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Current concepts on the etiology and safe treatment of the Patellofemoral pain enigma from a Tissue homeostasis perspective

Patellofemoral pain has represented a classic orthopedic enigma for decades. Unlike other conditions managed by orthopedic surgeons (and allied health care professionals) patients with patellofemoral pain often lack an overtly identifiable structural or biomechanical cause for the symptoms. The traditional diagnoses believed to be of etiological significance (and upon which virtually all current treatment protocols are based): Chondromalacia Patella and Patellar Malalignment/Patellar Maltracking, have been found to be both insufficiently explanatory and inherently dangerous, especially in their surgical application. An alternative biological perspective has been developed over the past 30 years (by the use of, among other things: metabolic imaging such as Tc99m-MDP bone scintigraphy and PET-CT) which provides a more rational explanation for the etiology of patellofemoral pain and further, leads to therapeutic approaches that are inherently much safer than traditional ones: Tissue/Joint Homeostasis. These two competing views will be compared and data provided to substantially support the Tissue Homeostasis perspective. This biologic perspective of the underlying pathophysiology, key to understanding and safely treating patients with patellofemoral pain (Tissue/Joint Homeostasis), has resulted in the development of a new, powerful orthopedic and musculoskeletal paradigmuseful as a conceptual device in the analysis of other challenging conditions such as the early detection and prevention of osteoarthritis of the knee.

Biography

Scott F Dye is an Associate Clinical Professor of Orthopedic Surgery, University of California San Francisco. He has completed his BA in Physical Anthropology from University of Pennsylvania 1971 and his MD from University of Virginia 1975. Research devoted to the Knee. He has developed the concept of knee as biologic transmission with an envelope of function. He discovered the internal neurosensory characteristics of the knee by having arthroscopy performed on himself without intra-articular anesthesia.

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