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Editorial

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The *Journal of Hip Preservation Surgery* (JHPS) was conceived by Richard Villar. The journal has flourished under his stewardship and the support of the Oxford University Press team, Phil Noble, Marc Safran, John O'Donnell, Michael Leunig and Ajey Malviya. The JHPS is one of the many examples of Richard Villar's talent for initiating projects and inspiring like-minded individuals to work with him. Richard also has the rare ability to recognize when his creations are firmly established and ready to flourish without his drive and direction. Over the years, I have seen Richard repeat this cycle time and again in medicine, mountaineering and disaster relief.

My first exposure to Richard Villar was in 1991, as his senior registrar, at Addenbrookes' hospital in Cambridge. Richard introduced me to hip arthroscopy and it is a testament to his infectious enthusiasm that, like so many of his subsequent trainees, the path on which he set me remains a major part of my clinical practice. Even then, Richard's modus operandi was different from anyone else that I have met in 40 years of medical practice. From our first meeting, he was always happy to share his knowledge, whether it was how to arthroscope a hip, construct a database, understand the rules of private practice, support a colleague in difficulty, organize an expedition to far off parts of the world or care for his family. Most importantly, Richard is a friend whose generosity of spirit and refusal to speak unkindly of others is an example to us all.

The JHPS wishes Richard the very best for his next enterprises and I hope that you will all join me, at the next ISHA meeting to raise a glass, make a toast and give three cheers for the man who has done so much to promote and develop hip preservation surgery.

It is a daunting and an exciting moment to take the helm at JHPS. Looking through the journal's website, I have been particularly drawn to the sections in the lower part of our homepage. Here, we can see links to the *latest*, the *most read* and the *most cited* articles. The latter two categories provide an insight into the topics that most interest and exercise hip preservation surgeons. Clicking the *most read* link tells us that refractory pain after hip arthroscopy [1], understanding why patients experience buttock pain [2, 3], what we should do for patients with chondral damage [4] and how we present our work to coders and funders [5] remain challenges in our daily practice. Clicking on the link to the *most cited* articles tells us that we are referencing work investigating why FAI develops [6], that microinstability remains poorly understood [7], that there is increasing scrutiny on the outcome of our interventions [8, 9] and how we can better understand factors that may lead to poor results [10]. If you are looking for topics to investigate and report to the JHPS you should find these pointers helpful.

JHPS issue 8.3 has been delayed by changes in the preparation process at Oxford University Press and we apologise for this delay. Encouragingly, the number of submissions to the journal continues to grow and we look forward to restoring quarterly output in 2022. 8.3 reflects the diverse spectrum of surgical strategies available to hip preservation surgeons and nowhere are the merits of intra- and extra-articular interventions more hotly debated than the management of patients with varying degrees of hip dysplasia and varying severity of degenerative changes. The paper from Panos *et al.* [11] suggests that optimal outcomes for patients with Grade 1 Tonnis changes, who undergo periacetabular osteotomy, can be achieved if concomitant attention is also provided for intraarticular pathology.

During the first wave of the COVID-19 pandemic, there was great concern [12], both for the public and in the surgical community, that therapeutic and surgical interventions might be best delayed. With the gradual resumption of postponed treatments, reports of the kind provided by Bhargava *et al.* [13] and Cheok *et al.* [14] will provide valuable adjuncts to the growing body of data that we can share with our patients and help us mitigate the risks of COVID-related harm to them. A paper that I found particularly interesting reminded me of my training with Richard Villar. Richard had persuaded a plastic surgeon colleague to help him undertake a vascularised fibula graft for a patient with osteonecrosis of the femoral head. I can still remember the disappointment on Richard's face when the revascularization failed. It is heartening to know that Yuan *et al.* [15] have been able to report such encouraging outcomes for avascular fibula grafting as a treatment for this problem and that Richard was simply ahead of the surgical curve.

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