

Submissions to the *Journal* have been rising in recent years, particularly international submissions, and at this mid-way point in the year the trend looks to be continuing through 2008. In this month's bumper issue we again have a range of content reflecting the breadth of our professional practice: original research reports in general musculoskeletal clinical practice and the cardio-respiratory field; an insightful professional perspective on clinical education; commentaries on neuro-rehabilitation and orthopaedic topics (*Critically Appraised Papers*); a germane and, at times, powerful keynote address on autonomy in the past and future of the physiotherapy profession; and practically the whole spectrum of clinical and professional issues in the abstracts of the 2008 NZSP Biennial Conference.

Routine use of standardized, valid outcome measures in clinical practice is still uncommon (Beattie and Maher 1997, Caulfield and Reilly 2003, Kirkness and Korner-Bitensky 2002, May 2003, Monk 2006), despite numerous socio-political pressures in the healthcare environment (Duckworth 1999, Haywood 2006). Reasons for poor uptake include multiple barriers to use, such as clinicians' perceptions regarding time and relevance, and the limitations of many available measures with respect to validity and psychometric properties (Feinstein et al 1986, Greenhalgh et al 1998, Greenhalgh et al 2005, Greenhalgh and Meadows 1999, Stratford et al 1996). Given the many important uses for clinical outcome measurement tools - such as monitoring change in patients' status; setting therapeutic goals; quantifying effectiveness of interventions in research; contribution to quality assurance monitoring; justifying treatment to third-party payers; and informing health-care policy - it is encouraging to see another trial of the routine use of outcome measures in clinical practice appear in the *Journal*. The research report by Hefford et al (2008) leading this issue is another step in the wake of an informative trial in 'the real world' published in the *Journal* two years ago (Monk 2006). Work in this field is timely, in the context of recent NZSP recommendations (Copeland 2008). This report, and ongoing research by Hefford et al, seeks to provide readers with useful, practical, feasible answers to the perceived problems limiting uptake of routine outcome measure use in New Zealand clinical practice.

Clinical Education is, of course, essential to the production of a new generation of competent practitioners. The pressures facing clinical education have been the focus of recent NZSP Newsletter columns, and in this issue Mooney et al (2008) turn the microscope to the socio-political pressures facing the clinical educator. It is timely

that Martin Kidd, in his invited commentary to the article by Mooney et al, is able to inform readers of progress being made toward the formation of new Education Special Interest Group, following a foundation meeting at NZSP Conference (Kidd 2008).

The *Journal* has a long tradition of publishing the abstracts of the NZSP Biennial Conference, and is developing more recent tradition of publishing salient keynote addresses (Ratima et al 2006). In this issue we publish the transcript of the closing keynote address of the 2008 NZSP Biennial Conference, by eminent ex-patriot New Zealander Professor Stanley Paris (Paris 2008). Two years ago, this journal had the privilege of reprinting Dr Paris's Mary McMillan Lecture (Paris 2006a, Paris 2006b). In this 2008 keynote address, Professor Paris reminds us of the history and importance of autonomy in the profession of physiotherapy. As one of the world's most influential physiotherapists - of which New Zealand has produced many in Dr Paris's generation (Abbott 2006) - instrumental in founding the International Federation of Orthopaedic Manipulative Therapists (IFOMT), the Orthopaedic Section of the American Physical Therapy Association, and the largest physical therapy school in the USA, Dr Paris, at age 71, brings to this address a wealth of wisdom, courage and inspiration. In this address, Dr Paris challenges our profession to respect the rights (and responsibilities) hard-won by our forbears, to confront apathy or external resistance and assert ourselves as "the [autonomous] profession of choice; the primary care practitioners for the restoration, maintenance and enhancement of the physical functioning of the individual" (Paris 2008).

At the *Journal*, we place a great deal of importance on maintaining the trust of our readers by ensuring all scientific and professional perspective articles undergo rigorous peer-review, including both

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Honorary Editorial Committee members and external peer reviewers. Sourcing and maintaining a pool of content-area experts across all

fields of the profession is a challenge to any journal, as the skills required are specific and relatively rare. However, a growing number of physiotherapists have gained these skills through post-graduate education and the fruits of lifelong learning. If you have published an article before, or have achieved a masters degree or higher level qualification in any field of professional practice or scholarship, you are the peer of many of our authors - and we need you! If you would like to volunteer your services as a peer-reviewer for the *Journal*, please contact the Editor at editor.nzjp@mac.com. We provide training and guidance for novice reviewers, and will be very

happy to hear from practitioners with expertise in general or niche fields of professional practice.

Readers, of course, subject our content to their own peer-review whenever they read an article. Critical reading, and challenging interpretations, is something required of every true professional, and is certainly something we encourage at the *Journal*. So I am delighted to see a surge in Letters to the Editor in recent months. When a reader is so moved by our content to respond via a letter, it engages all of our readers in the debate, so these are something I would love to see more of. In this issue, turn to *Letters to the Editor* to see a response to a past *Critically Appraised Paper* by the author of the original article appraised; debate on the effectiveness of therapeutic ultrasound; and a wonderful correspondence from an avid international reader of the *Journal*, remembering back to content in long past issues. I look forward to more correspondence from readers stimulated by our content.

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