

## EDITORIAL

### ON BECOMING EDITOR-IN-CHIEF

It is a great honour for me to take up the office of Editor-in-Chief of the *Journal of Rehabilitation Medicine* after Professor Olle Höök, founder of the (then *Scandinavian*) *Journal of Rehabilitation Medicine* and Editor-in-Chief 1968–1999, and Professor Gunnar Grimby (Editor-in-Chief 1999–2012). It is probably fair to say that these pioneering giants in our field have seen roughly equal numbers of submitted manuscripts during their terms in office, since the journal has grown considerably over the last decade. As Gunnar Grimby described in last month's editorial, the journal receives around 400–500 manuscripts each year, 155 of which are published in 10 regular and 1–3 special issues per year.

My own background in rehabilitation began in the field of motor functioning, since I wrote my thesis in experimental neurophysiology on cerebellar motor control during my residency in neurosurgery. This led to a special focus on functional neurosurgery and the management of patients with chronic pain. Through an interest in transcutaneous electrical nerve stimulation, I came across acupuncture, and managed to demonstrate an increase in endorphin content in the cerebrospinal fluid of humans in parallel to pain relief from acupuncture-like electrostimulation. This captured my attention – I would go into pain research, especially on improving interventions to relieve chronic pain and its consequences, where long-term results were often disappointing.

Through a study visit to the world's first pain clinic at the University of Washington in Seattle, in the early 1980s, and later to the Mayo Clinic, I came into contact with multidisciplinary rehabilitation programmes to reduce pain-related behaviours and increase coping. I was impressed by the holistic view applied, by the results achieved, and by the multidisciplinary cooperation between the anaesthesiologists under Professor John Bonica and the rehabilitation staff under Professor Wilbert Fordyce, a well-known behavioural psychologist.

I subsequently had the opportunity to organize such programmes in Sweden, with Wilbert Fordyce as instructor, first at the Pain Clinic of Malmö General Hospital, then at the comprehensive Department of Rehabilitation at Lund University Hospital, where I had become Managing Director and had also passed my board examinations in Physical and Rehabilitation Medicine at Swedish and European levels. At Lund, we further managed to improve quality assurance in rehabilitation by accrediting 5 programmes in our department according to the Commission on Accreditation of Rehabilitation Facilities (CARF), the accrediting body of rehabilitation programmes in the USA, for the first time in Europe (in spinal cord injury, traumatic brain injury, general inpatient/outpatient and pain rehabilitation).

After another decade, it was time to move on, this time to the Academic Chair in Rehabilitation Medicine at Umeå University in Northern Sweden, which my colleague Axel Fugl-Meyer had vacated some time earlier. Here, I could expand my interests into neural plasticity, studying constraint-induced therapy after stroke and motor cortex reorganization after short training periods in humans by transcranial magnetic stimulation, but also could continue to help build a national registry for pain rehabilitation. During this time, I also worked with the Physical and Rehabilitation Medicine Section of the Board of European Union of Medical Specialists (UEMS PRM section), chairing

its Committee on Clinical Affairs to help develop a European system for accreditation of PRM programmes.

Only 5 years later, I was appointed Director General of the Rehabilitation and Research Centre for Torture Victims in Copenhagen, with ample research funding and simultaneous appointment as Professor of Rehabilitation at the University of Southern Denmark in Odense. Here, torture victims with chronic, often generalized, pain and severe cognitive disturbances became the focus of my clinical, scientific and human rights interests, activities that I have now partly left in order to serve as Editor-in-Chief of *Journal of Rehabilitation Medicine*.

Thus, my professional background involves matters from organ to participation. What are my plans for the journal?

The *Journal of Rehabilitation Medicine* should, of course, continue to publish high-quality rehabilitation research. It should also cover rehabilitation theory and related disability concepts, exciting news, comment, debate and controversies from the field of rehabilitation research. Here, translational efforts, especially from the new neurobiology field, are important, as are systematic reviews of PRM interventions. Another major area is that of outcomes issues in rehabilitation research. I hope that articles in *Journal of Rehabilitation Medicine* will be so interesting and so widely cited that the impact factor will once again increase above 2 (it is almost there!).

*Journal of Rehabilitation Medicine* should provide space for educational components, with continuing medical education (CME) credits, narrative and systematic reviews, and for reviewing existing, usually national, guidelines for rehabilitation. In this context, the status of *Journal of Rehabilitation Medicine* as the official journal of the International Society of Physical and Rehabilitation Medicine is very important, and I look forward to working with the officers of this organization. The same holds for our co-operation with the UEMS European Board and Section of Physical and Rehabilitation Medicine, the European Academy of Rehabilitation Medicine, with its humanitarian profile, and a number of other professional rehabilitation organizations.

An important issue is the status of *Journal of Rehabilitation Medicine* as an “almost” open access journal. All papers are now openly accessible 6 months after publication (“free access” in PubMed) and the “Editor's choice” of article in each issue is accessible immediately. Furthermore, authors are able to publish the pdf file of their paper on their homepage immediately once their article is in press. This is possible at a cost to authors of 30–40% of the charge made by traditional open-access journals, thanks to the fact that *Journal of Rehabilitation Medicine* is owned by a non-profit foundation rather than a publishing company. This situation will continue, and we are currently examining the possibility of converting to complete open access, if economically feasible.

To enable me to serve you adequately as Editor-in-Chief, I am sure that the *Journal of Rehabilitation Medicine* International Editorial group, with Professor Henk J. Stam as Advisory Co-Editor, and the highly professional Editorial Board will support me and the Editorial Office run by Agneta Andersson, Editorial Manager, and her staff. But, ultimately, it is *you*, the readers and authors who we are working for, and I am looking forward to our interactions and to your contributions to our journal.

Malmö and Odense, July 2012  
*Bengt H. Sjölund, Editor-in-Chief*

P.S. An application for reading JRM on iPhone and iPad is on its way! D.S.