

# Preface

## The Surgical Playbook



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*Guest Editor*

Surgeons strive to gain control over the conditions with which they treat. There is a unique sense of clarity that occurs when one conquers a clinical problem. This feeling is intensified when there is harmony between one's hands, brain, and consciousness. Deep surgical understanding may be formulated over time or may occur as an epiphany.

Nonetheless, every surgeon develops an individualized "condition-based internal algorithm" that dictates how a particular problem should be managed. This "surgical playbook" is one's most valued asset as it is a compilation of the professional experience. It is a book like no other and cannot be bought, copied, or gifted to you. You must write all of its contents. It contains pages from your medical education, residency, fellowship, and working experience. It is the sum of your successes as well as your trials and tribulations.

The surgical playbook is referred to with every patient encounter and in every operative session. Conditions that are treated frequently are bookmarked and easily found. Those algorithms are "simple" and perfected. The ability to manage one condition does not necessarily guarantee that another more complex condition will be treated as flawlessly as conditions already dominated. There is an order to the book, and turning the page requires that one possesses the requisite skills and knowledge of the previous chapter.

Understanding and successfully managing pediatric and adolescent flatfoot is one of those conditions that is an advanced chapter in your book. Because flatfoot often has a variable presentation, its treatment plans are also variable. Patients may present with mild, moderate, or severe forms, as well as have multiplanar deformity. The flatfoot may be flexible or rigid, congenital or acquired, or occur with skeletal immaturity. Therefore, developing a surgical plan requires thoughtful decision-making and possession of a multivolume appended playbook without blank pages.

Remember that other surgeons have their own surgical playbook with treatment plans and algorithms that may be completely different to yours, yet achieve successful outcomes. This is often the case with flatfoot, in that there are multiple treatment pathways that may lead to the same desired outcome. Similar to a blivet, depending on how you interpret the image [condition] will determine what you see. But only with experience will you appreciate that conquering the impossible may not be as important as simply understanding it.

It should be clear that pediatric and adolescent flatfoot is complex, and there is no single page of your playbook that will provide you with every answer. The purpose of this issue of *Clinics* is to provide surgeons with an up-to-date resource on this continually evolving topic. Perhaps pages from this particular *Clinics* will find their way into your surgical playbook.

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