

## EDITOR'S PAGE

# Thirty years of spinal cord research

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Dear *Spinal Cord* reader,

We wish you a joyful and prosperous 2013, much happiness for you and yours. We also hope that spinal cord management worldwide may continue its progress and that proper comprehensive lifelong management will further become available for all SC individuals.

We, at the editorial office, will do our best to implement fully the new editorial structure decided in 2012. The assistant editors with the group of associate editors will continue to support the editorial process and the evolution towards an even better journal. The speedy pre-review decision process at editorial level has shortened the already short time to first decision and has to some extent limited the number of manuscripts that have entered the formal review process. It is good to understand that our Journal makes every effort to help the authors by delivering extended comments during the reviewers evaluations. Sometimes the number of consecutive revisions of one manuscript suggested by the reviewers can be between 2 and 5. Authors are encouraged to appreciate this as a great effort to help them improve their manuscripts. We are very grateful for the hard work and support given by our editorial members and by our reviewers worldwide.

In this issue Lammertse, who presented the Guttman lecture 2011, gives an historical review of key studies in SCI over the past 30 years. It illustrates the progress that has been achieved in establishing a high standard in the conduct of clinical research while providing important lessons for improving trial design, conduct and reporting.

West *et al.*, in an extensive literature review, describe vascular dysfunction below the lesion in SCI individuals, characterized by a reduction in conduit artery diameter and blood flow, increased shear rate and leg vascular resistance, and adrenoceptor hyperresponsiveness. There is also recent alarming evidence for central arterial stiffening in individuals with SCI. Physical deconditioning and probably blood pressure oscillations exacerbate vascular dysfunction in this population.

New *et al.* present a comparison of 9 SCI units (Australia, Canada, India, Ireland, Italy, Netherlands, Pakistan, Switzerland, USA), and found a wide range of differences in the organization, systems of care and services available. Understanding these differences is important when comparing patient outcomes from different settings.

Jensen *et al.* could largely replicate previously identified activity pattern differences (i.e., more theta and less alpha) in those with SCI and chronic pain versus individuals with SCI and no pain and healthy controls. They evaluated associations between pain severity and EEG activity measures activity.

Eriks-Hoogland *et al.* compared prevalence, severity and risk of acromioclavicular joint arthrosis in persons presenting with shoulder pain between a SCI and able-bodied population, and recommend routine assessment of shoulder status including diagnostic imaging during check-ups.

Krisa *et al.* evaluated intra-rater and inter-rater agreement of repeated motor and sensory scores at individual spinal levels, in young individuals with SCI. They found, overall, moderate to high agreement for muscle strength comparisons and moderate to poor agreement was found for pinprick and light touch.

Fekete *et al.* developed and validated a self-report version of the Spinal Cord Independence Measure (SCIM III).

Munce *et al.* found related to SCI care, that the largest cost driver to the health care system in Toronto was inpatient rehabilitation care. Many more interesting manuscripts and three editorial comments are also included in this issue. Enjoy reading.