Introduction

Welcome to this special issue of *NeuroRehabilitation* focusing on sexuality and neurologic disability. As the special editor for this issue, I am excited to present you with a selection of papers that are innovative and state of the art. As the field of sexuality is particularly broad, I have endeavored to make sure that the topics covered represent a gamut of information from basic science about sexual response to information about remediation of infertility in men. In addition I am pleased to report that an interdisciplinary team of authors has contributed to this edition of the journal.

In this edition, Dr. Nancy Brackett from the University of Miami School of Medicine provides a review of the existing information regarding how the method of assisted ejaculation affects semen quality. This insightful report is the first I am aware of to emphasize the advantages of electrovibration versus electroejaculation. In addition to the ease of performance and lower cost, Dr. Brackett indicates that electrovibration results in better quality semen than electroejaculation.

Dr. Bruce Green from the Shepherd Spinal Center has performed a study pertaining to the use of sildenafil in men with spinal cord injuries and multiple sclerosis. In my mind, the use of an oral medication to improve erectile dysfunction was definitely the major breakthrough in the field of sexuality to occur in the 1990's. Dr. Green's data demonstrates the efficacy and safety of sildenafil in this population of men.

Dr. Mary Hibbard from Mount Sinai School of Medicine has provided a new and comprehensive look at the sexual issues of persons with traumatic brain injuries. It is my belief that this report looks at a larger group of individuals with TBI than any other study. Moreover, this represents the greatest cohort of females with TBI to have been studied. Results document the problems that persons with TBI have with regards to sexual functioning. Moreover they point to the need for a greater understanding of the effects of TBI on sexual functioning.

Dr. Linda Mona, currently at the World Institute on Disability, has presented a paper on sexual expression and SCI. Using a unique approach, Dr. Mona documents that constructs of cognitive adaptation and sexual self-esteem are predictive of sexual adjustment. Moreover, sexual self-esteem appears to be predictive of adjustment over and above cognitive adaptation.

Dr. Kevin McKenna, one of a handful of basic scientists worldwide with expertise in the neurophysiology of sexual response in females, provides an overview of our current state of knowledge in this area. Dr. McKenna's work is important to clinicians who need to have a solid foundation of the neurophysiology of normal sexual response before they can understand how various locations of neuropathology impact on function.

Lastly, my colleagues, Drs. Rosen, Alexander and Hamer and I have presented results of a study designed to assess the impact of false feedback on the sexual responsiveness of women with SCI. Results emphasize that false positive feedback results in a significant increase in subjective arousal, despite the degree of SCI; however, the impact of false positive feedback on genital responsiveness is dependent on the degree of preservation of sensory function in the T11-L2 dermatomes. These results should be considered as the first step towards developing new treatment approaches to remediate sexual dysfunction in women with SCI and other neurologic disabilities.

Overall, I must emphasize my excitement about bringing to you new information in this extremely important area. As we look to improving the quality of life of our patients it will become more and more important to address concerns regarding sexuality with a strong foundation of knowledge. I believe reviewing this issue of *NeuroRehabilitation* is an excellent step to developing this knowledge base. I hope you enjoy the articles as much as I did.

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