



Arthroscopic Management of Distal Radius Fractures

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Seeing is believing. This is the title of a new campaign promoted by the International Agency for Prevention of Blindness to raise funds to help tackle avoidable loss of sight in poorly developed countries, truly an admirable initiative. This book could have used a similar leitmotiv: if you see what happens inside of a joint, you will be able to believe in your patient's symptoms. But it would not be right. Arthroscopy is not out there just to make a diagnosis; it was not developed just to certify that the patient's complaints are based on something physical. Arthroscopy was introduced to help patients, to make our treatments more reliable, to have better control of our procedures. It is merely a tool, indeed, but a marvelous one which nobody should und- score among all surgical options we have when it comes to solving wrist trauma. Seeing is understanding. This could be another leitmotiv for these authors' campaign to get more hand surgeons to incorporate arthroscopy in their practices. Certainly, mastering these newly developed techniques help understanding the patient's problems. But again, that statement would also be misleading for not always what we see through the scope is the real cause of dysfunction. The enemy may be outside of the capsular enclosure. Indeed, arthroscopy provides lots of useful information, but the surgeon need not accept biased interpretations of the patient's problem based only on what appears on the screen.

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