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Editor's Note

Spine disorders (SD) and the concomitant pain are a major medical, economic, and social problem as a result of their high prevalence. The lag between the manifestation of the first symptoms of SD and the diagnosis of the condition has a potentially adverse impact on the treatment outcomes. Furthermore, there is a lack of effective prevention for reducing the incidence of SD. Above all, the socio-economic consequences of SD are multi-faceted as many individuals with back problems take a break from the job market either temporarily or permanently, resulting in adverse effects on their family and social life. The Journal of Spine publishes seminal articles pertaining to disorders of the spine.

The current issue of the Journal of Spine presents some interesting findings. Ogrenci and Yaman [1] authored a review on the role played by surgeon handedness in surgery, especially with respect to spine surgery. Yeung et al. [2], authored a review on the benefits of spine endoscopy. Takimura et al. [3], assessed the variations in MRI signal intensities (SI) of cervical intervertebral discs in patients with Adolescent Idiopathic Scoliosis (AIS) who had undergone corrective surgery. Olufemi and Isaac [4] determined the effect of a structured physiotherapeutic regimen in the management of chronic lower back pain with respect to the individual's day-to-day activities. Chon et al. [5], developed a simple and accurate technique of vertebral dimension measurement. Van Silfhout et al. [6], reviewed the current literature pertaining to ambulation in spinal injury, with special emphasis on the patient outcomes upon exoskeleton usage. Abdullaiev et al. [7], authored a review on the use of ultrasonographic methods in the diagnosis of vertebrogenic pain.

Right hand dominance is very prominent in all societies of the world. Right or left-hand dominance also affects people's ability to do certain jobs and also determines human posture. During surgery, it is known that surgeons feel different difficulties according to the position of the patient among the surgeons with right and left-hand use. Right hand dominance in surgeons may cause difficulties in surgery with respect to the surgeon position and the position of the patient. In spinal surgery, the surgeons face difficulties with respect to spinal instrumentation, which usually requires bilateral application. On the other hand, surgeons with left hand dominance face a different set of challenges. Ogrenci and Yaman [1] have authored a review on the role played by surgeon handedness in surgery, especially with respect to spine surgery.

Endoscopic spine surgery holds special attraction for spine surgeons. A variety of high end surgical instruments including spine endoscopes have been developed. Spine endoscopy using fluorescence guided percutaneous techniques, is becoming safer, easier, cost effective, and readily reproducible. Spine endoscopy has opened up new avenues to surgeons and other medical professionals for performing minimally invasive surgical procedures. Endoscopic spine surgery holds great promise in countries seeking cost-effective dispensation of healthcare to its citizens. Yeung et al. [2], have authored a review on the benefits of spine endoscopy.

Sagittal alignment of the cervical spine may get altered following corrective surgery in patients suffering from Adolescent Idiopathic Scoliosis (AIS). None of the previous studies had evaluated magnetic resonance imaging (MRI) images to investigate the postoperative alterations in the cervical intervertebral discs. Takimura et al. [3], assessed the variations in MRI signal intensities (SI) of cervical intervertebral discs in patients with Adolescent Idiopathic Scoliosis (AIS) who had undergone corrective surgery; these patients were postoperatively followed-up for more than 10 years. Comparison of pre- and postoperative MRI signal intensity in the AIS group revealed that in postoperative group, the signal intensity significantly decreased for all intervertebral discs except for the C7/T1 disc. In the control group, excepting C7/T1, the reduced signal intensity accounted for more than half of the discs. However, there was no statistically significant difference between the control and the postoperative group with respect to the reduced signal intensity.

Olufemi and Isaac [4] determined the effect of a structured physiotherapeutic regimen in the management of chronic lower back pain with respect to the individual's day-to-day activities. This treatment protocol involved a combination of 15 minutes of Infrared Radiation (IR), 20 minutes of Transcutaneous Electrical Nerve Stimulation (TENS), and 10 minutes of Soft Tissue Massage (STM). Each of the participants in this study underwent this regimen three times a week for the duration of six weeks. Statistical analysis revealed that there was a significant improvement in the patients' day-to-day activities.

Vertebral morphometry is a quantitative method of identifying osteoporotic vertebral fractures on the basis of vertebral height measurement. Vertebral morphometry is important for the analysis of the spine, disease diagnosis, and improvement in implant designs. This study can be performed on spinal radiographs (MRX- morphometric X-ray radiography) or on diagnostic images obtained from dual X-ray absorptiometry (DXA) scans. New technologies allow for the development of simple and efficient means of obtaining accurate data regarding the three dimensional (3D) vertebral geometry of the spine in order to create a comprehensive database of vertebral dimensions. Chon et al. [5], developed a simple and accurate technique of vertebral dimension measurement.

In recent years, the number of individuals with a spinal cord injury (SCI) reintegrating into community life and getting back to a more independent lifestyle has increased. Rehabilitation therapies have been altered to address the limitations in activity experienced by patients. One such innovative approach to locomotor training is the use of mechanical exoskeleton. Van Silfhout et al. [6], have reviewed the

current literature pertaining to ambulation in spinal injury, with special emphasis on the patient outcomes upon exoskeleton usage.

The diagnosis and estimation of vertebrogenic pain still remains a key problem in medicine. This can be attributed to a multitude of reasons. Ultrasonography is an effective method of diagnosing the degenerative-dystrophic alterations in the vertebral motor segment. Abdullaiev et al. [7], have authored a review on the use of ultrasonographic methods in the diagnosis of vertebrogenic pain.

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