This issue begins with a comprehensive and authoritative review of meniscal injuries and therapy from Dr. Lento and Dr. Akuthota. I was intrigued to find that this subtle and previously poorly characterized body part can cause significant pain and potential disability in our populations. It is refreshing to have a clear and coherent summary of these disorders.

Dr. Argoff and I have written a short review of the three most prescribed skeletal muscle relaxants used in algology. This category of medications represents a very poorly understood and poorly researched group of compounds that were approved long before the more stringent application of research rules came to be. Interestingly, one of the compounds (metaxalone) was one of the very first drugs that was studied in double blind randomized controlled trials for "back pain". It is of critical and immediate importance that we re-examine and better understand some of these compounds in very common currency. This brief review is meant to summarize what we do know about these three most commonly prescribed "muscle relaxants".

The research papers in this issue begin with a look at the rehabilitation of long term patients using techniques in sports medicine. This paper comes from Ulla-Britt Larsson and the lab of Dr. Sjölund out of the truly excellent department of rehabilitation in Lund University Hospital. This paper is valuable on many levels, however, I should emphasize the very pragmatic use of return to work as a primary outcome. Weintruab and Cole present a paper on the "neuro magnetic" treatment of carpal tunnel syndrome using contact magnetic wrist support wraps. We are finally starting to see good studies of magnetic therapies, and we expect to publish more in the future. It is interesting to read the introductions and discussions for papers such as these, as the authors try to begin to entertain more palatable hypotheses as to therapeutic mechanism. Dr. Krabak and his colleagues present results of a pilot study which underscores the importance of dizziness as a symptom of cervical myofacial dysfunction. This is a very poorly understood area and this pilot study begins the process of focusing our attention on this important symptomatology. It should also, of course, focus our attention on the hypothetical mechanisms. Dr. Cai et al. present an interesting case of an isolated post-traumatic sciatic nerve contusion, and the collection of signs and symptoms and natural history that resulted. From the same laboratory we have a pilot study from Dr. Mukand et al. evaluating the efficacy of pain management after a hip and knee arthroplasty. In this pilot different vectors were examined; concepts of rescue vs round the clock medication, preferred minor opioids and FIM scores. These are complicated and difficult issues, and this project is an excellent first step in beginning to definitively address some of these concepts of acute post-operative pain.

As you can clearly see, the editorial board is encouraging and entertaining quality pilot studies and case reports as well as research and review articles. Please consider your *Journal of Back and Musculoskeletal Rehabilitation* as a viable resource for getting this sort of information out, and consider submitting your work or encouraging the manuscripts of your interested colleagues. This is an excellent opportunity to go forward and develop posters and abstracts from meetings.

> R. Norman Harden Editor-in-Chief