

### Change: A Constant in Orthopaedics

President John F. Kennedy once said, "Change is the law of life. And those who look only to the past or the present are certain to miss the future." This has rung true during my time with the *Arthroscopy* journal.

I have had the privilege to be involved with *Arthroscopy* since its inception. The conception and initial work of the Journal was done by Dr. Robert Metcalf. Bob had originally planned to be the Editor and to self publish the Journal. At the time of the final decision in 1984, Bob had a change of heart and turned over the reins of the Journal to Dr. Ward Casscells who was the Editor from 1985 to 1991. During the first year, the Journal published four issues totaling 275 pages. At the end of the year, a worried Dr. Casscells told the editorial board, "We've covered chondromalacia of the patella, plica syndrome, degenerative and traumatic meniscal injuries and patellar instability. We are running out of topics to write about so you all need to write an article or we'll have nothing to publish."

At the time Dr. Casscells did not entirely anticipate the impact that the arthroscope would have in the treatment of orthopaedic patients and the tremendous capacity of surgeons around the world to be driven to continually improve the care of patients using new technology. Certainly over the years, there have been detractors to our attempts to improve care by minimally invasive techniques. Famous remarks like, "The arthroscope is the instrument of the devil," only intensified the effort to modify, adapt, revise, alter, and change to get things right. As Confucius said, "Our greatest glory is not in never falling, but in rising every time we fall." We recognize that we may from time to time get things wrong, but we are fortunate to have a very discerning readership that will write a letter to the editor to bring clarity to the situation. This mechanism has served us well to allow us to rise after a fall.

Initially the majority of arthroscopic work involved the knee joint. We were primarily concerned about techniques and tools to be able to take care of chondromalacia, meniscal tears, and loose bodies. In the late 1980s and early 1990s, the focus began to include the shoulder, as well as the elbow, wrist, and ankle.

Controversy ensued about the usefulness of the arthroscope in treating shoulder instability and rotator cuff tears.<sup>1-8</sup> During this same time, minimally invasive techniques to deal with the anterior cruciate ligament became popular. This was a period of very rapid change, fueled by the development of innovative tools and implants in cooperation with our commercial partners.<sup>9-11</sup> This collaborative effort has certainly helped our patients. I vividly remember the prolonged and difficult recovery of patients with rotator cuff tears treated with lateral acromionectomy during my early residency in the late 1960s. These patients faced a 5 to 7 day hospitalization and a full year of rehabilitation. Today these same patients are routinely treated as outpatients by a much more effective procedure, arthroscopic rotator cuff repair, and most complete their rehabilitation in 3 to 4 months.

Since 2000 there has been a growing body of work on the hip that has dramatically improved our understanding and treatment of hip pathology in younger patients.<sup>12-14</sup> In the past, these patients had to drop out of sports and decrease their activity to control their symptoms. Now many of them are able to return to sports. During the last year or two, a new area of focus that has the potential to significantly change how we practice has begun to emerge. That area is biologics.<sup>15-25</sup> The vision is unleashing the power of stem cells of many types as well as a myriad of growth factors. Growth factors are powerful, naturally occurring substances capable of stimulating cellular growth, proliferation, and differentiation. The hope of biologics is that, instead of trying to just slow down degenerative changes, the hope of biologics is to rebuild damaged tissue and restore more normal function.

The Journal has played a significant role in this chaos of change. Each of you who has reviewed an article (and that numbers in the thousands), has helped the Journal guide this change. It has been on your backs that our patients have benefited by the critical thinking of your reviews. I have had the good fortune to learn so much, not only from the articles written but also from so many insightful reviews. During my 27 years with the Journal, that number is about 15,000 articles and 45,000 reviews. To all of you I say thank you.

In our peer-review process, after the two initial reviews, an Associate Editor then summarizes all opinions and recommends a course of action to the Editor. Associate Editors are promoted from the Editorial Board

based on the quality of their reviews. They each serve a 5-year term so there is always change. We currently have 14 Associate Editors to keep up with nearly a thousand submissions a year to *Arthroscopy* and our new journal, *Arthroscopy Techniques*.<sup>26-35</sup>

The Editors and Associate Editors are guided and supported by the Journal Board of Trustees. Dr. Jack McGinty who guided the Journal in its formative years 1985-1995, was the person I have to thank for getting me involved as the Associate Editor to Ward Casscells in 1987. He was followed by four dynamic leaders—Dick Caspari, Jerome Jennings, Les Matthews, and Walter Shelton—who have been so supportive and encouraging as we have gone through so much change, transitioning from an all-paper review process and a paper journal to an all-digital review process with large volumes of video and our online journals. This is a complicated development without a clear path and, again, with constant change. The challenge now is how to prepare content for all of the new and ever-changing formats of digital technology. It is not only the instruments that display the content but also the languages they use that remain in constant change and create a challenge for our publisher and our Journal.

During my tenure I have been blessed with very talented Managing Editors. Initially Anne Farley was Dr. Casscells' Assistant. She managed using a Smith Corona typewriter and a shoe box full of 3 × 5 cards. Anne Stewart Skulskie followed and guided the early transition from paper to digital format. She was followed by Charles Jenkins. Since 2007 we have been under the expert guiding hand of Hank Hackett with the assistance of Deborah VanNoy, who has been the Editorial Associate since 2001. These two very talented people have been an enormous help in guiding the direction of the Journal.

The time for change has again come, with a look to the future of the Journal. Jim Lubowitz became an Associate Editor in 2002 and was promoted to Assistant Editor-in-Chief in 2006. He has been a major decision maker since that time. Jim will become Editor-in-Chief on May 1, 2014 on my retirement. He will be joined by Dr. Matt Provencher who will be promoted to Assistant Editor-in-Chief. It is these two who are credited with the decisions that have led to our rise in impact factor in recent years. We welcome former Associate Editor, Michael Rossi, who will join the team as Deputy Editor.

It has been a very gratifying 27 years with the Journal and I thank all the authors, reviewers, editors, board members, and staff of both AANA and ISAKOS that I have had the good fortune to work with. With your support and participation, the Journal is in good hands to continue the highly critical process of change for the benefit of our patients.

Gary G. Poehling, M.D.  
*Editor-in-Chief*

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### Michael J. Rossi, M.D., Deputy Editor

**M**ichael Rossi joined our team as an Associate Editor in 2009 and served his 5-year term with distinction; now it is my great pleasure to announce his promotion to Deputy Editor. On my retirement May 1st, Jim Lubowitz will become the Editor-in-Chief and Matt Provencher the Assistant Editor-in-Chief, with Michael as Deputy Editor.

Michael spent his early college years at UC Davis and graduated with High Honors, earning his B.S. degree in Mechanical Engineering and subsequently an M.S. degree in Biomedical Engineering. Here he was inducted into the Tau Beta Pi National Engineering Honor Society. He then moved to UC Irvine for medical school, earned his Doctor of Medicine degree, and was elected to the Alpha Omega Alpha Medical Honor Society. After finishing his Orthopaedic Surgery Residency at

Stanford University, Michael completed an Orthopaedic Sports Medicine Fellowship at the Taos Orthopaedic Institute under the direction of Jim Lubowitz.

Michael is the Director of Sports Medicine at the Wenatchee Valley Medical Center in Wenatchee, Washington. He is a member of the American Academy of Orthopaedic Surgeons and a Diplomate of the American Board of Orthopaedic Surgeons, with subspecialty certification in Orthopaedic Sports Medicine. Michael is an active member of AANA, has been a reviewer for *Arthroscopy* since 2002, on the Editorial Board since 2006. I am thrilled that Michael is our newest editor.

Gary G. Poehling, M.D.  
*Editor-in-Chief*