

# Pain Physician

Established in 1999 by the American Society of Interventional Pain Physicians

## Information for Authors

### EDITOR-IN-CHIEF

**Alan David Kaye, MD, PhD**  
Professor and Chairman  
Department of Anesthesiology  
Director, Pain Services  
Professor, Department of Pharmacology  
LSU School of Medicine T6M5  
1542 Tulane Ave., Room 656  
New Orleans, LA 70112

### MANAGING EDITOR

**Bert Fellows, MA**  
Director Emeritus  
Psychological Services  
Pain Management Center of Paducah  
2831 Lone Oak Road  
Paducah, KY 42003

E-mail: [editor@painphysicianjournal.com](mailto:editor@painphysicianjournal.com)

### 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, other clinicians, and 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 manuscripts that will influence practice and address important advances in interventional pain management. *Pain Physician* is an Open Access journal available online at [www.painphysicianjournal.com](http://www.painphysicianjournal.com).

### PUBLICATION ETHICS STATEMENT

#### Publication and authorship

1. All submitted manuscripts are subject to strict peer-review process by at least 2 reviewers that are experts in the area of the particular manuscript. Reviewers are selected by a senior member of the editorial board based on the reviewer's previously categorized areas of expertise. Author also can propose reviewers.
2. The factors that are taken into account in review are relevance, originality, readability, statistical validity and language.
3. The possible decisions include acceptance, minor revisions, major revision or rejection.
4. If authors are encouraged to revise and resubmit a submission, there is no guarantee that the revised submission will be accepted.
5. Rejected manuscripts will not be re-reviewed.
6. Authors of rejected manuscripts may be provided with reviewer comments.
7. The paper acceptance is constrained by such legal requirements as shall then be in force regarding libel, copyright infringement and plagiarism.

8. No research can be included in more than one publication, whether within the same journal or in another journal. The only exception to this is a follow-up manuscript.

#### Authors' responsibilities

1. Authors must certify that their manuscript is their original work.
2. Authors must certify that the manuscript has not previously been published elsewhere, or even submitted or reviewed in another journal.
3. Authors must participate in the peer review process and follow the comments.
4. Authors are obliged to provide retractions or corrections of mistakes.
5. All Authors mentioned in the paper must have significantly contributed to the research. Level of their contribution also must be defined in the "Authors' Contributions" section of the article.
6. Authors must state that all data in the paper are real and authentic.
7. Authors must notify the Editors of any conflicts of interest.
8. Authors must identify all sources used in the creation of their manuscript.
9. Authors must use relevant sources that might help other researchers/journals.
10. Authors must have less than 30 percent of references from the first author or coauthors, or from any one source.
11. The review process is double blind. The authors will not have knowledge of who is reviewing the paper. Please notify the editorial staff if you have knowledge of who specifically has commented on your paper.

#### Plagiarism Check

To help protect against the publication of plagiarized and previously published work *Pain Physician* has adopted a widely used plagiarism detection system. The system scans the text of submitted papers and compares it to a comprehensive and growing database of full-text scholarly and academic materials and generates "similarity" reports between submitted and previously published works. All manuscripts submitted to *Pain Physician* are scanned by the system at the time of submission.

### Peer review/responsibility for the reviewers

1. Reviewers should keep all information regarding papers confidential and treat them as privileged information.
2. Reviews should be conducted objectively, with no personal criticism. Please let the editorial staff know if you have knowledge of who authored a particular manuscript.
3. The review process should be double blind. The authors should have no knowledge of who is reviewing the manuscript and the reviewers should have no knowledge of who authored a manuscript.
4. Reviewers should express their views clearly with supporting arguments.
5. Reviewers may identify relevant published work that has not been cited by the authors.
6. Reviewers should also call to the Section Editors, Managing Editor or Editor-in-Chief's attention any substantial similarity or overlap between the manuscript under consideration and any other published paper of which they have personal knowledge.
7. Reviewers should not review manuscripts in which they have conflicts of interest resulting from competitive, collaborative, or other relationships or connections with any of the companies, or institutions connected to the papers.

### Editorial responsibilities

1. Editors (Section Editors, Managing Editor, or Editor-in-Chief) have complete responsibility and authority to reject/accept an article.
2. Editors are responsible for the contents and overall quality of the publication.
3. Editors should always consider the needs of the authors and the readers when attempting to improve the publication.
4. Editors should guarantee the quality of the papers and the integrity of the academic record.
5. Editors should publish errata pages or make corrections when needed.
6. Editors should have a clear picture of a research's funding sources.
7. Editors should base their decisions solely on the papers' importance, originality, clarity and relevance to publication's scope.
8. Editors should not reverse their decisions nor overturn the ones of previous editors without serious reason.
9. Editors should preserve the anonymity of reviewers.
10. Editors should ensure that all research material they publish conforms to international accepted ethical guidelines.
11. Editors should act if they suspect misconduct, whether a paper is published or unpublished, and make all reasonable attempts to persist in obtaining a resolution to the problem.
12. Editors should not reject papers based on suspicions; they should have proof of misconduct.
13. Editors should not allow any conflicts of interest among staff, authors, reviewers and board members.
14. Editors must not change their decision after submitting a decision (especially after reject or accept) unless they have a serious reason.

### Publishing Ethics Issues

1. All editorial members, reviewers and authors must confirm and obey rules defined by COPE.
2. Corresponding author is the main owner of the article so she/he can withdraw the article.

3. Authors cannot make major changes in the article after acceptance without a serious reason.
4. All editorial members and authors must will to publish any kind of corrections honestly and completely.
5. Any notes of plagiarism, fraudulent data or any other kinds of fraud must be reported completely to COPE.

### PEER REVIEW PROCESS

All submissions to the journal are initially reviewed by one of the Editors. At this stage manuscripts may be rejected without peer review if it is felt that they are not of high enough priority or not relevant to the journal. This fast rejection process means that authors are given a quick decision and do not need to wait for the review process.

Manuscripts that are not instantly rejected are sent out for peer review, usually to two independent reviewers. Based on the feedback from these reviewers and an assigned Section Editor, as well as the Editor-in-Chief, a decision is given on the manuscript. The average time from submission to first decision is approximately 6-8 weeks. If a paper is not acceptable in its present form, we will pass on suggestions for revisions to the author.

Authors are given up to a year to resubmit a revised manuscript. Revised manuscripts will go back to a member of the Editorial Board to determine if the manuscript will undergo a second review or if a decision can be reached.

Once a manuscript is accepted, it will be published in the next available issue, normally 6 months from acceptance

### Disclosure of Conflicts of Interest

Authors must identify all sources of funding from public and private sources such as pharmaceutical companies and commercial organizations that supported the study presented in the manuscript.

Indicate the level of funding following these standards:

Level 0:	No funding
Level 1:	\$100 to \$1,000
Level 2:	\$1,001 to 10,000
Level 3:	\$10,001 to \$25,000
Level 4:	\$25,001 to \$50,000
Level 5:	\$50,001 to \$100,000
Level 6:	Greater than \$100,000

### CITATIONS

It is the policy of *Pain Physician* that no more than 30% of references can be from a single journal or primary author, including current and past 2 year references. Use current up-to-date citations whenever feasible.

Special consideration is required if these limits have to be exceeded. Please submit such requests to the Editor in Chief at [editor@painphysicianjournal.com](mailto:editor@painphysicianjournal.com).

### AUTHOR DISCLOSURE

Sound authorship of manuscripts relies on personal and professional integrity and accountability; however, there is much controversy concerning ghostwriting, guest authorship, plagiarism, and duplicate publications. Ghostwriting and guest authorship are often linked to academy-industry collaborations. Typically, industry-sponsored professional writers prepare complete manuscripts, which are then presented to senior, often expert, academics who submit the article in their own name with or without editing to a journal and they are often reimbursed. *Pain Physician* prohibits ghostwriting, plagiarism,

and duplicate publications. These activities are considered as misconduct.

Consequently, ghost or guest authorship, plagiarism, and duplicate publications will be investigated using the Committee on Publication Ethics guidelines ([http://publicationethics.org/files/u2/04E\\_Author\\_Ghost\\_Guest\\_Gift.pdf](http://publicationethics.org/files/u2/04E_Author_Ghost_Guest_Gift.pdf)).

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.
- I certify that all financial and material support for this research and work are clearly identified in the manuscript.
- I certify that all my affiliations with, or financial involvement with, any organization or entity with a financial interest in or financial conflict with the subject matter or materials discussed in the manuscript are completely disclosed here or in an attachment, or the corresponding author and any other authors have no relevant financial interests in this manuscript.

Each author(s) also must transfer copyright. E-mails or letters should state that in consideration of the action of *Pain Physician* in reviewing and editing this submission (manuscript, tables, and figures), the author(s) undersigned hereby transfer(s), assign(s), or otherwise convey(s) all copyright ownership, including any and all rights incidental thereto, exclusively to ASIPP, in the event that such work is published by *Pain Physician*.

For federal employees, a statement should be included that the author(s) was an employee of the U.S. Federal Government when this work was conducted and prepared for publication. Hence, it is not protected by the Copyright Act, and copyright ownership cannot be transferred. Authors should obtain written permission from all individuals named in an acknowledgment, since readers may infer their endorsement of data and conclusion.

## ACKNOWLEDGMENTS

The "Acknowledgment section" is the general term for the list of contributions, disclosures, credits, and other information included at the end of the text of a manuscript but before the references. The Acknowledgment section includes authors' contributions; information on author access to data; disclosure of potential conflicts of interest, including financial interests, activities, relationships, and affiliations; sources of funding and support; an explanation of the role of sponsor(s); information on independent statistical analysis (if required); names, degrees, and affiliations of participants in a large study or other

## Sample Disclosure

**Author Contributions:** Dr. (s) \_\_\_\_\_ had full access to all the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis. Drs. \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ designed the study protocol. Dr.(s) \_\_\_\_\_ managed the literature searches and summaries of previous related work and wrote the first draft of the manuscript. Dr. (s) \_\_\_\_\_ provided revision for intellectual content and final approval of the manuscript.

**Conflict of Interest:** (all, none, or name)\_\_\_\_ authors have no conflicts of interest to report. (all, none or name)\_\_\_\_\_ of the authors of the manuscript received any remuneration. Further, the authors have (not) received any reimbursement or honorarium in any other manner. The authors are (not) affiliated in any manner with \_\_\_\_\_ . However, all the authors are members of the \_\_\_\_\_ and practicing interventional pain physicians except for \_\_\_\_\_, who is a \_\_\_\_\_. Dr. \_\_\_\_\_ is the

**Funding/Support:** The authors wish to disclose and thank the sponsor of the study. The study was conducted by \_\_\_\_\_. The study was sponsored by \_\_\_\_\_. The sponsorship was limited to supplies and expenses. The sponsorship included payment for employees for \_\_\_\_\_s, data entry, and analysis of the data. They also provided \_\_\_\_\_at no cost. They had no influence or interference after the protocol was designed.

**Role of Sponsor:** The financial sponsor of this work had no role in the design and conduct of the study or the collection, management, analysis, and interpretation of the data. The sponsor also did not have a role in the preparation or review of the manuscript or the decision to submit. The authors also wish to thank \_\_\_\_\_, research coordinator, \_\_\_\_\_, for manuscript review, and \_\_\_\_\_ for their assistance in preparation of this manuscript. We also would like to thank the editorial board of *Pain Physician* for review and criticism in improving the manuscript.

group; any important disclaimers; information on previous presentation of the information reported in the manuscript; listing of supplemental material; and the contributions, names, degrees, affiliations, and indication if compensation has been received for all persons who have made substantial contributions to the work but who are not authors.

Authors must obtain written permission to include the names of all individuals included in the Acknowledgment section, and the corresponding author must confirm that such permission has been obtained in the Authorship Form ([http://www.icmje.org/coi\\_disclosure.pdf](http://www.icmje.org/coi_disclosure.pdf))

## CATEGORIES OF MANUSCRIPTS

*Pain Physician* publishes several categories of manuscripts, each with its own requirements. *Pain Physician* publishes origi-

nal research, technical reviews, editorials, clinical guidelines, position papers, systematic reviews, meta-analyses, clinical opinions, letters to the editor, prospectives, and papers regarding health care policy and ethics.

**Ethics Manuscripts**

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, 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.

**Health Policy Manuscripts**

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

**Systematic Reviews and Meta-Analyses**

Systematic reviews must systematically find, select, critique, and synthesize evidence relevant to well-defined questions about diagnosis, prognosis, or therapy. All manuscripts 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. Systematic reviews must include more than 2 authors.

Meta-analysis of randomized controlled trials should follow the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) or any such latest version of reporting guidelines (<http://www.prisma-statement.org/statement.htm>). The checklist for PRISMA is shown in Table 1.

Meta-analysis of observational studies must follow MOOSE reporting guidelines ([www.consort-statement.org/resources/downloads/other-instruments/moose-statement-2000.pdf](http://www.consort-statement.org/resources/downloads/other-instruments/moose-statement-2000.pdf)). The checklist for MOOSE is shown in Table 2.

**Prospective**

Prospectives provide expert analysis of and prospective on a specific article or series of manuscripts in *Pain Physician* or other journals, or on a topic of special interest to practitioners in pain management and interventional pain management subspecialties. Prospectives should be well focused, scholarly, and clearly presented. Maximum length: up to 5,000 words of text with maximum of 10 tables or figures and no more than 200 references.

**Narrative Reviews**

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

**Clinical Guidelines**

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

**Original Research**

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

A clinical trial is any research project that prospectively assigns human participants to intervention and comparison

Table 1. Checklist of items for PRISMA.

<b>TITLE</b>
1 Title
<b>ABSTRACT</b>
2 Structured summary
<b>INTRODUCTION</b>
3 Rationale
4 Objectives
<b>METHODS</b>
5 Protocol and registration
6 Eligibility criteria
7 Information sources
8 Search strategy
9 Study selection
10 Data collection process
11 Data items
12 Risk of bias in individual studies
13 Summary measures
14 Synthesis of results
15 Risk of bias across studies
16 Additional analyses
<b>RESULTS</b>
17 Study selection
18 Study characteristics
19 Risk of bias within studies
20 Results of individual studies
21 Synthesis of results
22 Risk of bias across studies
23 Additional analysis
<b>DISCUSSION</b>
24 Summary of evidence
25 Limitations
26 Conclusions
<b>FUNDING</b>
27 Funding
From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(6): e1000097. doi:10.1371/journal.pmed1000097

Table 2 Checklist of items for MOOSE.

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

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.

Table 3. CONSORT 2010 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
Background and objectives
III. METHODS
a. Trial design
B. Participants
C. Interventions
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. Harms
V. DISCUSSION
A. Limitations
B. Generalizability
C. Interpretation
VI. OTHER INFORMATION
A. Registration
B. Protocol
C. Funding

### 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) 2010 statement for reporting randomized trials (<http://www.consort-statement.org/consort-statement/>) or any such latest version of CONSORT. You can also use Recommendations for Interventional Trials (SPIRIT) Checklist. <http://www.spirit-statement.org/>. Randomized trials must include at least 2 authors.

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

Table 3 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.

### Nonrandomized Trials or Observational Studies

Nonrandomized trials or observational studies use the standard protocol items: nonrandomized trials or observational studies include reports of cohort, case-control, and cross-sectional studies of the prevalence, causes, mechanisms, diagnosis, course, treatment, and prevention 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 assigns human participants 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 trial must have at least one 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 are experimental or performed under research criteria.

Reports of techniques are also published. However, these must be educational and draw attention to important or unusual clinical situations, novel treatments, 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) (<http://www.clinicaltrials.gov/>) or any such latest version or the Transparent Reporting of Evaluations with Nonrandomized Designs (TREND) <http://www.cdc.gov/trendstatement/> TREND CHECKLIST [http://www.cdc.gov/trendstatement/docs/trend\\_checklist.pdf](http://www.cdc.gov/trendstatement/docs/trend_checklist.pdf)

For animal studies, authors should follow the instructions of Animal Research: Reporting In Vivo Experiments (ARRIVE). The checklist is available at: <https://www.nc3rs.org.uk/sites/default/files/documents/Guidelines/NC3Rs%20ARRIVE%20Guidelines%20Checklist%20%28fillable%29.pdf>

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

Table 4 shows a modified checklist of items for STROBE.

### Diagnostic Accuracy Studies

Diagnostic test studies include reports of Studies of the Accuracy of Diagnostic Tests (STARD) (<http://www.stard-statement.org/>).

If diagnostic studies meet the criteria of a clinical trial, they must be registered at <http://www.clinicaltrials.gov/>. Please specify IRB approval and clinical trials registration number.

The modified checklist for STARD is shown in Table 5. Authors may utilize the latest version of STARD at <http://www.stard-statement.org/>.

### Cost Effectiveness or Cost Utility Studies

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

### Letters to the Editor

Letters to the Editor are considered for publication (subject to editing and abridgment) provided they do not contain material that has been submitted or published elsewhere.

Letters must not exceed 750 words (excluding references), and must be received within 2 months after publication of the article. A letter can have no more than 15 references and 2 figures or tables.

## MANUSCRIPT GUIDELINES

### 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)

IRB approval and clinical trials registration number must be specified, if applicable.

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

### 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.

Please provide article word count and abstract word count on title page of manuscript file.

### Title Page/Cover Letter

The cover letter should include the name(s), degree(s), and affiliation(s) of the author(s) of the paper. The author(s) should be listed in the order desired. This should be a document separate from the rest of the paper in order to maintain the integrity of the double-blind review.

### Brand Names

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

### Tables and Figures

The manuscript should contain supportive tables and figures that are necessary, but not duplicative. Authors must secure

Table 4. Modified checklist of items for STROBE.

TITLE AND ABSTRACT
INTRODUCTION
Background/rationale
Objectives
METHODS
Study design
Setting
Participants
Variables
Data sources/ measurement/bias
Study size
Quantitative variables
Statistical methods
RESULTS
Participants
Descriptive data
Outcome data
Main results
Other analyses
DISCUSSION
Key results
Limitations
Interpretation
Generalizability
OTHER INFORMATION
Funding

Table 5. 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

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.

Any images or illustrations submitted must be a minimum of 300 dpi and saved in either a TIF or JPG format.

*Pain Physician* charges a fee for manuscripts containing color images in the print version of the journal. The authors can opt to have images printed in black and white should they not want to pay the fee. There is no fee for color images in manuscripts printed online only.

### Abbreviations

Abbreviations are discouraged except for units of measurement. When first used, the abbreviation should be preceded by the words for which it stands.

## MANUSCRIPT REQUIREMENTS

---

### Original Research

(*Randomized Trials, Observational Studies, Diagnostic Accuracy Studies, Cost Effectiveness Studies*):

- 3,500 words
- 100 references
- 10 tables and figures
- flow diagram (if applicable)

### Ethics Manuscripts:

- 3,500 words
- 100 references
- 10 tables and figures

### Reviews

(*Systematic Reviews, Meta-analysis, Health Policy and Narrative Reviews*):

- 7,500 words
- 250 references
- 30 figures and tables

### Letters:

- 750 words
- 15 references
- 2 tables and figures

### Prospectives:

- 5,000 words
- 200 references
- 6 tables and figures

### Clinical Guidelines:

- 60,000 words
  - 2,500 references
  - 60 tables and figures
- All manuscripts must include 8-12 key words.

## REFERENCES

---

References must be the most recent and up to date available. References from a single journal or a single author must be limited to 30% of total references which includes *Pain Physician* and primary author 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

#### Journal:

Gerdesmeyer L, Wagenpfeil S, Birkenmaier C, Veihelmann A, Hauschild M, Wagner K, Al Muderis M, Gollwitzer H, Diehl P, Toepfer A. Percutaneous epidural lysis of adhesions in chronic lumbar radicular pain: A prospective randomized controlled trial. *Pain Physician* 2013; 16:185-196.

#### Website:

Centers for Medicare and Medicaid Services: [www.cms.hhs.gov](http://www.cms.hhs.gov)

#### Press Release:

AMA Press Release: *AMA Adopts New Policies During Final Day of Semi-Annual Meeting*. November 15, 2011

#### Newspaper:

Adamy J. Overlapping Health Plans Are Double Trouble for Taxpayers. *The Wall Street Journal*. June 27, 2011. <http://online.wsj.com/article/SB10001424052702304453304576392194143220356.html>

#### Book:

Raj PP. *Interventional Pain Management: Image Guided Procedures*. Churchill Livingstone, Philadelphia, 2007.

#### Book Chapter:

Cohen SP, Larkin TM. Lumbar discography. In: Benzon HT, Rathmell JP, Wu CL, Turk DC, Argoff CE (eds). *Raj's Practical Management of Pain*. 4th ed. Elsevier Science, Philadelphia 2008, pp 1079-1108.

### Personal Communications and Unpublished Data

Any inclusion of personal communications and unpublished data in the manuscript must be accompanied by a signed statement of permission from each individual identified as a source of information in a personal communication or as a source for unpublished data. Further, the specific date of communication and the type of communication (written or oral) must be provided.

## ADDITIONAL INFORMATION

---

### Ethical Considerations and Informed Consent

Human and animal studies require IRB approval. 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/en/20activities/10ethics/10helsinki/15publicconsult/>) 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.

### Appeal procedure

Our appeal procedure provides authors with the opportunity to respond to the editorial decision on their manuscript. Authors have the right to appeal to the editor against any decision taken on their manuscript at any stage; an appeal will be considered at the discretion *Pain Physician*.

### Evaluation of Misconduct

Misconduct and unethical behavior may be identified and brought to the attention of the editor and publisher at any time, by anyone. Whoever informs the editor or publisher of misconduct must provide sufficient evidence or documentation for an investigation to be initiated. Journal editors have primary authority and responsibility for investigations

into misconduct, and they should consult with or seek advice from the publisher as appropriate. Investigations should be undertaken discreetly, with all caution necessary to avoid spreading rumor or allegations beyond those individuals who need to know.

The editor, in consultation with the publisher and society, is responsible for the final decision regarding actions for any identified misconduct, including whether the employers of the accused be notified of the breach

Possible outcomes include:

- Informing or educating the author or reviewer where there appears to be a misunderstanding or misapplication of standards.
- Strongly worded written communication to the author or reviewer as a warning against future behavior.
- Formal retraction of a publication from the journal, in conjunction with informing appropriate department heads, abstracting and indexing services, and the readership of the publication.
- Imposition of a formal embargo on contributions from an individual for a defined period.

## Manuscript Checklist

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

- Transmittal letter with information on authorship, level of funding and with author(s) signature.
- Disclosure information including any corporate sponsorship (please see section for complete details).
- 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. Make sure 30% or fewer references from same journal or author.
- Identify the corresponding author and provide complete identifying information.
- Each author's affiliation information including title(s), place of affiliation, address, and e-mail address.
- Word count for manuscript and abstract included on first page of article file.
- Written permission from publisher(s) and author(s) to reproduce any figures or tables that have been published previously. Oral permission from only one party is insufficient. Permission must be from the primary source, unless unavailable.

### Final Manuscript

You may be requested to make appropriate corrections and to resubmit the corrected manuscript after the review. Please use the online submission form to handle all submissions and revisions.

### Submission of Manuscript

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. A structured abstract is required for all manuscripts, except for editorials and letters to the editor.

Please submit manuscripts through our online submission web site at [www.painphysicianjournal.com](http://www.painphysicianjournal.com).

Make sure no author information is in the manuscript document. All author information should be submitted in a separate file. Go to [www.painphysicianjournal.com](http://www.painphysicianjournal.com) and click on "submit manuscripts online." Follow the step-by-step procedures to easily download your manuscript and author information.

Questions may be directed to [hlong@asipp.org](mailto:hlong@asipp.org)