

Pain Physician

Established in 1999 by the American Society of Interventional Pain Physicians

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**Pain Physician, the official journal of the American Society of Interventional
Pain Physicians is listed in EMBASE, SCOPUS, PubMed, Medline.**

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.

Research and Publication Ethics

Pain Physician adheres to the guidelines and best practices as recommended by the International Committee of Medical Journal Editors (IC-MJE) and the Principles of Transparency and Best Practice in Scholarly Publishing by the Committee on Publication Ethics (COPE). Further, all processes of handling research and publication misconduct shall follow the applicable COPE flowchart (<https://publicationethics.org/resources/flowcharts>).

If there is suspicion of misbehavior or alleged fraud Pain Physician will carry out an investigation following COPE guidelines. If, after investigation, there are valid concerns, the author(s) concerned will be contacted under their given e-mail address and given an opportunity to address the issue. Depending on the situation, this may result in Pain Physician's implementation of the following measures, including, but not limited to:

If the manuscript is still under consideration, it may be rejected and returned to the author. If the article has already been published online, de-

pending on the nature and severity of the infraction: an erratum/correction may be placed with the article an editorial expression of concern may be placed with the article or in severe cases retraction of the article may occur

The reason will be given in the published erratum/correction, editorial expression of concern or retraction note. Please note that retraction means that the article is maintained on the platform, watermarked "retracted" and the explanation for the retraction is provided in a note linked to the watermarked article.

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treatment of all experimental animals should be maintained.

Racial, sex and gender equity in research: Pain Physician journal and the American Society of Interventional Pain Physicians seek to guarantee that human rights are exercised without discrimination of any kind based on race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status such as disability, age, marital and family status, sexual orientation and gender identity, health status, place of residence, economic and social situation.

Pain Physician is particularly interested in experiments involving both male and female subjects studied at the same time, and a sufficient sample size to ensure meaningful statistical comparisons. Any paper utilizing subjects (cells, animals, and humans) of only one sex must state the sex of the samples in the paper, with the obvious exception of sex-specific issues (e.g., uterus or prostate). For cellular research, the sex of origin of cells used should be described. Authors must also state the rationale for using samples from one sex rather than from both. It is recommended for authors to follow the SAGER (Sex and Gender Equity in Research) guidelines (<https://doi.org/10.1186/s41073-016-0007-6>).

Authorship: Authorship credit should be based on

1. Substantial contributions to conception and design, acquisition of data, and analysis and interpretation of data;
2. Drafting the article or revising it critically for important intellectual content;
3. Final approval of the version to be published; and
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If the number of authors is equal to or greater than 2, there should be a list of each author's role in the submitted paper. A description of co-first authors is also accepted if the corresponding author believes that such roles existed in contributing to the manuscript.

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Only in exceptional circumstances will the Editor consider the addition, deletion or rearrangement of authors after the manuscript has been accepted. While the Editor considers the request, the publication of the manuscript will be suspended. If the manuscript has already been published in an on-line issue, any requests approved by the Editor will result in an errata.

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Peer Review Process

Manuscripts are reviewed by the Editorial Office to make certain that the submission contains all the necessary parts. The Editorial Office will not accept a submission if the author has not supplied all parts as described in the instructions. The manuscripts are then forwarded to the Editor-in-Chief. If the manuscript appears meritorious and appropriate for the journal, the Editor-in-Chief assigns the manuscript to 2 to 4 appropriate experts in the corresponding field for peer review. The journal uses a double-blind peer review process: the reviewers do not know the identity of the authors, and vice versa. The Editor-in-Chief, weighing the views of the reviewers and his or her own impressions of the manuscript, forwards a decision letter to the Editorial Office. This decision letter is then sent to the author by e-mail. Only 3 versions of the paper will be permitted (i.e., the first submission and 2 revisions). If the concerns of the reviewers are not satisfactorily addressed by the second revision, it is at the discretion of Editorial Board whether or not to continue with the review process. The Editorial Board will make a final decision on the approval for publication of submitted manuscripts and can request any further corrections, revisions, and deletions of the article text if necessary.

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Submission Fee

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sion of online tools for editors and authors, article production and hosting, liaison with abstracting and indexing services, and customer services. The charge, payable when your manuscript is editorially submitted and before publication, is charged to either you, or your funder, institution or employer.

Pain Physician will consider individual waiver requests for articles in Pain Physician journal on a case-by-case basis and they may be granted in cases of lack of funds. To apply for a waiver please request one during the submission process. A decision on the waiver will normally be made within 3 working days.

Prompt payment is suggested as the journal will be unable to process any articles until payment has been received. No taxes are included in this charge.

Pain Physician Article Descriptions

Pain Physician publishes several categories of manuscripts, each with its own requirements. Pain Physician publishes original research, randomized and non-randomized trials, 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 and meta-analyses 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.

Systematic reviews and meta-analyses of randomized controlled trials should follow the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, AMSTAR (A MeaSurement Tool to Assess systematic Reviews), Cochrane Review criteria (<http://handbook.cochrane.org/>), and the IPM-QRB (Manchikanti et al. Assessment of methodological quality of randomized trials of interventional techniques: Development of an interventional pain management specific instrument. *Pain Physician* 2014; 17:E263-E290) and evidence synthesis (Manchikanti L, Falco FJE, Benyamin RM, Kaye AD, Boswell MV, Hirsch JA. A modified approach to grading of evidence. *Pain Physician* 2014; 17:E319-E325).

Systematic reviews and meta-analyses of observational studies must follow (MOOSE Meta-analyses Of Observational Studies in Epidemiology) reporting guidelines, IPM_QRBNR (Interventional Pain Management Techniques - Quality Appraisal of Reliability and Risk of Bias Assessment for Nonrandomized Studies) and evidence synthesis (Manchikanti L, Falco FJE, Benyamin RM, Kaye AD, Boswell MV, Hirsch JA. A modified approach to grading of evidence. *Pain Physician* 2014; 17:E319-E325).

Perspectives

Perspectives provide expert analysis of and perspective 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. Perspectives should be well focused, scholarly, and clearly presented.

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. Narrative review should be well-focused, scholarly, and clearly presented. They should synthesize the available literature and provide new directions.

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 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. You can also use Recommendations for Interventional Trials (SPIRIT) Checklist. Randomized trials must include at least 2 authors.

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) or the Transparent Reporting of Evaluations with Nonrandomized Designs (TREND) checklist.

For animal studies, authors should follow the instructions of Animal Research: Reporting In Vivo Experiments (ARRIVE). Diagnostic Accuracy Studies. Diagnostic test studies include reports of Studies of the Accuracy of Diagnostic Tests (STARD).

If diagnostic studies meet the criteria of a clinical trial, they must be registered with a Clinical Trials database. Please specify IRB approval and clinical trials registration number.

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.

NOTE: Case Reports and Case Series are no longer published in Pain Physician. Please visit our sister journal, Pain Medicine Case Reports, www.painmedicinescasereports.com.

Manuscript Guidelines

Abstract

A structured abstract of a minimum of 250

words, and not exceeding 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)
- 9) Key words: Each manuscript should be accompanied by 8-12 key words.

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

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 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. Size of the figure must not be any smaller than 5 inches wide. Tables must be submitted in Word so that they can be edited to fit Pain Physician style.

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)

Clinical Guidelines:

- 60,000 words
- 500 references (Additional references may be added as an appendix)
- 60 tables and figures
- All manuscripts must include 8-12 key words.

Ethics Manuscripts:

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

Reviews

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

- 5,000 words
- 100 references (Additional references may be added as an appendix)
- 30 figures and tables

Letters:

- 750 words
- 15 references
- 2 tables and figures

Perspectives:

- 5,000 words
- 100 references (Additional references may be added as an appendix)
- 6 tables and figures

References

References must be the most recent and up to date available. Please limit the number of references used that are over 2 years old. References from a single journal or a single author must be limited to 30% of the total references which includes Pain Physician and primary author references. If a manuscript requires more than 100 references, additional references may be added in the form of an appendix in each category when they exceed the limits on the 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

List all authors unless there are more than 6. If there are more than 6, list the first 3 then use "et al."

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 the 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:

Manchikanti L, Kosanovic R, Pampati V, Cash KA, Soin A, Kaye AD, Hirsch JA. Low back pain and diagnostic lumbar facet joint nerve blocks: assessment of prevalence, false-positive rates, and a philosophical paradigm shift from an acute to a chronic pain model. *Pain Physician* 2020; 23:519-530.

Website:

Centers for Medicare and Medicaid Services:
www.cms.hhs.gov

Press Release:

American Society of Interventional Pain Physicians. Press Release. *Facet Joint Guidelines Released*. June 8, 2020.

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:

Manchikanti L (ed). *Interventional Pain Medicine: Documentation, Billing, and Coding – A Practical Guide for Physicians and ASC's*, ASIPP Publishing, Paducah, KY 2002.

Book Chapter:

Daly-Camacho R, Cabaret J, Novitch M, Cornett E, Kaye, AD. Implications of antithrombotic therapy in regenerative medicine. In: Manchikanti L, Navani A, Atluri S. (eds). *Essentials of Regenerative Medicine in Interventional Pain Management*. ASIPP Publishing, Paducah, KY, 2019, pp 183-198.

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.

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. *Pain Physician* lists only one author as corresponding.
- 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.

Submission Fee

Effective December 1, 2020 Pain Physician will charge a nonrefundable article processing fee of \$125.00 USD for all submissions (excluding articles funded or sponsored by US government health agencies, articles commissioned by Pain Physician, revised manuscripts, and Letters to the Editor). The fee covers expenses for the processing and evaluation of your submission by Pain Physician's editorial office.

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Questions may be directed to editor@painphysicianjournal.com

