

EDITORIAL

Shoulder and Elbow Surgery Special Issue

Marius M Scarlat, MD, PhD^{1,2} Yong Cheng Hu, MD, PhD^{3,4}¹*Clinique Chirurgicale St Michel, Groupe ELSAN, Toulon, France*, ²*International Orthopaedics, Official Journal of the SICOT, Brussels, Belgium* and ³*Tianjin Hospital* and ⁴*Editorial Office of "Orthopaedic Surgery", Tianjin, China*

China is a great country, and history teaches us that it was the largest producer and provider of goods and tools, as well as being a nation that developed many concepts and ideas in different fields of activity, including medical science.

Medical communication and journals are used to share knowledge, and it took us centuries to learn that the key to success is the quality of the teaching and the results. Outcome studies and peer-review processes changed our way of pursuing medical careers and libraries, and databases are now the depositaries of great knowledge.

The development of shoulder surgery followed this algorithm in all medical specialties. However, traditional Chinese medicine had solutions for the treatment of shoulder pain, muscular contractures, weakness, and other symptoms and syndromes related to patient discomfort and quality of life. A recent systematic review outlined the use of Tuina as a traditional medicine method in the treatment of the frozen shoulder. Tuina is the use of a certain part of the hand or limb by a physician on a patient to press, push, grasp, roll, and pinch, producing a biological effect and eventually improving clinical symptoms¹. Acupuncture, too, is widely used in China and also in many other countries to treat different conjunctive tissue disorders, including shoulder contractures, stiffness, and pain².

Modern shoulder surgery was developed in the Western world by Bankart and Codman. The vision of shoulder pathologies was further enlightened by Charles Neer, who was the founder of the modern specialty of shoulder surgery based on anatomical knowledge, outcome studies of the surgery for rotator cuff pathologies, arthroplasty, instabilities, and various traumatic and degenerative conditions that were treated traditionally in general surgery services or with conservative methods. Neer's teachings were followed and upgraded by his illustrious fellows from North America and Europe, including Frederick A. Matsen from Seattle and Charles A. Rockwood from San Antonio, the authors of the major monograph and textbook *The Shoulder*, which is widely used and currently at its fifth edition, containing the work of contributors from many countries. The European School of Shoulder and Elbow Surgery brought important contributions to the development of the specialty, including the works of Latarjet and the Lyon School proudly represented by Gilles Walch and his followers, the Dijon School of Prof. Grammont, inventor of the modern

reverse shoulder arthroplasty, the Swiss School of N. Schwennt and Christian Gerber, and many other national schools and institutes that developed shoulder and elbow knowledge in Europe and worldwide. Many shoulder and elbow schools have Chinese fellows and colleagues who are actively contributing to the scientific development of shoulder and elbow surgery in China. Scientific publications in the field of shoulder and elbow surgery include many valuable Chinese contributors and respected authors, and this special issue is an example of the volume and quality of research and clinical work performed in China.

The predecessors of Chinese orthopaedic surgeons, including professors Feng Chuanhan, Guo Shiba, and Huang Gongyi, published *Shoulder Surgery* – a text which outlined the development of this specialty in China³.

The academic environment for shoulder and elbow surgery is very good and the International Congress of Shoulder and Elbow Surgery is held every year. Teaching and training meetings and workshops are organized by regional central hospitals. In May 2014, the Chinese Shoulder and Elbow Society (CSES) was established with Prof. Jiang Baoguo from the Peking University People's Hospital elected as first chairman⁴. The Chinese Journal of Shoulder and Elbow was founded in November 2013 and distributed electronically. The current chairman of the CSES is Prof. Chunyan Jiang, a well-known scientist and respected shoulder surgeon.

The current special issue of *Orthopaedic Surgery* includes scientific papers from different shoulder, elbow, and orthopaedic departments that specialize in articular surgery and quality modern treatment.

It is with pleasure and pride that the French group of surgeons led by Prof. Philippe Hernigou from Paris presents the paper concerning the osteonecrosis of the humeral head, based on a very important clinical experience⁵.

Recent advances in the arthroscopic management of shoulder pathologies are presented by teams from Shanghai⁶ and Guazhou⁷.

Traumatology is well-represented and specific specialized solutions are described by highly qualified colleagues from different centers in Qingdao, Shanghai, Tianjin, and Chengdu⁸⁻¹¹. Technical improvements and solutions in humeral nailing are described by Xiao-ming Wu from Shanghai¹². Traumatology is an important part of the shoulder and upper limb specialty, and the trauma services are

constantly developing techniques and procedures dedicated to better patient care, minimally invasive procedures, and lower radiation exposure during the procedure, which is better for the surgical team and also for the patient.

Shoulder anterior instability and treatment based on anatomic repair and reconstruction are an important part of our specialty. All major shoulder services are performing different arthroscopic and open techniques of reconstruction based on accurate evaluation of the sources of instability and good quality ligamentar, capsular, and bone repair^{13–17}.

Reverse shoulder arthroplasty became very popular in the last 20 years, and currently China is developing this chapter for better patient care, offering new solutions in shoulder reconstruction for orthopaedic and traumatic conditions. A recent work was published in Chinese by Bo Lu from Shizhajuang¹⁸, and two papers included in this special issue concern traumatic and rheumatoid destructive conditions treated by reconstruction with reverse shoulder arthroplasty^{19,20}.

The subacromial space and management of cuff conditions are explored in two papers by Chengdu and Xiamen^{21,22}.

The elbow specialty is developed either in upper limb services or in combination with shoulder services. Chinese elbow specialists are extremely proficient and publish excellent results on both traumatic and orthopaedic elbow

conditions. In this special issue, the elbow traumatology includes papers from Beijing, Chengdu, and Tianjin^{23–26}. The excellent elbow arthroscopy papers are authored by Jiuzhou Lu and colleagues from Shanghai. They describe experience with the techniques of release for post-traumatic elbow contracture and stiffness and with heterotopic ossifications occurring in the elbow after arthroscopic release^{27,28}.

The publication of a special issue of *Orthopaedic Surgery* dedicated to the shoulder and elbow specialty is an event that requires readers' attention. Neglected in the past and reduced to some basic procedures for many years when lower limb surgery or trauma were the focus of publications, shoulder and elbow surgery has now become a modern part of orthopaedics, performed currently with high-quality technical tools, outstanding optical devices, arthroscopes, image intensifiers, fluoroscopes, high-frequency ultrasound machines, radiology or computer tomography scan devices used preoperatively. The final beneficiary is the patient that will eventually experience shorter hospital stay, minimally invasive surgery, insignificant or reduced bleeding, solid repairs, early mobilization and shorter medical leave, earlier return to work or usual activities, and overall better quality of life.

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