

## Foreword



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Over the past decade the approach to treatment of ankle injury and arthritis has evolved. Yet despite the significant expansion of these treatment alternatives, most of these procedures are nonetheless performed as a means of salvaging arthritis. Ankle arthrodesis, joint replacement, or osteoarticular allografts are not joint-preserving methods of treatment, and the biomechanics of the hindfoot and ankle are never restored. It is reassuring however to note that treatments aimed at joint preservation are gaining popularity. For example, the goal of supramalleolar osteotomy and ankle distraction arthroplasty is to maintain, preserve, and hopefully improve joint function. If one examines further the alternative methods of articular preservation, cartilage stimulation has not yet received sufficient attention in the foot and ankle. We are slowly gaining an understanding into these alternative biologic treatments of articular cartilage deficits with oral medication, electrical stimulation, and even shock wave therapy. These modalities may be primary or adjunctive to longer term surgical planning, but should become part of our armamentarium for the management of arthritis of the foot and ankle. Adequate correction of deformity is essential when one hopes to restore articular function; the articles on the malunited calcaneus, talus, and distal tibia fractures give an excellent approach to this problem. Although salvage of severe ankle arthritis may necessitate either joint

replacement or arthrodesis, these should be part of and not the only treatment options selected by the orthopedic surgeon.

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