

Pain Physician

Established in 1999 by the American Society of Interventional Pain Physicians

Information for Authors

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MISSION

The mission of *Pain Physician* is to promote excellence in the practice of interventional pain management and clinical research. *Pain Physician* is a peer-reviewed, multi-disciplinary journal directed to an audience of interventional pain physicians, clinicians, and basic scientists with an interest in interventional pain management and pain medicine.

SCOPE

Pain Physician is the official publication of the American Society of Interventional Pain Physicians (ASIPP). *Pain Physician* publishes reports of original research, guidelines, narrative and systematic reviews, and commentaries on a broad range of topics. *Pain Physician* is most interested in papers that will influence practice and address important advances in interventional pain management. *Pain Physician's* circulation is over 4,000. *Pain Physician* is also an open access journal, available online with free full manuscripts at www.painphysicianjournal.com. *Pain Physician* requires that all manuscripts be prepared in accordance with the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals," developed by the International Committee of Medical Journal Editors [ICMJE (www.icmje.org)], with the exception of reference citations and format.

CATEGORIES OF ARTICLES

Pain Physician publishes several categories of articles, each with its own requirements. *Pain Physician* publishes original research, case reports, technical reports, editorials, clinical guidelines, position papers, systematic reviews, meta-analyses, clinical opinions, and publications of health policy and ethics.

Ethics

Papers addressing specific ethical issues that are germane to the profession and practice of pain medicine and interventional pain management are encouraged. Papers can be empirical studies of ethics in pain medicine and interventional pain management, reviews of ethical constructs, case presentations, speculative proposals for ideas, direction(s), or concepts in the ethics of pain medicine and interventional pain management, as well as more normative and/or speculative papers that propose or discuss the philosophical premises of pain and pain care. Manuscripts are generally considered that range from 3,500 to 10,000 words (not inclusive of references), although shorter guest editorials and commentaries (of approximately 2,000 words) are also published following submission of a letter of intent/description, and subsequent approval and invitation

Health Policy Reviews

Pain Physician publishes articles on various non-clinical issues, including political, philosophical, ethical, legal, environmental, economic, historic, and cultural perspectives.

Evidence-Based Medicine

Evidence-based medicine is defined as a conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. Evidence-based practice is defined based on 4 basic and important contingencies, which include recognition of the patient's problem and construction of a structured clinical question, thorough search of medical literature to retrieve the best available evidence to answer the question, critical appraisal of all available evidence, and integration of the evidence with all aspects and contexts of the clinical circumstances.

Clinical Guidelines and Position Papers

Clinical guidelines are summaries of official or consensus positions on issues related to clinical practice, health care delivery, or public policy.

We expect authors of these types of reports to include the elements suggested by the guidelines.

Original Research

Original research consists of multiple types of articles including randomized controlled trials, observational studies, diagnostic studies, case reports, and reports of adverse drug effects.

A clinical trial is any research project that prospectively assigns human subjects to intervention and comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome.

A medical intervention is any intervention used to modify a health outcome and includes, but is not limited to, drugs, surgical procedures, devices, behavioral treatments, and process-of-care changes.

A controlled trial must have at least one prospectively assigned concurrent control or comparison group in order to trigger the requirements to be a controlled trial and also for registration.

Institutional Review Board (IRB) approval must be obtained and stated in these manuscripts.*

Randomized Trials

Randomized trials are considered as the evidence of progress in medicine. In submitting the reports of randomized trials, authors should follow the instructions of the revised Consolidated Standards of Reporting Trials (CONSORT) statement for reporting randomized trials (www.consort-statement.org) and the extension of the CONSORT statement of reporting of non-inferiority and equivalence randomized trials (www.consort-statement.org/index.aspx?o=1049).

Controlled clinical trials of health-care interventions are either explanatory or pragmatic. A comprehensive review of randomized controlled trials is available at: www.painphysicianjournal.com/2008/december/2008;11;717-773.pdf.

Table 1 is a checklist of items that must be included when reporting a randomized trial with placebo control, as well as equivalence and non-inferiority trials. The clinical trials section includes more details.

Observational Studies

Observational studies include reports of cohort, case-control, and cross-sectional studies of the prevalence, causes, mechanisms, diagnosis, course, treatment, and prevention

Table 1. Checklist of items must be included when reporting a randomized trial with placebo control, as well as equivalence and non-inferiority trials.

I. TITLE & ABSTRACT
II. INTRODUCTION
III. METHODS
A. Participants
B. Interventions
C. Objectives
D. Outcomes
E. Sample size
F. Randomization – sequence generation
G. Randomization – allocation concealment
H. Randomization – implementation
I. Blinding (masking)
J. Statistical methods
IV. RESULTS
A. Participant flow
B. Recruitment
C. Baseline data
D. Numbers analyzed
E. Outcomes and estimation
F. Ancillary analyses
G. Adverse events
V. DISCUSSION
A. Key results
B. Interpretation
C. Generalizability
D. Overall evidence
VI. OTHER INFORMATION
A. Funding

of disease. All clinical trials must be registered in a public registry prior to submission if they meet the criteria for clinical trials. A clinical trial is any research project that prospectively assigns human subjects to intervention and comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. A medical intervention is any intervention used to modify a health outcome, and includes, but

Table 2. Modified checklist of items for STROBE.

I. TITLE & ABSTRACT
II. INTRODUCTION
III. METHODS
A. Study design
B. Setting
C. Participants
D. Outcomes
E. Data sources/measurement
F. Bias
G. Study size
H. Quantitative variables
I. Statistical methods
IV. RESULTS
A. Participants
B. Descriptive data
C. Outcome data
D. Main results
E. Other analyses
V. DISCUSSION
A. Key results
B. Limitations
C. Interpretation
D. Generalizability
VI. OTHER INFORMATION
A. Funding

is not limited to drugs, surgical procedures, devices, behavioral treatments, and process-of-care changes. A trial must have at least one prospectively assigned concurrent control or comparison group in order to trigger the requirement for registration. Observational studies are not exempt from the registration requirement if they meet the above criteria.*

Reports describing single cases are also published. Authors should attempt to follow the same rules as for any case reports. Reports of techniques are also published. However, these must be educational and draw attention to important or unusual clinical situations, novel treatments,

*Trials should be registered at www.clinicaltrials.gov.

Table 3. Modified checklist of items for STARD.

I. TITLE /ABSTRACT/KEY WORDS
II. INTRODUCTION
III. METHODS
A. Participants
B. Test methods
C. Statistical methods
IV. RESULTS
A. Participants
B. Test results
C. Estimates
V. DISCUSSION
A. Key results
B. Limitations
C. Interpretation
D. Generalizability
VI. OTHER INFORMATION
A. Funding

new techniques, or complications. These are considered as clinical observations.

Authors should follow the instructions of the Strengthening of the Reporting of Observational Studies in Epidemiology (STROBE) (www.strobe-statement.org).

A comprehensive review of observational studies is available at www.painphysicianjournal.com/2009/january/2009;12;73-108.pdf.

Table 2 shows a modified checklist of items for STROBE.

Diagnostic Test Studies

Diagnostic test studies include reports of Studies of the Accuracy of Diagnostic Tests (STARD) (www.stard-statement.org).

If diagnostic studies meet the criteria of a clinical trial, they must be registered at www.clinicaltrials.gov.

Please specify Institutional Review Board (IRB) approval and clinical trials registration number.

The modified checklist for STARD is shown in Table 3.

Table 4. Checklist of items for QUOROM.

I. ABSTRACT
A. Objectives
B. Data sources
C. Review methods
D. Results
E. Conclusion(s)
II. TEXT
A. Introduction
B. Methods
1. Searching
2. Selection
3. Validity assessment
4. Data abstraction
5. Study characteristics
6. Quantitative data synthesis
C. Results
1. Trial flow
2. Study characteristics
3. Quantitative data synthesis
D. Discussion
1. Interpretation
2. Generalizability
3. Overall evidence
E. Conclusion(s)

Cost-Effectiveness Studies

Cost-effectiveness studies include reports of comparisons of the relative costs and benefits of 2 or more interventions intended to prevent, diagnose, or treat disease.

REVIEWS

Pain Physician publishes systematic reviews and meta-analyses, focused reviews, and narrative reviews covering a broad area of a specific subject.

Systematic Reviews and Meta-Analysis

Systematic reviews must systematically find, select, critique, and synthesize evidence relevant to well-defined questions about diagnosis,

Table 5. Checklist of items for MOOSE.

I. ABSTRACT
II. BACKGROUND
III. SEARCH STRATEGY
IV. METHODS
V. RESULTS
VI. CONCLUSION(S)

prognosis, or therapy. All articles or data sources should be selected systematically for inclusion in the review and critically evaluated, and the selection process should be described in the manuscript.

Meta-analysis of randomized controlled trials should follow the QUOROM reporting guidelines (www.consort-statement.org/mod_product/uploads/QUOROM_Statement_1999.pdf).

The checklist for QUOROM is shown in Table 4.

Meta-analysis of observational studies must follow MOOSE reporting guidelines (www.consort-statement.org/mod_product/uploads/MOOSE_Statement_2000.pdf).

The checklist for MOOSE is shown in Table 5.

Comparative Effectiveness

Comparative Effectiveness Research (CER) is the direct comparison of existing health care interventions to determine which work best for which patients and which pose the greatest benefits and harms. The core question of comparative effectiveness research is which treatment works best, for whom, and under what circumstances.

Narrative Reviews

Narrative reviews, either focused or general, are suitable for describing cutting-edge and evolving developments, and discussing those developments in light of underlying theory.

*Trials should be registered at www.clinicaltrials.gov.

MANUSCRIPT GUIDELINES

Evidence-Based Medicine and Health Policy Reviews

Abstract

An abstract including appropriate headings must be included with 250–500 words.

Key words:

Each manuscript should be accompanied by 8-12 key words.

Manuscripts:

The body of the manuscript should not exceed 12,500 words (excluding references, figures, and tables); however with prior permission, words may exceed this limit.

The body of the manuscript should incorporate background, objectives, methods, discussion, and conclusion.

References

1,500 or fewer

Tables and Figures

Limit tables and figures to 20 each.

Original Research

Title

Provide a main title. Use titles that stimulate interest, are easy to read and concise (12 words or fewer), and contain enough information to convey the essence of the article. Also provide a short or “running” title of 7 or fewer words.

Abstract

A structured abstract of 250-500 words must be provided.

- 1) Background
- 2) Objectives
- 3) Study Design
- 4) Setting
- 5) Methods
 - Patients
 - Intervention
 - Measurement
- 6) Results
- 7) Limitations
- 8) Conclusion(s)

Institutional Review Board (IRB) approval and clinical trials registration number must be specified.

Key words:

Each manuscript should be accompanied by 8-12 key words.

Manuscript:

The body of the manuscript without references, figures, and tables, should be limited to 3,500 words or less. The body of the manuscript should incorporate background, objectives, methods, discussion, and conclusion.

References

100 or fewer

Tables and Figures

Insert a flow diagram and limit tables and figures to 6 each.

Discussion

The discussion must be organized as follows:

- 1) A brief synopsis of key findings.
- 2) Consideration of possible mechanisms and explanations.
- 3) Comparison with relevant findings from other published studies.
- 4) Limitations of the present study and methods used to minimize and compensate for those limitations (Discussion of limitations and weaknesses is important to the readership).
- 5) A brief section that summarizes the clinical and research implications of the work, as appropriate.

References:

Not to exceed 150

Reviews

Title

Provide a main title. Use titles that stimulate interest, are easy to read and concise (12 words or fewer), and contain enough information to convey the essence of the article. Also provide a short or “running” title of 7 or fewer words.

Abstract

A structured abstract must be provided of 250-500 words.

- 1) Background
- 2) Objectives
- 3) Methods

- 4) Results
- 5) Limitations
- 6) Conclusion(s)

Key words:

Each manuscript should be accompanied by 8-12 key words.

Manuscript

The body of the manuscript should not exceed 6,000 words (excluding references, figures, and tables). Special consideration may be given for topics which require a larger body of manuscript.

The body of the manuscript should incorporate background, objectives, methods, discussion, and conclusion.

References

250 or fewer

Tables and Figures

Limit tables and figures to 10 each.

Discussion

The discussion must be organized as follows:

- 1) A brief synopsis of key findings.
- 2) Consideration of possible mechanisms and explanations.
- 3) Comparison with relevant findings from other published studies.
- 4) Limitations of the present study and methods used to minimize and compensate for those limitations (discussion of limitations and weaknesses is extremely important to the readership).
- 5) A brief section that summarizes the clinical and research implications of the work, as appropriate.

Letters to the Editor

Pain Physician publishes letters to the editor to balance different points of view, which may offer criticism of published material. However, a letter must be objective, constructive, and educational, and should clearly state its purpose. Letters to the editor should not exceed 1,000 words and may include references (10), tables (2), and figures (2).

Clinical Guidelines and Position Papers

Title

Provide a main title. Use titles that stimulate interest, are easy to read and concise (12 words or fewer), and contain enough information to convey the essence of the article. Also provide a short or "running" title of 7 or fewer words.

Abstract

A structured abstract of 250-500 words including appropriate headings must be included.

- 1) Background
- 2) Objectives
- 3) Methods
- 4) Results
- 5) Limitations
- 6) Conclusion(s)

Key words:

Each manuscript should be accompanied by 8-12 key words.

Manuscripts:

The body of the manuscript should not exceed 12,500 words (excluding references, figures, and tables); however with prior permission, words may exceed this limit.

The body of the manuscript should incorporate background, objectives, methods, discussion, and conclusion.

References

1,500 or fewer

Tables and Figures

Limit tables and figures to 20 each.

Case Reports

Reports describing a single case or small series will be considered; however, the case report must be educational and draw attention to important or unusual clinical situations, novel treatments, new techniques, or complications. Case reports generally do not fulfill scientific criteria required for original contributions. Manuscripts should not exceed 2,500 words (excluding figures, tables, and references). These should be accompanied by a structured or non-structured abstract of 250-500 words and 8 to 12 key words.

ETHICAL CONSIDERATIONS AND INFORMED CONSENT

Human and animal studies require institutional review board approval and this should be described in the methods section of the manuscript. For those investigators who do not have an IRB, the guidelines outlined in the Declaration of Helsinki (<http://www.wma.net/e/policy/pdf/17c.pdf>) should be followed.

Registration of Clinical Trials

To be considered for publication, the authors must provide evidence of registration in a public trials registry. Trials must register at or before the onset of patient enrollment. This policy applies to any clinical trial beginning enrollment after July 1, 2005. For trials that began enrollment before this date, *Pain Physician* will require that registration occurred by Sept. 15, 2005.

A clinical trial is defined as any research study that prospectively assigns human subjects to intervention or comparison groups to evaluate the cause-and-effect relationship between an intervention and a health outcome. Studies designed for other purposes, such as to study pharmacokinetics or major toxicity (e.g., phase 1 trials) will be exempt from this requirement.

For information about the topic of clinical trials, please refer to the following web site: www.clinicaltrials.gov. For information regarding registering a trial, refer to the following: <http://prsinfo.clinicaltrials.gov>.

Funding for the Study

Authors must identify sources of funding from private sources, such as pharmaceutical companies and commercial organizations that supported the study presented in the manuscript. Please also provide details of grant support and governmental funding.

MANUSCRIPT SUBMISSION

Manuscripts should meet the following criteria:

The material is original; the

writing is clear; the study methods are appropriate; the data are valid; the conclusions are reasonable and supported by the data; the information is important; and the topic has interest to interventional Pain Physicians.

Author Information

If there is more than one author, a corresponding author should be designated to provide a complete address, telephone and fax numbers, and e-mail address. All author information should be entered on the online manuscript submission form. The author must certify the following (which may be incorporated into the e-mail or letter accompanying the manuscript):

- This manuscript represents a valid work and neither this manuscript nor one with substantially similar content under my authorship has been published or is being considered for publication elsewhere, except as described in an attachment,
- If requested by the editors, I will provide the data or will cooperate fully in obtaining and providing the data on which the manuscript is based, for examination by the editors or their assignees,
- For publications with multiple authors, I agree to serve as the primary correspondent with the editorial office, to review the edited manuscript, and proof.
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Title Page/Cover Letter

The cover letter should include the name(s), degree(s), and affiliation(s) of the author(s) of the

Manuscript Checklist

Please review manuscript for accuracy and style to follow *Pain Physician* guidelines.

- Transmittal letter with information on authorship, with author(s) signature.
- Acknowledgment, funding support, and conflict(s) of interest on title page.
- References checked for accuracy and duplication. Be sure all are cited within the text (**none in the abstract**) and are numbered as they appear in the text.
- Identify the corresponding author and provide complete identifying information.
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Manuscripts are reviewed by blind peer review. Therefore, all author information should be included in a separate file. Do not include author(s), name(s), or institution(s) on each page or on the illustrations. Manuscript submissions should include an abstract (structured or unstructured) of no less than 250 words and no more than 500 words.

An abstract is required for all manuscripts, except for editorials, letters to the editor, and commentaries.

Submissions should all include a list of 6-12 key words to be used in indexing the article, the manuscript text, complete references (no et als), and up to 10 tables and figures. All manuscripts should use a 12-pt. font with one-inch margins.

The preferred method of submitting the manuscript is electronic. Please download the manuscript with figures either incorporated into the document or as separate files. Figures must be clearly identified with no patient information on them.

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Questions may be directed to editor@painphysicianjournal.com

paper. The author(s) should be listed in the order desired. This should be a separate document than the rest of the paper in order to maintain the integrity of the double-blind review.

Brand Names and Support

When citing a brand name, provide the manufacturers' name and address. Use generic names for all drugs.

You must also acknowledge all forms of support including pharmaceutical and industry support in an acknowledgment paragraph and in the disclaimer section.

Tables and Figures

The manuscript should contain supportive tables and figures that are necessary, but not duplicative. Authors must secure permission for reproduction of all previously published illustrations; figures or tables without accompanying permission will not be accepted. Tables and figures each should be numbered consecutively using Arabic numerals.

Radiographs and photographs may be submitted after high-quality scanning; 300 dpi to 600 dpi is recommended. Quality radiographic pictures may be made from thermal prints (3 inch x 4 inch size) by scanning. Electronic format is preferred; use TIF or JPG formats. Digital image files may be included as part of the manuscript or downloaded separately.

Abbreviations

Abbreviations are discouraged except for units of measurement. When first used, the abbreviation should be preceded by the words for which it stands. For lists of abbreviations see the Council of Biology Editors Style

Guide (available from the Council of Science Editors, 9650 Rockville Pike, Bethesda, MD 20814) or Scientific Style and Format: The CBE Manual for authors, editors, and publishers (sixth edition, New York; Cambridge University Press, 1994).

References

Each journal reference should include the following, in this order:

1. Author(s) last name(s) and initials
2. Title of the article
3. Journal name (abbreviated according to Index Medicus)
4. Year of publication
5. Volume number
6. First and last pages

Please note that all author names and initials must be listed for each reference. The use of "et al" is not allowed. Contributors are responsible for providing complete and accurate references.

References are to be numbered in the order that they appear in the text. References should be cited in the text in their order of appearance and be listed by number in parentheses.

When data are from an unpublished source, give complete information, including name of the researcher and location. If the work is in progress, provide the journal or book publisher by which it will be published. Please check your references carefully.

Examples

1. Atluri S, Datta S, Falco FJ, Lee M. Systematic review of diagnostic utility and therapeutic effectiveness of thoracic facet joint interventions. *Pain Physician* 2008; 11:611-629.
2. Weinstein JN, Tosteson TD, Lurie JD, Tosteson AN, Blood E, Hans-

com B, Herkowitz H, Cammisa F, Albert T, Boden SD, Hilibrand A, Goldberg H, Berven S, An H; SPORT Investigators. Surgical versus nonsurgical therapy for lumbar spinal stenosis. *N Engl J Med* 2008; 358:794-810.

3. Bogduk N. *The sacroiliac joint. Clinical Anatomy of Lumbar Spine and Sacrum, 4th edition.* Churchill Livingstone, New York, 2005 pp 173-181.
4. Manchikanti L, Hirsch JA, Smith HS. Evidence-based medicine, systematic reviews, and guidelines in interventional pain management: Part 2: Randomized controlled trials. *Pain Physician* 2008; 11:713-775.

References for an Entire Book

1. Manchikanti L, Singh V (eds). *Interventional Techniques in Chronic Spinal Pain.* ASIPP Publishing, Paducah, KY, 2007.

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