

Notes from the Editor-in-Chief

Dear Readers,

It is with great pleasure that we present the latest issue of the ASEAN Journal of Rehabilitation Medicine. Before highlighting the contents of this issue, am absolutely thrilled to share a monumental milestone for our community: the ASEAN Journal of Rehabilitation Medicine has officially been accepted for indexing in Scopus. This achievement is a direct reflection of the dedication, rigor, and high standard of work contributed by our authors, reviewers, and editorial board. It represents a significant step forward in elevating the global visibility, citation impact, and reach of rehabilitation research originating from the ASEAN region and beyond.

In this milestone issue, we feature a diverse collection of research structured to showcase the value of diverse methodological designs—moving from a gold-standard prospective randomized trial and robust retrospective cohort analyses to essential regional tool validation.

We lead this issue with a prospective, randomized, double-blind controlled trial evaluating non-operative management for posterior tibial tendon dysfunction (PTTD). The authors investigate a modified total contact orthosis (modified TCO) designed specifically for indoor walking. Their findings demonstrate a significant reduction in posterior tibial tendon pain and substantial improvements in the Foot Function Index (Thai version) without serious adverse effects. Given that indoor mobility is frequently overlooked in orthotic compliance, this high-satisfaction device offers a robust, prospective benchmark for daily pain management.

Next, we dive into a series of deeply insightful retrospective studies, led by a highly sophisticated retrospective observational cohort design with propensity score matching. Researchers evaluate rehabilitation outcomes up to 24 weeks post-stroke between home-based and outpatient-based intermediate care (IMC) programs. By utilizing propensity matching to statistically control for baseline differences in historical data, the study concludes that both pathways yield broadly comparable functional outcomes. This is highly encouraging for decentralized care, especially since the home-based cohort achieved this despite a lower therapy dosage. However, a trend toward higher preventable complications at home prompts the authors to advocate for increased therapy intensity and telerehabilitation safety nets.

In our third feature, a massive retrospective observational study analyzing a 10-year institutional hip surveillance registry provides invaluable longitudinal data on 265 children with cerebral palsy (CP). Tracking the historic cumulative incidence of significant hip displacement (migration percentage > 40%) or the requirement for reconstructive surgery, the data reveals a stark, time-dependent risk: displacement progressively rose from 17.8% at 2 years to 30.5% at 4 years,

reaching a striking 41.0% at 6 years. This risk was heavily concentrated in children with severe motor impairment (GM-FCS levels IV–V), underscoring an urgent clinical mandate for rigorous, long-term surveillance protocols to facilitate timely orthopedic intervention.

Following this, we review a retrospective pre-and-post evaluation of an outpatient Phase II Cardiac Rehabilitation (CR) program. Reviewing historic program outcomes, the researchers demonstrate that structured CR yields excellent functional recovery, with 61.6% of participants achieving an improvement of 10% or greater in their 6-minute walk distance (6MWD). Interestingly, the greatest functional gains were derived by patients entering the program with a lower baseline capacity (< 300 meters) and moderate risk stratification, showing precisely where historical program data proves the highest clinical utility.

Our final retrospective analysis looks at robotic gait rehabilitation, measuring walking recovery via the Functional Ambulation Category (FAC) after a historic window of 10 structured sessions. The data demonstrates that more than half of the treated patients achieved at least a one-level improvement. Crucially, the retrospective analysis identifies the time interval elapsed since the initial neurological event and the patient's baseline ambulatory status as the primary predictors of success, offering clearer, data-driven criteria for prescribing high-tech robotic therapies.

Closing this issue is a vital prospective cross-cultural adaptation and psychometric validation study that introduces the Thai version of the Short Form of the Urinary Quality of Life Questionnaire (SF-Qualiveen) for spinal cord injury patients with neurogenic lower urinary tract dysfunction. Following precise linguistic adjustments, the Thai SF-Qualiveen achieved a perfect Content Validity Index (CVI) of 1.00, excellent internal consistency (Cronbach's alpha), and stellar test-retest reliability (ICC = 0.93). This psychometrically sound tool equips clinician-researchers across the ASEAN region with a highly reliable prospective instrument to measure sensitive quality-of-life impacts.

From rigorous prospective clinical trials to deep retrospective registry analyses and validated metrics, this issue balances methodological diversity with practical, regional clinical application. I am certain these papers will greatly inform your clinical practice and inspire future high-quality research across our disciplines as we enter this exciting new chapter of global indexing.

Warm regards,

Assoc. Prof. Kingkaew Pajareya
Editor-In-Chief
The ASEAN Journal of Rehabilitation Medicine