Injuries to the articular cartilage and meniscal tissue often result in pain and dysfunction, which can interfere with normal activities of daily living and limit athletic participation. Articular cartilage is hyaline cartilage and its poor inherent ability to heal has been cited in the literature as far back as 1743. Long-term damage to either the articular cartilage and to the menisci may promote progressive degenerative changes of the joint, eventually leading to chronic pain and disability.

The young, active individual with an articular cartilage or meniscal injury presents a unique challenge to the orthopedic community. Numerous procedures have been introduced over the last century that attempt to reduce symptoms and restore function. Earlier surgical procedures, still used today, include lavage, debridement, and drilling techniques designed to stimulate tissue growth over the surface area of an osteochondral lesion. While these procedures may be effective in the short term, the regenerative tissue has been found to be mostly composed of fibrocartilage with low biomechanical strength and low durability. Thus, the repair tissue is likely to degenerate over time.

In the mid-1990s, 3 published manuscripts introduced the microfracture, osteochondral autograft transplantation, and autologous chondrocyte implantation surgical techniques to the medical community. These procedures were designed with the expectations to restore a more durable and biomechanically stable hyaline-like tissue in articular defects.

Concurrently, understanding of the structure, function, and need for healthy meniscal tissue led to the progression from total to partial meniscectomies and eventually meniscal repair and transplantation techniques. The menisci, which were once thought to be useless structures, play a very important role in not only shock absorption and load transmission, but also in the normal arthrokinematics of the tibiofemoral joint. Thus, today, every attempt is made to retain, repair, or transplant as much of the meniscal tissue as possible.

As the popularity of these articular cartilage repair and meniscal surgeries continues to grow, physical therapists and other rehabilitation specialists are more commonly treating these patients postoperatively. As with most novel surgical techniques, our postoperative rehabilitation programs were initially very conservative in an attempt to protect the surgical site from deleterious stresses. Patients were often limited in range of motion, weight bearing, and functional activities for more than a year postoperatively. With time and experience, our knowledge of the surgical techniques, biological course of healing, and postoperative rehabilitation principles has expanded significantly over the last decade. Patients are currently bearing weight and performing functional activities earlier following surgery and patient satisfaction is improving. As our knowledge continues to expand and our surgical approach becomes less invasive, the rehabilitation process can continue to progressively accelerate, showing promise for the future. While the initial medium- to long-term results of these
techniques have been encouraging.\textsuperscript{4,9-14,16} I sincerely believe that our greater understanding of these procedures and the healing process will yield even better outcomes in our patients receiving these treatments today and in the future.

The goal of this special issue is to provide a comprehensive overview of our current knowledge in the treatment of articular cartilage and meniscal lesions. I am very proud of this special issue and excited to present manuscripts from contributors who are some of the leaders in the world in their respective approaches to addressing cartilage and meniscal injuries. They are sharing their perspectives about particular techniques that they have developed extensive experience performing. Many of our authors originated their procedures. Clearly, no one technique is the perfect solution, and much remains to be done to determine short- and long-term clinical outcomes as well as the eventual evolution of each technique. However, the authors of the manuscripts in this issue provide a very unique perspective based on their vast clinical experiences. On behalf of the readers of \textit{JOSPT}, I want to thank the authors for sharing their expertise in the pages of this \textit{Journal}.

As our knowledge continues to grow and we continue to explore treatment options, including techniques currently being developed using cutting-edge biotechnology, I am confident that our outcomes will steadily improve and our patients’ knees will continue to glide smoothly.

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