

EDITORIAL

Creativity, Collaboration, and Cooperation

The field of rehabilitation is redefining its role in alleviating the symptoms of chronic impairment.

In response to health care policy needs, Rehabilitation is developing and applying valid outcome measures to ascertain optimal patterns of care. Advances in technology promise to enhance independence, participation and quality of life for veterans with disability. Taking advantage of new discoveries in fields such as radiology, neurophysiology, pharmacology and immunology, Rehabilitation now stands ready to provide treatments that will restore functional independence not only through compensatory strategies, but through greater recovery.

To take advantage of these discoveries, it is incumbent on all rehabilitation professionals to think creatively --not just "outside the box", but outside of the comfortable parameters of their individual disciplines. Creativity must be combined with collaboration and cooperation.

Principles traditionally applied in the prosthetics laboratory may have a role in assessing the consequences of stroke, balance disorders, and aging. Approaches which work in the treatment of motor disorders may help in language recovery. Emerging therapies such as body weight supported treadmill training have exciting implications in stroke, Parkinson's Disease, Spinal Cord Injury, Multiple Sclerosis and other conditions which produce motor dysfunction. Basic findings in integration of bone and manmade materials now show possibility for advancing the treatment of veterans with limb loss. Artificial retinas may soon change the face of vision rehabilitation.

Basic scientists, engineers, and clinicians must regularly exchange ideas and collaborate in experimental design. It is just as necessary to promote and maintain a cross-disciplinary dialogue among rehabilitation clinicians, and to foster new flexibility in approaches to problem solving. In response to these needs, The Journal of



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Rehabilitation Research and Development has expanded its issuance from quarterly to six issues year and invites submissions that will educate and stimulate debate in all the multi-faceted areas of rehabilitation.

In VA rehabilitation, priorities include care, cure, vocational rehabilitation, rehabilitation engineering, addressing secondary complications, compensatory therapy, optimal prosthetic design, cognitive retraining, and restorative therapy. Each and any of these facets operate independently and yet in unison impact on a myriad of disease states and their subsequent chronic impairments treated by clinicians. Through comprehensive coverage of the entire rehabilitation spectrum, The Journal hopes to plant the seeds that continuously advance rehabilitation. In this time of rapid new discovery, we must never accept the status quo. Indeed, the world is not flat.