Editorial

Clinically Relevant Articles of High Levels of Evidence Are Required to Change Surgical Practice

Among the factors by which submissions to *Arthroscopy: The Journal of Arthroscopic and Related Research* are judged by our reviewers is clinical relevance. We aim to publish manuscripts that are of interest to practicing arthroscopic clinicians as well as those that may be germane to clinical or basic scientists. Reader surveys consistently show that *Arthroscopy* scores positively as a clinically relevant publication and also that this characteristic of the Journal is extremely important to our readers.

Defining clinical relevance is in many ways subjective and is certainly subject to the interests or practice of he or she who offers the definition. As Editors who also work as educators and clinician scientists, we propose an ambitious definition of clinical relevance: scientific information so compelling that it might change clinical practice.

Among the many fine and clinically relevant articles in the current issue, we highlight two that seem to particularly fit the definition proposed above: we first note "Arthroscopy and Endoscopy of the Foot and Ankle: Indications for New Techniques" by Tun Hing Lui.[1] Foot and ankle surgery, like arthroscopy and like orthopaedic sports medicine, has evolved. This evolution includes the development of foot and ankle–specific journals, subspecialty societies, and fellowship training programs. Arthroscopists, orthopaedic sports medicine specialists, and the Journal have always contributed to the evolving understanding and treatment of foot and ankle pathology, but we believe that Lui's report represents the potential for changing clinical practice. As a result of this article, it is possible that many of our readers will develop a renewed interest in arthroscopic treatment of foot and ankle conditions.

The second article we find of particular note is "Fixation of Unstable Osteochondritis Dissecans Lesions of the Knee Using Arthroscopic Autogenous Osteochondral Grafting (Mosaicplasty)" by Antony Miniaci and Graham Tytherleigh-Strong.[2] Compelling, in this case, are the extraordinary results they report. When 20 of 20 surgically treated patients' IKDC scores improve to normal, and when the average visual analogue pain scale score is reduced from 8.3 of 10 preoperatively to 0 of 10 one year after surgery, readers must thoughtfully consider adopting the described technique when treating similar patients who have failed an appropriate course of nonoperative management of unstable OCD.

And yet . . . we consider: Are Dr. Lui's techniques efficacious and reproducible in the hands of others? Is the method of Miniaci and Tytherleigh-Strong superior to other treatment options?

A publication must be interpreted in the context of the complete body of our medical literature. Change of an invasive practice, surgery in particular, must ultimately be based on a compendium of substantiating studies of the highest levels of evidence. We acknowledge that Dr. Lui simply proposes indications and techniques (Level V evidence). Results must follow. Miniaci and Tytherleigh-Strong present a case series (Level IV evidence) but no control group. Comparative studies (Level II and III evidence) and randomized controlled trials (Level I evidence) are now required.

Clinically relevant articles of high levels of evidence are ultimately required to change surgical practice. Readers are so reminded, and prospective authors are thus encouraged.

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REFERENCES

1. Lui TH. Arthroscopy and endoscopy of the foot and ankle: Indications for new techniques. *Arthroscopy* 2007;23:889-902.
2. Miniaci A, Tytherleigh-Strong G. Fixation of unstable osteochondritis dissecans lesions of the knee using arthroscopic autogenous osteochondral grafting (mosaicplasty). *Arthroscopy* 2007;23:845-851.

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