Foreword

Patellar Instability—The Great Imitator

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Many diseases in medicine have been dubbed “Great Imitators” to include syphilis and, more recently, Lyme disease. In the orthopedic world, patellar instability can be added to that list. I recently offered to see a young athlete who injured his knee. He was from the high school football team that my partner takes care of. He had an effusion and was difficult to examine, so I assumed that he had an ACL injury, sent the boy off for an MRI, and arranged for follow-up with him. I later learned that the player actually had a patellar dislocation and had a TT-TG measurement of 25 mm. Ironically, that partner is an international expert in patellofemoral instability and the Guest Editor of this issue of *Clinics in Sports Medicine*. So, despite my embarrassment, at least this young man ended up with the right surgeon. Unfortunately, this was not the first time that I have made this mistake, and many of you, if you are honest, have done the same thing. Acute patella dislocations often present just like acute ACL tears and have hence been added to the “Great Imitator” list.

This issue of *Clinics in Sports Medicine* is an international treatise on the management of patellar instability. It includes all directions, all components, all ages, and all variants. I am a huge fan of the article in this issue entitled, “Putting it all Together: Evaluating Patella Instability Risk Factors: Revisiting the ‘Menu,’ ” by McCarthy and colleagues that puts it all together. If you have time to read just one article in this issue, focus on that one. My sincere appreciation to my partner and editor for this issue, Dr

David Diduch, who has climbed the ladder of the patellofemoral world experts and has “capped” his career in this area.

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