Foot and ankle pain is a significant societal issue, affects millions of patients worldwide, and is a growing burden. The increase in the incidence and prevalence of foot pain is multifactorial and is secondary to more active lifestyles in older individuals, increased longevity, improved medical management, and quality survival in chronic inflammatory disease and posttraumatic disorders. If you have ever had a broken lesser toe, experienced hallux rigidus, had an ankle sprain, or suffered from plantar fasciitis, you can appreciate the debilitating impact of "minor" foot and ankle pain. Complex forefoot, midfoot, hindfoot, or ankle disorders result in even greater disability. Medical advances in nonoperative care, anti-inflammatory and narcotic medications, orthotics, and surgery have provided relief to millions, but dependence on narcotics is a significant societal burden and foot and ankle disorders contribute to the growing epidemic of narcotic abuse. A recent article in *Pain Medicine*, titled Societal Cost of Prescription Opioid Abuse, Dependence, and Misuse in the United States, highlights the importance of treating pain efficiently and avoiding narcotics, if possible.

This issue of your journal highlights the management of multiple aspects of foot and ankle surgery, including reconstruction versus resection of the posterior tibial tendon to manage posterior dyfunction, how to deal with heterotopic ossification following total ankle replacement, managing perioperative pain with total ankle arthroplasty, options to traditional open repair of Achilles tendon rupture, technical tips on managing Lisfranc injuries, and hallux valgus correction. A common theme throughout this issue is how to manage pain associated with these surgical techniques. The use of multimodal pain techniques is highlighted and new advances, including the use of new parenteral formulations, are discussed. I hope you enjoy this issue of the *Journal of Surgical Orthopaedic Advances*.

L. Andrew Koman, MD Editor-in-Chief