

Preface



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Guest Editor

This is the second consecutive issue dealing with imaging of sports-related injuries of the extremities. Although the first dealt primarily with imaging of the upper extremity, this issue focuses on the evaluation of the lower extremity. As in the first issue, the primary goal of this issue is to review the use of the complex imaging modalities of MRI, ultrasound, and computed axial tomography as they pertain to the evaluation of sports-related injuries. Basic review articles in this issue provide a framework for the clinician to establish a systematic approach to the evaluation of an MRI of each of the major joints of the lower extremity.

The first article provides an approach to the interpretation of an MRI of the hip in the patient with a sports-related injury. This basic overview of the hip is followed by an article that summarizes the role of MRI in the evaluation of suspected femoral acetabular impingement syndrome, an area of ongoing research in both the orthopedic and radiology communities. The next three articles deal with the use of MRI in the evaluation of knee injuries. The first article on the knee provides a basic overview of how to approach the interpretation of an MRI of the knee. The next article deals with the role of imaging in the evaluation of anterior knee pain. The causes of anterior knee pain are enumerated, followed by a discussion of the role of the various imaging modalities in the proper diagnosis of these entities. Finally, an excellent review article summarizes the most common orthopedic procedures that are performed on the knee and the role of conventional MRI and MR arthrography in the evaluation of the patient with postoperative knee pain. The next two articles deal with the role of MRI in the evaluation of foot and ankle injuries. The complex anatomy and small anatomic structures of the foot and ankle often result in confusing and overlapping clinical presentations following a sports-related injury and

these articles review the role of MRI in sorting out these perplexing and often difficult clinical presentations. The next three articles deal with the role of imaging in the evaluation of three common sports-related injuries: stress fractures, muscle injuries, and osteochondral injuries of the lower extremities. Finally, two separate articles deal with the use of ultrasound and CT arthrography in the evaluation of lower extremity injuries.

Once again, I would like to thank the authors for their time and expertise in providing excellent articles that summarize the timely and complex issues of imaging of sports-related injuries of the lower extremities. I hope that the readers of this issue find these articles as informative and useful in their day-to-day practice as I have.

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