



## Editorial

## Maturation

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As the end of the year approaches, I have been thinking about maturation. Our residents and fellows are nearly halfway through this academic year, and their maturation is palpable. I see more confidence, more skill, and more fluidity in their surgical execution. There is more forethought and a more nuanced approach to clinical problems and reconstructive solutions. They are increasingly competent and confident in their surgical decision-making, and they are taking steps toward graduated autonomy. Witnessing this maturation is one of the great joys of being an educator, and it is one of the things that makes the daily practice of adult reconstruction fulfilling.

*Arthroplasty Today* is also maturing. This year, we have seen a return in submission volume similar to the upsurge we saw in 2020, during the pandemic, when clinical volumes were restricted, and writing papers helped fill the void. *Arthroplasty Today* has grown to be an important publication for our specialty over the last 9 years, since its inception. I remain in awe of Brian McGrory's vision in bringing this journal to fruition and leading it through the first 5 years. We have applied for and expect to be granted Clarivate indexing, which means we anticipate being assigned an impact factor and to be included in the Web of Science by mid-2024. It is an honor and no small feat, with so many contributing partners. Thanks to all the people who have made this milestone possible, including our authors and reviewers, the editorial board, and the staff at the American Association of Hip and Knee Surgeons (AAHKS) and Elsevier, who have maintained a focus on excellence.

Hearty congratulations to the Program Committee at AAHKS on a terrific Annual Meeting last month at the Grapevine Texan Resort. It is a massive effort to put on such a well-organized meeting, the attendance was possibly the highest ever, and it is a highlight of the year for our society.

Congratulations also to our reviewers of the year, Elizabeth (Lizzie) Lieberman, MD, and Andrew (Andy) Schwartz, MD. They did a fantastic job on their reviews and are well-deserving of the honor. As a result, they have been asked to join our editorial board. Some things in life are a meritocracy!

We look forward to 2 special issues in the coming year, including a special issue featuring Young Arthroplasty Group authors, who are the future of our specialty. Thanks to Anna Cohen-Rosenblum, MD, MSc, for her leadership on this endeavor. Thanks also to Stefano Bini, MD, who is curating a Digital Health Orthopaedics special

issue, focused on the advancing fields of artificial intelligence and enabling technologies to potentially help improve outcomes for our patients.

My term as Editor-in-Chief will conclude at the end of 2024. Brett Levine, MD, MS, who has done an outstanding job as the Deputy Editor, will assume Editor-in-Chief duties in January of 2025. I cannot say enough about the amazing job he has done as the Deputy Editor, and I am confident he will take the journal to the next level in his tenure. We will be soliciting applications for a new Deputy Editor in the coming months and encourage all interested persons to apply. Look for a call for application soon in a communication from AAHKS. It is a rewarding role and an opportunity for servant leadership.

This issue is filled with numerous informative articles of timely interest. For example, Puri et al. [1] present a practical approach to conversion total hip arthroplasty following proximal femoral nailing. It is a great guide for surgical planning and execution and a must-read for a potentially challenging surgery with multiple pitfalls. Jordan et al. [2] report that staging for avascular necrosis of the hip does not require computed tomography. Prakash et al. [3] estimate that 2.7 million kg of waste is generated in the United Kingdom annually in arthroplasty procedures, identifying an opportunity for waste reduction and recycling in our specialty. Wallace et al. [4] report on staged correction of extra-articular deformity in 30 total knee arthroplasty (TKA) cases, with no reported nonunion, nerve palsy, or compartment syndrome in 27 patients who subsequently underwent successful primary or revision TKA. Rako et al. [5] report on adverse local tissue response in a patient with modular junction corrosion following distal femur and proximal tibial replacement, and it serves as a reminder to include taper junction problems in the differential diagnosis when evaluating a patient with a painful TKA.

I wish you all the best in this holiday season. Take time with family to reflect and refresh for the coming year. Be safe and be well.

## References

- [1] Puri S, Sculco PK, Abdel MP, Wellman DS, Gausden EB. Total hip arthroplasty after proximal femoral nailing: preoperative preparation and intraoperative surgical techniques. *Arthroplast Today* 2023;24:101243.

- [2] Jordan E, Varady NH, Hosseinzadeh S, Smith S, Chen AF, Mont M, et al. Femoral head osteonecrosis: computed tomography not needed to identify collapse when using the association research circulation osseous staging system. *Arthroplast Today* 2023;24:101244.
- [3] Prakash R, Abid H, Wasim A, Sharma A, Agrawal Y. The Environmental impact and sustainability of total hip and knee arthroplasty. *Arthroplast Today* 2023;24:101254.
- [4] Wallace SJ, Greenstein MD, Fragomen AT, Reif TJ, Rozbruch SR. Staged extra-articular deformity correction in the setting of total knee arthroplasty. *Arthroplast Today* 2023;24:101247.
- [5] Rako KM, Barbera JP, Sacks BL, Adler EM, Chen DD, Moucha CS, et al. Adverse local tissue reaction secondary to corrosion at multiple junctions in a modular, segmental, distal femoral replacement. *Arthroplast Today* 2023;24:101256.