

**Special Issue on Microfracture**

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*Cartilage* 2010 1: 77

DOI: 10.1177/1947603510366701

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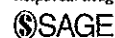
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## Special Issue on Microfracture

Cartilage  
1(2) 77  
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Articular cartilage injuries are common and have been found in approximately 60% of knees<sup>1,2</sup> and 5% of shoulders<sup>3</sup> undergoing arthroscopy. While many of these are incidental findings, the remainder are often symptomatic and debilitating and present a unique challenge secondary to the poor regenerative capacity of the native tissue. Cartilage repair procedures play an integral role in the treatment of these injuries and serve as a therapeutic bridge between debridement and arthroplasty. Technology is rapidly advancing, and emerging treatments have evolved to include minced autologous cartilage, minced juvenile allograft cartilage, scaffolds, and cell-infused matrices; however, tissue durability and outcomes of these procedures have yet to be defined. Despite the developments, the most tried and true treatment for cartilage injury is microfracture. This technique, which was developed and first described by Steadman in 1999,<sup>4</sup> is the most common reparative procedure performed in the United States with over 25,000 cases annually.<sup>5</sup> By some estimates, more than 100,000 microfracture procedures are performed annually. Appropriately, this issue is dedicated to this procedure. Microfracture is a time-tested technique that has consistently demonstrated improved outcomes in the treatment of symptomatic cartilage defects in the knee<sup>6</sup> and is now showing promise in the shoulder<sup>7</sup> and hip<sup>8</sup> as well. Dr. Richard Steadman is credited for his visionary thinking and deserves credit for this foresight. His commitment to clinical follow-up, the basic science that has furthered our surgical techniques, and the commitment of others who are now reporting their outcomes have led microfracture to become the comparator to emerging technologies. Those of us who treat these patients are indebted for his contribution.

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