

Notes from the Editor-in-Chief

I am delighted to welcome readers to the second issue of the ASEAN Rehab Med Journal for the year 2024. This issue features two randomized controlled trials that compare the effects of new interventions for musculoskeletal pain. Additionally, this issue includes the publication of three descriptive research studies that aim to establish the usage of diagnostic tools commonly employed in the field of rehabilitation. Furthermore, this issue presents a qualitative study that may not be familiar to the medical community but proves to be valuable, particularly when considering psychosocial factors as important aspects of the outcomes.

The first paper, Tongthong V and her colleagues conducted a randomized, single-blinded, non-inferiority clinical trial to compare the effectiveness of high-intensity laser therapy (HILT) and radial extracorporeal shock wave therapy (rESWT) in patients with chronic plantar fasciitis. They found that HILT and rESWT for this group of patients have the same pain reduction effect at 3 and at 7 weeks. Regarding foot function, rESWT helps improve ADL at 3 weeks but not in HILT. Both treatments improve overall foot function at 7 weeks.

Next, Amornpinyokiat T conducted a randomized controlled trial to compare the pain numeric rating scale and Oswestry Disability Index between telerehabilitation and conventional rehabilitation in patients with chronic low back pain. She found that telerehabilitation is not superior to conventional rehabilitation in reducing chronic pain, disability-related low back pain and is an option for individuals who can access the telerehabilitation service.

Aranyavalai T and her colleagues conducted a cross-sectional descriptive study to translate and culturally adapt the Fall Risk for Older People – Community Setting (FROP-Com) assessment tool for older Thai people and to evaluate the instrument's internal consistency and reliability. They

concluded that the FROP-Com assessment tool displayed positive reliability and internal consistency for assessing risk factors among Thai older people.

Puprasert C and her colleagues conducted a cross-sectional study to establish the average values of cross-sectional area in the sural, fibular, and tibial nerves by ultrasonography and to investigate correlations with demographic data and nerve conduction studies and offered normative values and differentiate aberrant neural structures.

Hamphadungkit K and Raksit Phitsa-ard R conducted a cross-sectional study of 140 participants with carpal tunnel syndrome diagnosed by electrodiagnosis and found that the patients' quality of life are correlated with the subjective symptom severity, functional severity, anxiety, and the inability to participate in leisure activities, but not electrophysiologic severity.

The last article, Kotcharoen R and her colleagues conducted a qualitative study to explored factors affecting cardiac rehabilitation uptake among patients with coronary artery disease in Thailand. They found that religious and cultural factors impact the uptake of cardiac rehabilitation among these group of patients. The authors concluded that a creation of culturally-based programs should be considered a priority, as should identifying potential approaches to successful delivery of program in rural areas of the country.

I extend my sincere thanks to all readers, authors, reviewers, and the editorial board for their hard work and support. I also hope to have your continued support for the upcoming issues.

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