

Editorial

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It is with much enthusiasm that we share the news that the *Journal of Spine Surgery* (JSS) is now officially accepted for inclusion in PubMed Central (PMC). Consequently, authors publishing in JSS will enjoy maximum exposure of their scientific research and contributions. There is no doubt that indexation on PMC will enhance the visibility of articles published in JSS, as abstracts and full articles will be easily accessed by the wider research community, and available online at no cost to both authors and readers—a core principle underlying the establishment of JSS. We would like to express our sincere appreciation for the enthusiastic and energetic support from all the editorial board members, authors, reviewers and readers. Peer review forms the glue that keeps a journal together, and we are indebted to the many surgeons and clinicians who have added value to the quality of the publication through thoughtful commentary and guidance on suitability for acceptance of the many submissions we receive.

JSS is rapidly growing and expanding its readership, and with this evolution comes change. There has been an increase in the number of high-quality submissions received by JSS, which supports the long-term viability for the journal. JSS will continue to accept and support case reports and technical note contributions as the editorial team agrees that not all research is based on Class I data and randomized controlled trials, but that clinical observation and reporting of novel techniques and rare case presentations generate interest to enhance the enquiring surgical mind to push the knowledge and boundaries of our specialty. Next issue, we will launch a new video section called “Masters of Surgery”. We invite authors to contribute video content related to interesting cases and techniques.

There are a number of standout articles in this edition of JSS. The biomechanical study by Sutterlin & Field *et al.* further contribute to our understanding of the benefits of the S2AI technique, which continues to grow in popularity due to its low profile distal fixation, and relative ease of screw insertion. We look forward to further data on this evolving technique to confirm its place as a robust fixation method for long constructs. The study by Koga *et al.* in this issue presents further data on the trajectory, and anatomical real estate required to achieve positive outcomes for the percutaneous endoscopic approach to lumbar disc herniation. Seex and Gragnaniello demonstrate the feasibility and efficacy of the Anterior to Psoas (ATP/OLIF) approach for fusion of the lumbar spine, a procedure that continues to develop and receive acceptance due to the additive advantages of both the lateral and anterior trajectory to the lumbar intervertebral disc. Louw *et al.* support the concept of pre-intervention education, confirming that surgery is not just about good patient selection and technique, with well-informed patients contributing to positive long term outcomes. We are indebted to one of the pioneers of 3D printing in medicine, Paul D’Urso, who has contributed a unique case report on a customized patient specific implant for C1/2 arthrodesis. There are a number of thought-provoking review articles and commentary on diverse topics including fusion rates using BMP-7 and cervical disc arthroplasty.

With much optimism, the editors hope that the current edition of JSS adds value to your surgical practice of management of the spine that continues to evolve and interest us all.

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