



Combat Orthopaedics for the Civilian Provider, With Special Emphasis on the Dismounted Complex Blast Injury

As the global war on terrorism enters its second decade, our cumulative understanding of the mechanisms and pathophysiology behind the wounding process continues to evolve. Changes in operational tactics, driven largely by terrain, require that more patrols be conducted on foot, rather than from within the relative safety of armored vehicles. Roadside attacks continue unabated, and a dominant severe new injury pattern — the Dismounted Complex Blast Injury — has emerged.

Paradoxically, we observed little decline in survivability, owing to adapted clinical practice guidelines and continued improvements in body armor. The devastating nature of the injuries, however, stress each patient's physiologic reserve to the extreme — to say nothing of the effect on surgeons, caregivers, and families.

As the tactics of war evolve, and we adapt to this new injury pattern, we are reminded that the cumulative knowledge for which we strive is not a panacea. As before, researchers, physicians, and (most importantly) patients continue to face new challenges during every phase of treatment and rehabilitation.

This special issue of the *Journal of Surgical Orthopaedic Advances* contains articles that explore these challenges. Relevant issues are discussed in an effort broaden awareness and to benefit physicians who find themselves in austere environments. In the end, it is clear that research intended to benefit the wounded must continue.

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