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Editorial

Editors' Showcase: Rehabilitation and Pain Management

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DESCRIPTION

Firstly I feel honourable to serve as a Editorial Board member for the esteemed Journal "International Journal of Physical Medicine & Rehabilitation". It is a scientific, scholarly journal for practitioners and rehabilitation researchers in a wide range of medical and surgical areas of practise, as well as rehabilitation disciplines. It aspires to be a world-class journal that keeps physiatrists updated by submitting clinically significant and evidence-based reviews knowledge on Physical Medicine and Rehabilitation.

I would like to disclose some of my opinions on the two articles enlisted in the previous special issue of the journal. The article entitled "Regional Pain Syndromes of Spinal Origin: Pathophysiology, Symptomatology and Proposed Classification, Diagnostics and Treatment" explained about the Regional Pain syndrome.

Any pain in the body sets off a nervous reflex arch, resulting in a strong contraction of all muscles in the area, including local vasoconstriction. In the event of trauma, this self-defense mechanism is used to distinguish the problem and prevent blood loss. As a result, pain caused by a back injury or a series of micro injuries will cause back muscles to spasm, resulting in increased mechanical pressure on the intervertebral discs. The pressure will flatten the discs, which will initially be difficult to see on X-rays/scans, resulting in the narrowing of neural foraminae and thus compression of the nerve roots.

"One will never die as a result of chronic back pain, but one will also not want to live as a result of chronic back pain." It can be a painful and immobilising physical experience that can disrupt one's life. However, there are almost no adults who have never had back pain. Furthermore, from an economic standpoint, back problems are among the most expensive health issues in the world because they account for the majority of sick leaves and disability grants [1].

Another article in the same issue entitled "Experience of Rehabilitation for Patients with Mild and Moderate COVID-19 without Remote Systems" described about the Requirement of Rehabilitation to patients in terms of COVID-19. This article reported on rehabilitation for COVID-19 patients have been published, with the majority of these studies utilising remote systems and concentrating on patients with severe conditions. This article has also disclosed few points at rehabilitation for patients with mild or moderate conditions, or at patients' backgrounds, such as Activities of Daily Living (ADL), comorbidities, and post-discharge destinations. The goal of this study was to report on a rehabilitation experience for patients with moderately severe COVID-19 who did not have a remote system [2].

COVID-19 patients are at a high risk of having reduced Activities of Daily Life. If there is adequate infection protection, face-to-face rehabilitation could be performed on a larger number of patients. Overall, face-to-face rehabilitation for patients with mild symptoms COVID-19 was beneficial, taking into account the patients' diverse backgrounds, including comorbidities. The practitioner (a rehabilitation doctor) who provided face-to-face rehabilitation had no serious health issues.

Finally, I would like to applaud and extend my sincere gratitude to all of the editors, reviewers, authors, and readers who have believed in us and collaborated with us for many years to make this journal a successful and esteemed open-access journal. I glance forward with their continued assistance in the coming years.

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