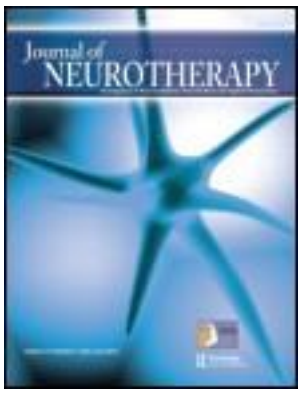

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CLINICAL CORNER

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CLINICAL CORNER

D. Corydon Hammond, Associate Editor

The purpose of the Clinical Corner is to provide space for clinically oriented material that, in many cases, may not yet have been evaluated by controlled research. Therefore, the personal opinions expressed in the column are exactly that, the opinions of the individual authors, often based on their clinical experience. The opinions shared belong to the authors and are not necessarily those of the International Society for Neurofeedback and Research or the Journal of Neurotherapy. Nonetheless, it is hoped that the diversity of opinions expressed in this column will stimulate thought and the further exchange of ideas. Readers are invited to send clinically oriented articles or questions for consideration to D. Corydon Hammond, PhD, University of Utah School of Medicine, PM&R, Salt Lake City, UT 84132, USA. E-mail: d.c.hammond@utah.edu

This Clinical Corner contains three articles. The first, by Koberda's group, looks at the use of neurofeedback in the treatment of pain, which is a topic where we have very few publications. They present a case series on the use of 19-channel Low Resolution Electromagnetic Tomography (LORETA) neurofeedback in chronic pain. Although not a controlled study, their data nonetheless give us encouragement that this type of neurofeedback holds potential in providing another treatment modality with resistant chronic pain cases. LORETA provides an estimation of the localization of underlying generators, requiring of a minimum of 19 electrodes. However, our second contribution by Stahl and Collura explores the potential for approximating sLORETA findings using fewer than 19 electrode sites. The third article is by Dr. Jonathan Walker and Robert Lawson and describes a new protocol that they believe has potential in the treatment of depression, along with some preliminary case series results.