

From the Editor-in-Chief

This issue begins with a review of Lumbar Disc Herniation, and a discussion of whether or not we should be considering surgical or non-surgical treatments for that diagnosis. As expected, the studies are not definitive, however, it seems obvious that surgical intervention has no advantage over non-surgical interventions, according to Memmo and his team. Clearly the mortality/morbidity/risk vs efficacy/benefit differential must be included in any decision about whether or not to pursue surgery; and if the outcomes are truly no different, then it is our responsibility to consider surgery very critically before proceeding to that option. This article also corroborates the effectiveness of rehabilitation techniques in this population.

There are five research articles that explore topics that may seem deceptively basic and mundane. In all cases, however, you will note that these manuscripts address issues that have not been properly asked, answered, or documented before. It is a common mistake in many clinical areas of rehabilitation and pain management to assume that a course based on a reasonable analysis of the available "data" is the way to go. These manuscripts provide real data that may cause you to change your thinking and practice. The first, by Kroll et al., is an excellent examination of the relationship between five common methods of measuring isometric trunk strengthening and endurance. One of the more interesting conclusions in this paper is that there are no significant relationships demonstrated between endurance and force measures, suggesting that measures of both force and endurance must be incorporated in order to fully assess a person's performance. This study was done on normals; however, while awaiting the controlled studies with patients, it would make sense to consider incorporating these principles.

McGregor and Hughes offer a Prospective Controlled Trial assessing the optimal speed at which testing for trunk flexibility should be conducted. This esoteric, yet important, study determined that the subject's "preferred speed" produced more consistent readings than "maximum speed" or "slow speeds". Gerber and her colleagues look at some features of the natural history of polyarticular arthritis and some potential prognostic indicators. The ability to predict prognosis by

quasi-objective and objective measures will be critical for us to design efficient therapeutic delivery systems in the future, and will help us to continuously shape and optimize our clinical interventions and response. Somov notes and confirms an assumption that we have all had: that when we are in pain, time seems to slow down. This is an important factor to be considered in all types of studies that estimate a patient's tolerance of pain, particularly temporal tolerance.

After all the years, and all the rolls of tape that have gone on athletes prior to performance and after injury, it is about time someone has looked to see if this intervention is worthwhile. Lin and Whitney have found that taping does not impact on the strengthening of peroneus longus, and have corroborated a theory that will allow athletes to continue their conditioning programs in spite of taping.

There are two clinical notes in this issue. In the first, Kumar and his team looked at stroke patients with prolonged flexion at the wrist to determine if this was possibly related to the epidemiology of their carpal tunnel syndrome. The conclusion that carpal tunnel syndrome can occur in the presence of flexion in stroke patients, even in the absence of repetitive movements, is an excellent starting point. We should design more studies to analyze the precise relationship between flexion and the development of carpal tunnel.

Seçkin and his cohorts corroborate the importance of a home-based self-management physical exercise regime (with substantial encouragement from the doctors and the physical therapists) as quite helpful in knee osteoarthritis. This is a pilot/model that could be used in the design of randomized controlled trials of self-management vs some of the more intensive rehabilitation programs incorporated at some centers. Such randomized controlled trials could ultimately improve the cost efficiency of rehabilitation interventions in very common syndromes, such as osteoarthritis.

All in all, a very eclectic issue. We encourage your comments. Please enjoy.

R. Norman Harden, MD
Editor-in-Chief