



## INTRODUCTION

PM&R is the official scientific journal of the American Academy of Physical Medicine and Rehabilitation (AAPM&R). It is a monthly, peer reviewed, scholarly publication. It aims to be an internationally leading journal that advances education and impacts the specialty of physical medicine and rehabilitation through the timely delivery of clinically relevant and evidence-based research and review information. Contributions from all parts of the world and from all types of professions in rehabilitation are therefore encouraged.

Topics covered include acute and chronic musculoskeletal disorders and pain, neurologic conditions involving the central and peripheral nervous systems, rehabilitation of impairments associated with disabilities in adults and children, and neurophysiology and electrodiagnosis. PM&R emphasizes principles of injury, function, and rehabilitation, and is designed to be relevant to practitioners and researchers in a variety of medical and surgical specialties and rehabilitation disciplines including allied health.

## SUBMISSION CATEGORIES

The corresponding author will be required to identify for which category the manuscript is submitted. Each category has different submission requirements in terms of style, length, and format. Please review the specific submission category sections for detailed submission information. Manuscripts that do not adhere to the following instructions may be returned to the corresponding author for technical revision before undergoing peer review.

## UNSOLICITED SUBMISSIONS THAT WILL BE CONSIDERED FOR PEER REVIEW:

### Original Research

Basic science and clinical research including observational prospective or retrospective cohort studies, randomized and nonrandomized clinical trials, cost-effectiveness studies and clinically relevant translational science. The manuscript text should be limited to 5,000 words excluding references, tables and figures, which should be used when necessary to extend the understanding of the text. All original research manuscripts must be accompanied by a structured abstract of no more than 300 words that is described in detail below (see Manuscript Preparation). The text should include the following sections: introduction, methods (subjects, procedures, outcome measures, etc.), results (including reporting of statistical

analysis with text as well as supplemental tables and figures), discussion (including interpretation of findings, clinical impact and applicability of results, and strengths and limitations of the study) and conclusion.

### Reviews

There are 2 main review article types: **Narrative and Analytical**. Each can be written in a **focused or comprehensive** format.

**Focused:** limited to 3,500 words excluding references (generally up to 50), and tables and figures (generally up to 4)

**Comprehensive:** limited to 7,500 words, excluding references, tables, and figures

### A Narrative Review Includes:

- Non-structured abstract (maximum 250 words)
- Introduction (including a statement of purpose)
- Literature review, including search strategy with inclusion and exclusion criteria
- Discussion, including summary of published evidence
- Conclusion, including clinical applicability
- Tables and figures useful to present data

### An Analytical Review Includes:

- Structured abstract
  - Objective: state the primary objective of the review article.
  - Type: see subtypes below
  - Literature Search Strategy: include data sources, constraints, and time parameters
  - Methodology: summarize data extraction and analysis
  - Synthesis: describe the main results
  - Conclusions: state primary conclusion(s) and clinical applicability
- Introduction (including a statement of purpose)
- Methodology (including detailed description of literature search strategy and data abstraction)
- Discussion
  - In depth assessment of published literature ("evidence")
  - Emphasis on appraisal of quality, synthesis of information, and analysis/comparison of results or conclusions (based on subtype)
- Conclusion stating a summary of the review including clinical applicability
- Subject matter that is contemporary or cutting edge

Subtypes of Analytical Reviews include Systematic Reviews and Meta-Analyses.



## Case Presentations

A case study or case series reporting on a new or unusual syndrome or medical condition, new diagnostic method, or highlight of an important clinical complication of a common condition. The manuscript should be limited to 1,500 words excluding references, tables and figures. The text should include the following sections: introduction, presentation of the case report or series, and discussion. For Case Reports, a brief, unstructured abstract (not to exceed 100 words) should be included. References should be limited to 10 and at least one figure should be included, but a maximum of two figures allowed.

It is a requirement that formal, written permission be secured from the patient(s)/subject(s) of case reports or case series before publication. The purpose of this "informed permission" is to educate the subjects of such case reports regarding the nature of disseminating their personal health information, ensuring maximal deidentification and anonymity, and allowing the subject(s) the option of declining such release of information.

You are required to engage in a reasonable effort to locate the subject(s) of your case report and discuss this informed permission form with him/her/them directly. Once this form is completed and permission granted (by signature), you are advised to safely retain this form as part of your records. **To maintain privacy, do not submit patient permission forms to the Editorial Office.** It is understood that situations will arise in which it is not possible to obtain informed permission from a subject, ie, the subject is deceased, the subject has moved and is not trackable, the subject has a disability that prevents adequate comprehension of the informed permission request. If a legal surrogate or guardian (family member or otherwise) is identified, then this person is allowed to supply the informed permission. If after due diligence, neither the subject or legal surrogate, guardian, or family member is found or identified, then the case report may be submitted without obtaining informed permission. The cover letter accompanying your manuscript submission should stipulate whether or not informed permission was obtained.

## IN BRIEF

### Clinical Pearls

A brief vignette describing a new or unique diagnostic or treatment method for a specific medical condition or category that would have relevance to the average physiatrist or practitioner in another rehabilitation discipline. This should include a short review of the history of previous methods, a description of the new method, and justification for the basis of the new approach. The Clinical Pearls do not have to be presented with a specific

case. These manuscripts should be no more than 1,000 words (excluding references) with no more than two figures or tables.

## Emerging Issues

A short technical report of a new or emerging technology, treatment or device, with relevance to the field of physical medicine and rehabilitation. These manuscripts should be no longer than 750 words (excluding references) with a limit of one figure or table.

## Images

A column presenting images (e.g. radiographs, CT, MRI, electrodiagnostic tracings, pathology, physical examination findings) that are unique, interesting, pertinent and relevant to the understanding of health and disease in the field of physical medicine and rehabilitation. All images should be accompanied by a short description of the image and relevant relationship to clinical care or research science of no more than 500 words (excluding references) with references limited to 5 (five).

## Letters

Letters to the editor are encouraged and will be considered for publication at the Editor-in-Chief's discretion. All letters should be brief (no more than 750 words) and must relate to content published in *PM&R*. Letters should not reference any unpublished literature and references are limited to no more than 5 (five). Letters are also subject to editorial modification.

## ARTICLES SOLICITED BY EDITOR-IN-CHIEF AND SENIOR EDITORS ONLY:

### Point-Counterpoint

A debate format of a specific question, usually based on a controversial therapeutic intervention, but could include a theoretical dilemma, diagnostic uncertainty, or other topic in physical medicine and rehabilitation, through which two parties with legitimate opposing perspectives present arguments to support their viewpoints. This column allows more editorial freedom than a critical review, but the basis of these viewpoints should include scientifically sound arguments supported by available medical evidence as well as personal experience and perspective. Each of the two portions of the manuscript should be no greater than 1,500 words (excluding references) with references limited to no more than 15 (fifteen). No abstract is required, but a brief introduction stating the writer's viewpoint should be included as part of the text. Figures and tables are not required.

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