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Editorial

The future for Clinical Biomechanics

Clinical Biomechanics has now served our disciplines for 30 years. Therefore it is time (possibly over time) for this Editor-in-Chief to step down from his role, and deliver the journal's future to someone new.

The first editorial in 1986 defined clinical biomechanics as *the application of mechanical principles to the management of clinical problems*, and went on to present the aims of the journal: **Clinical Biomechanics** *intends to integrate the clinical aspects of biomechanics related to musculoskeletal dysfunction and stimulate a dialogue between clinic and laboratory, and between a diversity of disciplines working to a common goal.*

That vision apparently resonated with the needs of the clinical and biomechanics communities, and still does. The number and quality of submissions has increased, with concomitant increase in our Impact Factor. Links with the biomechanics societies are strong, and **Clinical Biomechanics** enjoys a strong international reputation. It is fair to say that the journal's present status has surpassed our wildest dreams at the outset. Such a journey relies on a large number of dedicated people who freely give their time and expertise. The assistance of the Editorial Board and the pool of Reviewers over the years has been key to the success. The editorial input from Zeevi Dvir and Gunnar Andersson has been significant, while Paul Brinckmann has been an indispensable guiding force from the beginning. I wish to express my sincere thanks to them all. It has been a privilege to be the custodian of **Clinical Biomechanics**, and it is my pleasure to pass the baton to Amit Gefen who, as the new Editor-in-Chief, will direct and support the continuing journey.

Kim Burton

I am honoured and very excited to have been appointed as the next Editor-in-Chief of **Clinical Biomechanics**, which I have always regarded as one of the top publications in the biomechanics arena. I am grateful to Kim Burton and the Associate Editors for developing the journal in 30-years of persistence, and for following their vision over a career-long period, which allowed *Clinical Biomechanics* to reach the academic heights that it has reached so far. I also feel the huge responsibility to keep and nourish the journal, to make its impact on our biomechanics community grow further, and so that within this community, the journal will become everyone's first-priority platform for showcasing their best research findings. One of the first papers that I have published, about 14 years ago as a starting faculty, was in *Clinical Biomechanics*, and I still clearly remember how proud I was when that paper was accepted for publication (with Kim being the Editor-in-Chief). I have published in *Clinical Biomechanics* multiple times since, and although I felt happy each time, that first sweet moment left an impression which I would love for each early-career scientist to experience. This can only happen if *Clinical Biomechanics* stays at the very top. My years of experience in different editorial capacities allowed me to solidify some insights regarding the current state and the apparent future of publications in biomedical sciences and biomechanics in particular, and so, I do have a firm view of how to maintain *Clinical Biomechanics* at the leading edge of scientific excellence. I look forward to working with the Editorial Board and the Elsevier team in order to build upon the historical strengths and existing legacy of *Clinical Biomechanics*, while actively commissioning articles in emerging fields in biomechanics, such as clinical applications of mechanobiology research, tissue engineering, biomaterials and medical robotics as related to biomechanics. Farewell to Kim and thank you, once again, for an outstanding service to our biomechanics research community over so many years.

Amit Gefen