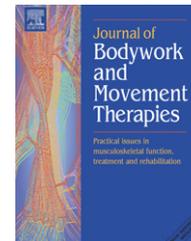




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EDITORIAL

A rich seam

Reflecting on the content of this month's JBMT has evoked a sense of respect for the multiple ways in which manual and movement methods are being beneficially used and researched – a truly rich seam of therapeutic approaches, deriving from a wide range of disciplines, and backgrounds.

A major feature, in this issue, is the debate around a topic raised by Eyal Lederman in his paper *The fall of the postural-structural-biomechanical model in manual and physical therapies: Exemplified by lower back pain*.

This provocative assertion – which challenges the basis of the clinical work of many practitioners and therapists – has been responded to by an expert interdisciplinary panel: Gary Fryer, John Hannon, Robert Irvine, Diane Lee and Stuart McGill - who provide counter-arguments.

By setting out the hypothesis, and providing responses, it is hoped that a degree of clarity will emerge. To be sure, not all the commentators disagree with all of Professor Lederman's assertions – since he highlights aspects of a very real schism in the way musculoskeletal dysfunction and pain are thought to best be managed.

At the heart of the debate is the question as to whether painful musculoskeletal conditions – with low back pain being the focal point of this discussion – should be treated passively (manipulation, mobilisation, massage etc) or actively – for example by means of education, rehabilitation and enhanced motor control?

Is this an 'either/or' question – or is there ample scope for manual treatment of dysfunction to be employed alongside, or before, the introduction of less passive approaches? The theme explored by Matt Wallden, in his Prevention & Rehabilitation editorial, is also at the heart of this discussion.

Readers are invited to evaluate the different perspectives that have been thoughtfully set out in this debate, and to actively participate in this important discussion by writing to the editor with additional points of view.

The remainder of this issue contains detail of a range of models of care that have been studied, researched and described – deriving from a spectrum of geographical and professional origins:

- The countries represented by authors in this issue include Australia, Brazil, Canada, Greece, India, Iran, Israel, Italy, New Zealand, Sweden, UK and the USA

- Professions, topics and methods represented in the published papers include: Acupuncture, Bowen Therapy, Breathing Rehabilitation, Chiropractic, Exercise Physiology, Dance Therapy, Dentistry, Feldenkrais, Gerontology, Massage Therapy, Medicine, Occupational Therapy, Osteopathy, Physiotherapy, Sports Medicine and Yoga The topics covered include:

- measurement of pelvic floor muscle strength
- the effect of knee misalignment on stance
- the effect of saddle height on lower limb function during rehabilitation cycling
- joint responses to the various poses during performance of the sun salutation exercise
- the possible role of fascia in acupuncture
- the effects of Feldenkrais methods on chronic pain, in group settings
- the physical and psychological benefits of Greek dance on breast cancer survivors
- the relationship between massage therapy and health outcomes in older adults
- the relationship between breathing patterns and temporomandibular joint disease
- the connection between dental occlusion and the plantar arch
- the effect of Bowen technique on hamstring flexibility
- the feasibility (and possible benefits) of kickboxing exercise for individuals with multiple sclerosis
- the association of manual muscle testing and mechanical neck pain.

What emerges is a sense of diversity, as well as unity – since all the therapeutic methods employed, when appropriately applied, appear to offer benefit to some individuals.

The common unspoken theme is of course self-regulation – the ability for repair and recovery that can be encouraged when treatment enhances function without overloading adaptation potentials.

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