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Welcome to the first issue of the *Journal of Spine Surgery* for 2019. I would like to update the readers, authors, and reviewers with the changes that will be made commencing from this issue forward. JSS will continue with the structure of four publications per year on a quarterly basis, however we will commence a strategy of focused issues on relevant topics to the spine community, and welcome suggestions on potential topic areas. From a fiscal perspective, JSS maintains a not-for-profit philosophy, and is proud of its non-predatory publishing practices, however for ongoing survival of any journal, a baseline revenue stream is paramount to the survival of any publication. We will continue not to charge any fee for submitting articles to JSS, as is becoming an increasingly common practice, however upon peer review and acceptance, we will need to charge a relatively minor publishing fee to cover the costs of maintaining the Journal as a free-to-read publication.

Throughout 2019, we will continue to publish accepted articles on the website prior to formal publication, consistent with best practice of early promulgation of information after peer review and acceptance. We understand that it is important for your articles to get online as soon as possible. On behalf of the Editorial Board, I would like to thank AME Groups for ongoing publishing services to JSS, and making the Journal a success over the last 5 years. The editorial board is open to the readership to recommend additions and changes, and can be contacted via email on: jss@amegroups.com.

There are some notable contributions in this edition of JSS. Malham and colleagues (1) report an interesting review on New Technologies for the Operating Room, and the difficulty in choice and decision making when considering the acquisition of Navigation and Robotics platforms. This article is a 'must read' for any surgical Department Head considering the vast array of innovative technologies and equipment available. The article by Arul *et al.* (2) on Traumatic Spinal Cord injury in the geriatric population is an interesting read and highlights the patterns of injury mechanism, namely simple falls, and the need for research and resources for this patient population considering the high complication rate and devastating outcomes in this cohort. This article does make the reader ponder the thought of wearable monitors for continuous objective gait assessment, to assist the geriatric population to reduce falls risk.

Enjoy the current issue and please forward ideas for focused editions via email for consideration and discussion to jss@amegroups.com.

References

1. Malham GM, Wells-Quinn T. What should my hospital buy next?—Guidelines for the acquisition and application of imaging, navigation, and robotics for spine surgery. *J Spine Surg* 2019;5:155-65.
2. Arul K, Ge L, Ikpeze T, et al. Traumatic spinal cord injuries in geriatric population: etiology, management, and complications. *J Spine Surg* 2019;5:38-45.

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