Rich and Rewarding

This issue has a number of new and important components that should spur readers toward a deeper understanding of the topics and research paradigms being used to further our knowledge.

The issue begins with an introductory paper by Fetters and Heriza1 that sets the stage for Johnson et al’s2 study. This is the first time a study using a multiple baseline multiple probe design has been published in the journal, and the unique characteristics of this article deserve special attention. I recommend that you read the introductory paper and Johnson et al’s work carefully and hope that you appreciate these contributions.

I would also like to draw your attention to the next 2 articles that address vestibular function in children and in adolescents. The topic of vestibular function is important in its own right, but as a champion of the role we must play in diagnosis of human movement problems, the work by Christy et al3 moves us into the realm of diagnostic research, where the language will be new and challenging for the uninitiated. I encourage you to pull out your recent copy of Portney and Watkins4 and begin the work of fully understanding what Christy et al are reporting. Sensitivity and specificity of measures are fundamental to identifying tests suited for diagnostic work. In this report on children with hypovestibular function we are moved not only to contemplate sensitivity and specificity but also to understand receiver-operating curves (ROCs). This article would be an excellent focus for an ambitious journal club, where the implications of Christy et al’s findings can be considered and weighed, not only with reference to the diagnosis of hypofunction of the vestibular system but also with reference to our roles as diagnosticians.

Alsalaheen et al’s5 article on vestibular function in adolescents reminds us of our role in documenting recovery from concussion. Despite data that suggest a high incidence of concussive injury in teens who are involved in athletics in high school, few measures have been explored to help with this task. Alsalaheen and colleagues notably begin to fill the void. The tests and measures, as the authors indicate, examine performance, and their findings beg for follow-up work to examine those measures in a diagnostic research paradigm.

There are 2 other features in this issue that I would like to bring to your attention. First, the Clinical Bottom Line by Ordorica and Rohnert6 poses a set of questions specifically designed for use by journal clubs; and a result of the Section on Pediatrics Knowledge Translation Work Group’s efforts to foster the translation of research findings into clinical practice. So, you have now read “journal club” twice in this editorial, and I would hope this would spur you to form or join a club if you aren’t participating in one. Journal clubs are excellent ways to stay abreast of the latest information being published in our literature, and develop a network of colleagues who, like you, are striving to provide the most up-to-date, evidence-based care.

Finally, another highlight in this issue is the supplemental video accompanying the case report by Sweet, O’Neill, and Dobbs.7 For those who enjoy audio-visual presentation of information, this will be your cup of tea! Sweet and O’Neil have provided an excellent visual explanation of their casting technique. If you haven’t already “clicked” on the video with your iPad, get online and see for yourself.

So, this issue is without a doubt one that can be considered rich and rewarding, and one that ROCs!

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REFERENCES


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