

## Editorial

### Leading the Way in Interventional Pain Management

**Curtis W. Slipman, MD**

The interval for mental, physical and spiritual rejuvenation has officially ended as summer turns into fall. As usual, my colleagues and I begin another academic year with an energy and enthusiasm that should only follow a prolonged period of respite. Yet, this year is different. My focus is more precise than ever and my drive is turbo-charged. In my view, much remains to be accomplished as it seems we have only witnessed the nascence and early development of the science of interventional spine and pain management. This perspective is in part energizing, but my experiences these past three months are the real fuel. I shall share some thoughts about those experiences that I believe will infuse each of you with some of that energy.

Rather than taking time for pure vacation, I had the privilege of lecturing in three continents; North America, Asia, and Europe. Prior to and after those educational and didactic interactions I had ample opportunity to discuss medical and related topics with dozens of physicians. I was awestruck that despite the huge disparity in culture, health system and reimbursement scheme, economic strength, and cultural and political priorities, at least two universal beliefs were exposed; "American Medicine is the finest in the world" and "I will not change how I practice until I see scientific studies from the United States". I trust each of you is as moved by the magnitude of these words as I am. Physicians from around the world have entrusted us with the responsibility of advancing medical care and in our case, spine and pain science. We have been given the imperative to conduct scientific inquiry and share those results with our colleagues at scientific meetings and in journals.

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Of course, my enthusiasm only expanded after witnessing the successful Fourth Annual Meeting of the American Society of Interventional Pain Physicians. Physicians throughout the United States and from multiple specialties including anesthesia, neurology, neurosurgery, orthopedics, radiology, physiatry, and psychiatry, convened to reveal idiosyncratic perspectives, clinical pearls, technical advancements, and outcome study results. An outside observer would have to conclude that such an interdisciplinary conference offers a wonderful medium to improve our knowledge and, thereby, ensure our status as preeminent practioners of spine and pain care. For those individuals who did not attend the conference we have included, in this issue, selected abstracts from the scientific session.

The scope of the articles in this issue includes a review of the anatomy of the intervertebral foramen that incorporates leading scientific work and a novel finite element model for biomechanical analyses of the cervical spine. Other original work spans from a prospective trial assessing tizanidine to the application of precision diagnostic techniques in the diagnosis of prevalence of chronic spinal pain of zygapophysial (facet) joint origin. These manuscripts and the others that I have not specifically referred to emanate from a multitude of specialties; anesthesia, bioengineering, neurosurgery, and physiatry. In my view, the content of the articles in *Pain Physician* is helping us to meet the lofty goals physicians around the world expect from each one of us. I look forward with anticipation during this next academic year as *Pain Physician* brings new information to your fingertips.

January 2003 will mark the third guideline issue for Interventional Techniques. This issue will include not only practical, evidence-based guidelines, but provide the reader with a wide armamentarium of methods of evidence synthesis, systematic reviews and the process of guidelines development.

Have a wonderful holiday season.