

INTRODUCTION

Stroke is often considered the “prototype” rehabilitation disorder. Its effects encompass a variety of medical and psychosocial problems, and its management involves virtually all members of the interdisciplinary medical rehabilitation team. Although its incidence is declining, stroke remains a common diagnosis, with new cerebrovascular events occurring in 500,000 patients per year in the United States. More striking is a report that the estimated number of persons alive today who survived a stroke in the past is approaching 3 million.

Medical and rehabilitation management of the multiple and complex problems in stroke survivors involve highly specialized knowledge and a number of unique management strategies. The goals are to minimize the impact of complications and comorbid conditions, to facilitate recovery, to optimize functional independence, to promote psychosocial adaptation, and ultimately, to enhance quality of life. This issue examines a number of approaches used in the specialized rehabilitation evaluation and management approach to stroke care.

Sadly, Dr. Gary Davidoff, the original issue editor, died during the preparation of this issue. He was a close personal friend, a vigorous research collaborator, and an inspiration to all of the authors who contributed to this issue. He had a passion for research that was contagious. A critical thinker, an innovative investigator, and a superb teacher, Gary was unique among young physia-

trists. Although very good-natured, Dr. Davidoff was uncompromisingly aggressive in his desire and ability to conduct and promote high quality original research. As a consequence, he made more academic accomplishments during his recent four-year period of illness than many individuals do over a lifetime of good health.

Gary was deeply committed to the advancement of the specialty of rehabilitation, and to the dissemination of knowledge among fellow clinician-investigators. For these reasons, this journal issue meant a great deal to him. Gary insisted that there be a common thread of scholarly inquiry in each of this issue’s contributions. A proponent of both original primary research and the peer review process, Gary requested (actually demanded) that this issue be comprised of not only comprehensive and critical reviews of prior work, but also reports of original investigations. The variety and types of papers included in this volume reflect that approach.

Gary would have approved of and enjoyed the product of the efforts related to this issue of *NeuroRehabilitation*. He will be sorely missed. We are fortunate that the recollection of his dedication, generosity, vigor, and true love of rehabilitation research will live on.

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