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PRINTING INFORMATION

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All of us involved in multiple sclerosis (MS) care have an origin story—the how and why of our interest in improving lives of people living with MS. My story begins with Dr Robert Herndon. Dr Herndon is a master clinician who has an insatiable interest in understanding all aspects of MS pathophysiology and care. I spent considerable time with him in clinic as a medical student and neurology resident; his passion for MS care inspired my own career. As professor emeritus at University of Mississippi Medical Center, he still comes into the department regularly to teach residents and to share ideas for MS research. Dr Herndon founded the *International Journal of MS Care (IJMSc)* in 1999. For the first 2 years of its existence, *IJMSc* was online only. We are excited to get back to these roots with a transition back to online-only publication. This change allows us to more quickly publish accepted manuscripts and potentially expands the scope of features beyond print limitations.

Our commitment to our founding mission is resolute: promote multidisciplinary cooperation and communication among the global network of MS health care professionals with the goal of maximizing the quality of life of people affected by MS. This issue is full of practical papers that advance the dialogue of holistic, patient-centric care.

Cognitive difficulties impact quality of life, employment, and relationships throughout the MS journey. Rubel and colleagues highlight the correlation between the Symbol Digit Modalities Test (SDMT) measure of objective cognition and the Performance Scales® measure of subjective cognition in the performance of activities of daily living and instrumental activities of daily living among a large cohort of patients. Aboseif and colleagues examined the impact of disease-modifying therapy on a modified SDMT over the course of 2 years. Their work makes it clear that we still need to learn more about the drivers for cognitive decline in people with MS. Interestingly, Bromley and Weinstock-Guttman show that a relatively short course of physical therapy can benefit cognition and quality of life with or without the addition of dalfampridine.

The modality and intensity of physical therapy must be individualized. While low to moderate intensity exercise is generally recommended, Phelan and Potter share a case report that highlights the potential for recovery after relapse with high intensity gait training. Simmons and colleagues provide pilot data to suggest that forced-rate exercise via intensive aerobic cycling may be more beneficial than voluntary exercise across a broad range of disability levels.

People with MS face more than just physical and cognitive symptoms. Mason and colleagues remind us that migraine headaches are common in MS, as they are in the general population. They report safe use of newer migraine therapies in a small group of patients. Despite transformational advances in care since *IJMSc* was founded, people with MS still face significant stigma. Winston-Kahn and colleagues share current findings on the contributors to this stigma and call for more understanding and potential intervention.

We will present 2 awards at the upcoming Consortium of MS Centers meeting in Nashville. The Herndon Award recognizes the best *IJMSc* manuscript for 2023. The Promise Award, established in honor of editor Dr Lael Stone, recognizes the best manuscript submitted by a trainee. We hope that you will join us in celebrating our colleagues in MS care.

—M. Alissa Willis, MD
Associate editor