

## Editorial

### Pain Physician Embraces the Future

**Curtis W. Slipman, MD**

*"The young man knows the rules. But the experienced man knows the exceptions."*

- Oliver Wendell Holmes, Jr

As the transition of editors proceeds we keep in mind the above perceptive statement by the great American jurist, soldier and poet Oliver Wendell Holmes, Jr. Holmes identified one of the intricacies of how we practice medicine. That is, our decisions are based on knowledge, but are equally guided by the breadth of our experiences. From its inception Pain Physician has been dedicated to providing the pertinent clinical information that builds the bridge between our acquired knowledge and the information and idiosyncratic conclusions gleaned by others with different experiences. The content provided by Pain Physician has enabled the spine practitioner to ply his craft; using practice guidelines, the unique insights of experienced physicians, implications of Federal regulations, Compliance and Guidance on Practice Management. Armed with information derived from comprehensive reviews, original research, and case reports interventional spine physicians have enhanced their ability to provide leading edge care. Maintaining this focus will continue to be an important element driving Pain Physician. In the current issue several articles underscore this point.

A thoughtful prospective study by Sharps and Isaac provides the first published data on Nucleoplasty/Coblation. This cutting edge paper delivers to spine physicians the most up to date information involving the use of this novel, minimally invasive technique for patients with back and/or leg pain to a herniated disc. Manchikanti et al in their original contributions describe the value and effectiveness of clinical guidelines and psychological attributes to chronic pain. Stojanovic and Abdi perform an extensive search of the literature pertaining to spinal cord stimulation. Singh

and Manchikanti similarly review caudal epidural injections. Their assimilation of the results of prior studies, clarity in relating their impressions, and practical points similarly provides invaluable information to physicians specializing in pain or spine care. Lipetz et al provide a clinical pearl for those that perform injection techniques. Manchikanti comprehensively reviews role of neuraxial steroids. These articles and others in this issue exemplify the wealth of current and applicable clinical information available from this issue. Despite my conviction concerning the clinical relevance of the articles published in this volume it is conceivable you may not share my view. Indeed, it is my hope that we receive your feedback whether the articles published in this issue provide you, the reader, with the additional tools to practice superb spine medicine.

While the central theme of Pain Physician is clinical practice, there are other practical aspects of medical care that need to be addressed. Articles concerning reimbursement, legal, research, and political issues will be published as well. In this fashion our readers will be kept abreast of recent changes and concerns that may have direct impact on their practices. Within this context we will also attempt to offer information that may be helpful to those with academic perspectives. As an example, the cogent article by Lenrow and Chou reviews key concepts related to conducting ethical research. Emphasizing the importance of compliance, Manchikanti elucidates the essentials of documentation in Interventional Pain Medicine, describing the frightening consequences of fraud and abuse, and providing the details of appropriate documentation.

Our success in meeting the aforementioned goals is dependent upon several factors. As previously stated we need your constructive advice. We also need your manuscript submissions; it is our lifeline. Without your thoughts developed into the form of a paper the rest of us are unable to refine how they deliver spine care. Through your advice and manuscript submissions we can continue to provide all of you with a high quality journal that continues to improve. With that said, I would like to thank Laxmaiah Manchikanti and Bert Fellows for all of their effort, much of it thankless and underappreciated, in the nascence and nurturing of Pain Physician. It is unde-

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From Pain Physician. Dr. Slipman, the Editor-in-chief of Pain Physician, is director at Penn Spine Center and associate professor of Departments of Rehabilitation Medicine at University of Pennsylvania Medical Center. Address correspondence: Curtis W. Slipman, MD, The Penn Spine Center, Ground Floor White Bldg., 3400 Spruce Street, Philadelphia, PA 19104. E-mail: [slipman@mail.upenn.edu](mailto:slipman@mail.upenn.edu)

niable that without their energy this publication would not have thrived, no less survived. I fully expect that with my assumption of the role of editor-in-chief, there will be a continuation of their vision and that this will be evident by the quality of Pain Physician in future issues. Luckily, Bert Fellows will maintain his role as managing editor since this publication could not continue by singular efforts. I want to thank Zita Jackson who has agreed to be the coordinator for Pain Physician; another detailed, high effort, and low gratitude function. I also want to thank Vidyasagar Pampati, Chandra Manohar Chepuri, Toni Hatton, Jonah Brown, without whose help, The Pain Physician would never be a reality. I am hoping for same level of enthusiasm from these contributors.

Another key element in the success of Pain Physician has been the input of the editorial board. Laxmaiah, Bert, and myself thank each member for the time they have generously donated to our publication. As part of our desire to ensure that Pain Physician continues as a vital and growing publication, there will be some alterations in the composition of the Board and some have already been implemented. Cyndi Garvan, who earned a PhD in statistics and is an assistant professor at The University of Florida, has accepted a position as an associate editor. She will assume the critical role of reviewing statistical analyses used in submitted manuscripts. Mark Ellen, MD, assistant professor of rehabilitation medicine at Emory University has also agreed to provide his input as an

associate editor. Dr. Ellen's meticulousness and keen intellect will generate constructive advice that will enhance the quality of potential manuscript publications.

We have created another tier of editors; assistant editors. Approximately seven individuals have accepted an offer to fill this new position. It is my expectation that future associate editors will be selected from the assistant editorial pool using a meritocratic approach. Since the associate and assistant editors will be performing reviews, a body of data can be collected that can be utilized to select those most deserving to be promoted. Among the information collected will be timeliness of a review, quality of a review, and, for assistant editors, original manuscript submissions. Our desire to incorporate the most deserving contributors into the editorial board will transpire within the context of diversity. Our vision of an ideal editorial board is one that consists of anesthesiologists, physiatrists, radiologists, neurologists, and other medical specialties that share our same interests. Through this varied background and necessarily divergent input, we will ensure that our publication provides accurate, relevant and multifarious perspectives.

We are all excited and enthusiastic about the prospects for Pain Physician. With your feedback and submissions we will be able to achieve our primary goal of producing a highly regarded journal emphasizing the myriad of subjects concerning pain, spine, and interventional medicine.