in that order!), professional friendships and further contacts developed, ideas were shared, and many of the authors of this book became connected.

The globalization of foot and ankle surgery may not be readily apparent; however in this book there are many examples. Recently I personally experienced this as I performed a “Stainsby” procedure on a patient whose second toe was severely dislocated despite metatarsal osteotomy, hammertoe, and soft tissue lengthening. In the past I may have performed an isolated partial metatarsal head resection. However, I was able to relocate the toe, preventing a possible transfer lesion with the Stainsby, which I learned from German authors of chapters in this text, which they in turn “imported” from the British surgeon it is named after. The Italian surgeon Valente Valenti performed a resectional arthroplasty for hallux rigidus in the mid-1970s. His procedure was “imported” to the United States in the mid-1980s and subsequently “exported” back to Germany early in the twenty-first century.

Many older procedures have been re-popularized with regional modifications such as the Hohmann osteotomy first described in Germany in the early 1900s. In the United States, the procedure was performed on the first and fifth metatarsal with no fixation as a minimally invasive technique during the 1970s. Subsequently with the increased utilization of AO fixation from Europe, the desire to have more stability, and predictable healing time, the Hohmann procedure was adapted with inclusion of screw fixation. As the Europeans (particularly the Latin-based speaking countries of Italy, France, and Spain) increased their desire to have smaller incisions, this osteotomy has been increasingly utilized using percutaneous fixation.

Other examples are Ilizarov fixation from Russia, arthroscopy from Japan, and the Weil osteotomy from the United States being adopted by other parts of the world. This often came about by motivated surgeons visiting other surgeons with similar interests and the desire to better serve their patients.

I believe all the authors in this text share this commonality as our patients drive us to learn and excel, and I am grateful for the opportunity to pull this select group together. I am cognizant that many authors created chapters on topics that could be entire texts in their own right. Furthermore, the need to publish in a foreign language provides additional stress, along with combining different writing styles in chapters where similar topics were “blended” together. This adds to this text’s uniqueness.

Everyone’s life journey, including their career, is a story formed by happenstance and instances of luck, misfortune, and guidance. As a young and often injured runner I found myself in the offices of two early forefathers of sports medicine, Fred Behling, M.D., and Gordon Campbell, M.D., in my hometown of Palo Alto, California. It was through their encouragement and possibly lack of interest in foot surgery, that I pursued podiatry as a profession, as they desired a partner proficient in treating the sports medicine aspects of the foot and ankle. They professed and practiced subspecialization as a way of achieving excellence in patient care. I subsequently joined their practice in 1993 just as they were retiring from the Palo Alto Medical Clinic’s Sports Medicine Department, where I currently have three orthopedic sports medicine and one pediatric sports medicine colleagues. All four are among the most productive in their respective fields in the United States, covering professional and high school sports teams, writing chapters, and having high-volume practices. With the support of our department, combined with my other podiatric colleagues within our clinic, I have been able to offer a fellowship for post-residency training in sports medicine and foot and ankle surgery. These fellows have been able to further share in exchanges with some of the international authors of this book and I have hosted colleagues from other countries as well.

As I stated, luck has a part in one’s journey and subsequently their training. I am extremely fortunate to have had the training from not only one of the most versatile foot and ankle surgeons but great teacher and human being in John Grady, D.P.M. There are other highly respected authors I’ve met through contacts that are mentors writing here as well. I was also fortunate to be able to connect and shadow with another legend and thought leader in the foot and ankle world, Sigvard T. Hansen, M.D., early on, whose philosophy on foot and ankle surgeons paralleled mine in life, in that everyone is equal until proved otherwise. It is also exciting to have many of the current and future bright minds of the orthopedic, podiatric, and trauma worlds of foot and ankle surgery all contributing in the name of advancing foot and ankle surgery.

Finally, I am indebted to my family, teachers, and friends for being supportive of not only this project but how my career developed. I am richer for all their positive encouragement, able to be fulfilled professionally, but also personally. I am sure I could not have completed this and other accomplishments without them.



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