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Editor's Page

Spinal Cord Editor's Page December 2007

Dear *Spinal Cord* reader,

The final issue of 2007 is lying before you. This is a good time for some reflection.

The passed year has been rewarding, and we have been very pleased in the *Spinal Cord* editorial office with all the support from reviewers and authors, with the good number of high-quality manuscripts submitted and with the correspondence with the readership on different topics.

Spinal Cord management is moving on. It is not anymore what it used to be one decade ago. Expanding knowledge and a critical look at clinical and basic research have moved rehabilitation and reintegration more and more towards on, 'evidence based approach'. According to the Centre for Evidence-Based Medicine, 'Evidence-based medicine is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients.' Evidence-based medicine or scientific medicine can thus be defined as an attempt to apply more uniformly the standards of evidence gained from the scientific method to certain aspects of medical practice. Specifically, it seeks to assess the quality of evidence relevant to the risks and benefits of treatments (including lack of treatment). This could sound as if evidence based medicine is only from prospective and to a lesser standard retrospective research. Evidence-based propagators also acknowledge that there are aspects of medical care, which are in a different and less precise way subject to scientific evaluations such as the opinions of experts after 30–40 years of practice. This expertise does not necessarily lack clinical value, but it can have shortcomings too. There is little doubt that critical judgement of one's own behaviour is mandatory. Few will also doubt that such criticism and the application of scientific-based care can be of benefit to the patients. Evidence-based medicine not only requires clinical expertise, but also expertise in retrieving, interpreting and applying the results of scientific studies and in communicating the risks and benefits of different courses of action to patients. These ideas can be found in the newly developing profiles for health carers. A good clinician needs to be as much as possible an expert in his field but is expected to base his practice on scientific knowledge. He also has to be a good manager and a good communicator. The charge would seem huge but to implement it in the changing world may be less difficult than sometimes feared.

In this issue, there are several examples of good research and good reports.

Particularly special is the article by Samuel *et al*., which focuses on the SCI rehabilitation environment and interactions within it on female patients. An interesting topic that deserves full attention. The SCI rehabilitation environment and interactions within it have the potential to significantly impact, either positively or negatively, on women's feelings and behaviours as they begin to negotiate a revised identity as a disabled person.

Three original contributions deal with aspects of sophisticated diagnostic techniques: sleep assessment by actigraph, morbidity of urodynamic testing and measurement of coronary artery calcification by electron beam computerized tomography.

A basic research manuscript deals with antibodies neutralizing NOGO-A and motor recovery in spinal rats.

Eight case reports give interesting observations.

From the editorial office, we wish you all a very nice end of 2007 and a wonderful beginning of 2008.

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