

Editorial

How a medical journal can survive the freezing era of article production in Korea, and highlights in this issue of the *Ewha Medical Journal*

Running title: Highlights in this issue

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After the resignation of medical residents from their training hospitals in February 2024 [1], the number of submissions to medical journals reportedly decreased. For the *Journal of Korean Medical Science*, domestic submissions in 2024 began higher than the 15-year average in January (92 vs. 68). However, they gradually declined throughout the year, hitting a low of 56 in September before rebounding to 92 in October [2].

This decrease in manuscript submissions stemmed from the increased workload on clinical faculty members after the residents' resignations. Although submission levels in 2024 remained sustainable, the situation in 2025 may worsen due to reduced research activities by clinical faculty members in 2024.

Fortunately, the *Ewha Medical Journal* published 74 articles in 2024, more than double the 34 publications in 2023. This remarkable achievement was made possible by the commitment of clinical faculty members in Korea to the journal. However, we remain concerned about the number of submissions in 2025,

because the environment for patient care in university hospitals continues to deteriorate. Unfortunately, the current conflict between the Korean government and the medical association remains unresolved following a Korean presidential emergency briefing announcing martial law, which threatened punishment under martial law if medical residents did not “return to work” within 48 hours [3]. We have no choice but to wait for an evidence-based resolution by the Korean government. This situation can be described as a freezing era of article production. How can the *Ewha Medical Journal* survive in this challenging environment? The editors and editorial office plan to review manuscripts as quickly as possible and publish them with the highest editorial quality. We will also seek out helpful topics for clinicians and medical educators. Maintaining the highest editorial quality may help sustain researchers’ commitment.

In this January issue, we are pleased to publish two editorials, two special topics, seven narrative reviews, five reviews, three original articles, one student paper, one case report, and one correspondence. The special topics focus on *recent clinical approaches to shoulder diseases in older adults* and *the role of institutes and enterprises in addressing occupational and environmental diseases in Korea*.

Special topics on clinical approaches to shoulder diseases in older adults

Five narrative review articles comprehensively address various topics related to shoulder diseases in older adults. Kang and Kang [4] present fundamental physical examination procedures for diagnosing shoulder pain. They also provide video files demonstrating physical examinations, including range-of-motion assessment, the full can and empty can tests for supraspinatus, the external lag sign, the Hornblower sign for infraspinatus, the lift-off and internal lag sign for subscapularis, the belly-press test for subscapularis, and impingement tests. These video files will be beneficial for any physician conducting shoulder joint examinations. Lee and Kim [5] review the classification, epidemiology, pathophysiology, clinical presentation, and management strategies of shoulder diseases in older adults. They categorize four major conditions—rotator cuff disease, frozen shoulder (adhesive capsulitis), osteoarthritis, and shoulder instability—in a table that outlines their pathophysiology, risk factors, clinical presentation, diagnostic

approaches, and treatment strategies at a glance. Kim and Jung [6] discuss the radiological characteristics of shoulder diseases in older adults, including adhesive capsulitis, rotator cuff tears, and osteoarthritis of the glenohumeral joint. They also provide various clinical images illustrating these conditions.

Furthermore, Kim and Jeong [7] present a detailed guide for managing shoulder diseases in older adults. They recommend nonsurgical interventions—such as exercise, manual therapy, and modifications to daily activities—as the primary treatment approach. Pharmacological strategies include nonsteroidal anti-inflammatory drugs, corticosteroid injections, and medications targeting neuropathic pain. Although steroid injections can offer short-term relief, repeated administration may compromise the integrity of surrounding tissues.

Another notable review explores the application of cutting-edge deep learning technology for diagnosing shoulder diseases [8]. This narrative review describes how deep learning addresses diagnostic challenges in shoulder care by automating image analysis, disease detection, and motion assessment. Convolutional neural networks match or surpass human accuracy in identifying rotator cuff tears, fractures, and joint conditions, while pose estimation refines range-of-motion evaluations. Deep learning also classifies local osteoporosis and enables personalized treatments. Such technologies are already being integrated into patient care for shoulder diseases. The aforementioned five reviews offer a comprehensive framework for understanding and addressing the unique challenges associated with shoulder diseases in older adults.

Special topic on the role of institutes related to occupational and environmental diseases in Korea

These papers discuss the role of institutes that deal with occupational and environmental diseases in Korea. First, the Korea Occupational Disease Surveillance Center [9] is not a single institution, but rather a comprehensive nationwide system designed to gather, analyze, and interpret data on occupational diseases through a network of regional centers. Established in 2022, it had 10 operational regional centers by 2024 in line with regional Ministry of Employment and Labor offices. Despite its recent inception, the Korea Occupational Disease Surveillance Center has already uncovered unrecognized occupational

diseases, including acute poisoning cases requiring urgent workplace intervention, thus informing national prevention policies. Generating relevant data supports the development and execution of targeted interventions, enhancing occupational health services, and facilitating national interventions for workers across the country.

Second, regional Environmental Health Centers in Korea [10] have undergone continuous transformation since their inception in May 2007, when 10 regional centers were established. During the initial phase (May 2007–February 2009), these centers focused on research-driven activities. In the second phase (March 2009–2015), six additional centers were established, broadening their scope to address national environmental health issues. The third phase (2015–2019) introduced Ko-CHENS, a 20-year national cohort project aimed at informing environmental health policy through the integration of research findings into policy frameworks. The fourth phase (2020–present) has been characterized by a decentralization of authority, empowering local governments and redefining the centers' roles to address regional environmental health challenges. The text precisely describes these evolving roles.

Third, Workers' Health Centers, established in 2011 [11], serve as a representative public organization providing occupational health services to micro and small enterprises in Korea. As of 2024, there are 24 WHCs, 22 branch offices, and 23 trauma counseling centers for workers. Managed by the Korea Occupational Safety and Health Agency but operated by private entities, each Workers' Health Center employs around 13 staff members across four teams: cardiovascular disease prevention, environmental improvement, musculoskeletal disease prevention, and stress management. Serving 203,877 users in 2023—88.5% of whom were from micro and small enterprises—Workers' Health Centers offer both basic and specialized programs, acting as crucial case managers that connect micro and small enterprises to necessary resources through flexible, problem-solving approaches.

Fourth, as of 2024, 23 Occupational Trauma Centers were operating within Workers' Health Centers across Korea [12]. Each trauma center is staffed by two counseling psychologists and equipped with private consultation rooms to foster psychological safety. These Centers aim to address psychological distress following workplace injuries. Despite a decreasing trend in fatal injuries, Korea continues to report elevated rates compared to other industrialized nations, underscoring the need for effective mental

health interventions. The Occupational Trauma Management Program focuses on early crisis intervention, multi-phased counseling, and ongoing monitoring to stabilize affected workers and support their return to work.

These four reviews collectively highlight the significant progress made by institutes that address occupational and environmental health challenges in Korea.

Ju et al. investigated the health rights of inmates in correctional facilities and highlighted their conditions [13]. Although conducted in 2016, this is a unique survey because no other similar study exists. The authors propose strategies to improve inmates' health rights, including establishing a primary healthcare system, enhancing governance, alleviating overcrowding, and introducing mental health programs. If any follow-up studies are conducted, they may confirm an improved environment for inmates.

We welcome high-quality articles covering a wide range of topics in medicine and healthcare. While the journal primarily focuses on Korea, we also encourage submissions from researchers worldwide.

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Authors' contributions

All work was done by Ji Yeon Byun

Conflict of interest

Ji Yeon Byun has been the associate editor of the Ewha Medical Journal since 2018. However, she was not involved in the peer review process or decision-making. Otherwise, no potential conflict of interest relevant to this article was reported.

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