

Editorial

It is with both excitement and sober appraisal of the road ahead that we, Zeevi Dvir and Angus Strover, have accepted the invitation to take up the joint editorship of the journal of *Isokinetics and Exercise Science*.

The publishers have agreed to make IES the official mouthpiece of the International Society for Clinical Isokinetics, to report the substance of our meetings and to offer the journal to our members as part of their membership. In turn we offer our sincere thanks to both the publishers and to the outgoing editors, George Davies and Terry Malone, who have generously stood down in favour of these office-bearers of ISCI, and we hope that they and their editorial board members will not only continue to contribute articles to IES, but will also swell the rapidly growing membership of ISCI.

The aims of ISCI and IES are very much the same arena, in that we aim to bring together and to pool the knowledge of all those who are actively engaged in the evaluation of the musculo-skeletal system in its widest sense. In this respect we would like to see scientists, clinicians and others contribute towards the pool of knowledge related to exercise science in our journal.

Measurements are intrinsically important in this respect and we are dedicated to continue the collection of normative data related to exercise in the general population. We are also intent on collecting and collating data related to the dysfunctional effects of various pathological conditions of muscles, bones, ligaments and joint surfaces. In attempting to elucidate the underlying pathologies it is important to collect measurement of pathological muscular inhibition, reflex or intrinsic, and to record and analyse patterns of inhibition both in maximal effort contraction and in fatigue testing. In the same vein, the recording of the pain provoked during isokinetic or other exercise testing may also be found to be important indicators of pathological conditions.

When assessing the physical capabilities of the injured athlete, the ageing or over-exercised competitor, the injured industrial worker and the traffic accident victim, we need to be able to answer more accurately the questions put to us by athletic coaches, by team managers, by shop floor managers in industry

and by the legal profession. We need, therefore, to be able to quantify the degree of disability in more accurate terms. Realistic assessments of dysfunction in terms of percentage can be based on isokinetic measurements not only of the opposite side, but also on what we intend to know about the available normative data in humans of different ages, different sexes, different masses and physical types and different expectations in terms of exercise.

In our quest to answer these questions, many of us have bought expensive machinery and have conscientiously learnt how to use it in accordance with the recommendations of the manufacturers. In their efforts to gain the largest market share, the manufacturers have understandably deviated from each other in the design of their machines, their recommended protocols and the capabilities of their software. The users have found, however, that we have been inadvertently led far apart from one another. So far in fact, that many of us, whilst trying to collect the same data are unable to speak the same language, and consequently unable to stand up in the same court of law and evaluate each other's evidence.

Isokinetic dynamometry is likely to remain an effective tool for the evaluation of motor function in patients, sportsmen and athletes. It is our intention in ISCI to take the initiative through consultation between our colleagues and the trade, to recommend suitable protocols for assessment of muscles and joints in the different groups of patients according to age, sex, activity, etc.. If we do not take this initiative, there are two possible scenarios which could develop. Firstly the general population of clinicians, trainers and scientists may split permanently into groups of users of brand-specific dynamometers. Each group may continue to present their data in isolation of one another and we, the users, will permanently be the poorer for it in scientific terms. The second possibility is that one or other of the competing groups may gain the largest share of the market, dictating the language that will be spoken and putting the other groups out of business. As this could simply be a matter of the application of marketing forces, the scenario may be worse for the users. Under these circumstances the ultimately successful product may not necessarily be

the best but could simply be the beneficiary of better market and sales strategy.

In creating ISCI we have dedicated ourselves not only to the evaluation and rehabilitation of patients, but also to the evaluation of the test and rehabilitation protocols that have been used on them. It is only by publicising the good, as well as the not so good that we may be able to come to consensus in this respect and influence the trade accordingly.

Finally, perhaps the most important aim of ISCI is to bring together all those who involve themselves in the various fields of physical rehabilitation. We have much to learn from one another. The orthopaedic surgeon has, as his main objective, to correct the pathology or reconstruct the anatomy. His handiwork needs to be sufficiently competent to be able to pass his patient on to orthotist, the physical therapist, the occupational therapists, or the sports therapists to complete the job of rehabilitation. The therapists

needs to know precisely what tissues and structures were directly involved in the surgical approach and procedure. He also needs to know the tolerance of sutures and repaired tissues at the various stages of healing in order to plan and balance his physical ministrations. On the one hand the therapist is asked to progress quickly enough not to damage the carefully-planned repair. Intimate co-operation is required from the surgeon and therapist and we all know that this is not always forthcoming. Our society and our publication will hopefully address this issue repeatedly in the forthcoming issues of IES and we look forward to receiving case histories that illustrate these points in particular. Let us learn not only from each others' successes, but also from our failures.

*Angus Strover
Zeevi Dvir*