

Introductory paragraph – Volume 28, Issue 1

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This year we have increased the size of the journal by about 10%, in response to the increasing number of high quality studies submitted – but we still can only publish about 20%. The quality is greatly improved by the reviewers, and again we thank all of you who have accepted invitations to review and then provided a review – thank you very much. This issue covers a wide and disparate range of topics. Trauma care is increasingly the focus of health service change, and in the UK at least this includes a focus on rehabilitation. I was therefore pleased to receive a study on rehabilitation after fracture of the arm, probably the first we have published. The intervention is interesting – attempting to alter trunk compensatory movements. As usual, a larger trial is needed to see whether there is a long-lasting functional benefit. Another first is a large trial on a treatment for chronic venous insufficiency – interestingly the treatment specifically helped most symptoms, except pain where both groups improved. There are many studies showing the benefits of exercise in many circumstances, and now studies are investigating different types of exercise. A systematic review suggests that eccentric exercise **may** be more effective for lateral epicondylitis – but this is not yet a definite finding. An original study in patients with hip osteoarthritis is also reported here, finding high velocity

resistance exercise was more effective at improving mobility. This study used the timed up and go test, which is increasingly being used as a major mobility outcome. A second study using this mobility measure investigated vibration therapy in the frail elderly – and found a benefit. Children with severe cerebral palsy often require complex seating, and assessments of posture have largely been clinical, without much research into the validity and reliability of most measures. A study here finds that one of the more commonly used assessments – the Posture and Postural Ability Scale – is actually quite reliable. Rehabilitation units are surprisingly effective at reducing disability; trials demonstrate effectiveness despite the low level of activity undertaken by patients. This issue has another study confirming how little activity occurs, and how much is isolated. It is time for rehabilitation wards to become busy social settings where patients practice activities as part of their daily life. Finally there is an interesting study investigating how to improve team behaviour in terms of sharing decision making in rehabilitation; it is a cluster randomized trial but does seem to show benefit. Although they are a great effort and quite expensive to undertake, more trials like this are essential to improve team function – and also possibly to increase ward-based patient activity.