Cartilage Repair in the Knee: Part II

Jack Farr, M.D.² James L. Cook, DVM, Ph.D.¹

¹ William and Kathryn Allen Distinguished Professor in Orthopaedic Surgery; Director, Comparative Orthopaedic Laboratory; University of Missouri, Columbia, Missouri

² Medical Director, Cartilage Restoration Center of Indiana; Director, OrthoIndy Sports Medicine Fellowship, Indiana Orthopaedic Hospital, South, Greenwood, Indiana

Address for correspondence and reprint requests James L. Cook, DVM, Ph.D., William and Kathryn Allen Distinguished Professor in Orthopaedic Surgery, University of Missouri, 900 East Campus Drive, Columbia, MO 65211 (e-mail: CookJL@missouri.edu).

J Knee Surg 2012;25:1–2.

This represents Part II of a comprehensive overview of the current state of the art of knee cartilage repair. We hope you enjoyed Part I that laid a firm foundation for assessing the patient's knee prior to surgery.

In this issue, we are fortunate to have authors who are not only familiar with the current treatments available in the United States, but also are exploring new treatment approaches. Fortier will establish the scientific basis on marrow stimulation, which sets the stage for Gomoll's article on current clinical applications and then the potential augmentation options that may improve marrow stimulation

outcomes and durability. Autologous chondrocyte implantation (ACI) was one of the major factors in jump starting the clinical field of cartilage repair and restoration. Kon begins with that milestone and brings us up to date on the subsequent generations of ACI—now available in Europe. Farr introduces the topic of particulated allograft cartilage, which is in its infancy in clinical applications; and finally, Cole explores nontraditional modifications of articular cartilage.

We hope you are enjoying our continued journey in knee cartilage repair. We will continue the saga in Part III.