We begin this issue with what to my mind is currently the definitive review of manipulation therapy for the upper body. Dr. Atchison has provided a comprehensive, clinically relevant and highly practical review of all types of manipulation from high velocity-low amplitude through muscle energy techniques. This work represents the standard of research in this area as of today; and with the lower body manipulation review to come in a later issue, it will become required reading for anyone interested in the art and the science of manipulation.

The second review of this issue is a solid comprehensive review of magnetic and electro-magnetic field therapy. Dr. Markov and Dr. Colbert have thoroughly and concisely reiterated the literature to date (primarily anecdotal). The human is a bioelectric organism, and by definition is also bio-magnetic. As such, to influence these bio-magnetic fields, in a therapeutic way, clearly has a hypothetical rationale. I recall 20 years ago when biofeedback was considered "alternative" and avant-garde. Now, of course, it is considered main stream treatment in interdisciplinary pain management systems. It can be truthfully said that no one can anticipate which therapies that today may seem unusual or tenuous will become the standard of care in the future. Please read this review with an open mind, and realize that you may be learning about a powerful future intervention.

The last three manuscripts represent original scientific works. All of these articles address very important, very basic concepts in physiatry and pain management. Dr. Ozgocmen and his colleagues explore the relationship between chemical and laboratory measurements in ankylosing spondylitis. The development of coherent scores for grading these patients is of substantial importance, and this work compares existing scoring systems. Dr. Kitsios and his colleagues study the impact of physiotherapy on a group of post-pubescent cerebral palsy patients, and determined that their therapeutic regime enhanced bone mineral density. This can be an important consideration in treating patients with these syndromes, and can be important in enhancing ongoing well-being and quality of life. Dr. Takahashi shows that the immunoreactive  $\beta$ -endorphin levels in Peripheral Blood Mononuclear Cells is lower in Complex Regional Pain Syndrome patients than in healthy volunteers. This is an important observation and fits in well with the current expansion of interest in the peripheral effects and impact of Complex Regional Pain Syndrome, such as the work of Dykstra and van der Laan in the Netherlands.

> R. Norman Harden, MD Editor-in-Chief