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.

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.

Maximum word count: (must be listed on title page)
word count excludes references, figures, and tables

Systematic Reviews:	**Letters**
12,500 words	1000 words
1500 or fewer references	10 references
20 tables figures	2 tables and figures
Original Research:	**Clinical guidelines and position papers**
3,500 words	25,000 words
150 references	1500 references
6 tables figures	20 tables and figures
flow diagram	
Reviews	**Case Reports:**
6,000 words	no structured abstract
250 references	required
10 figures and tables	2,500 words

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, 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 Preferred Reporting Items for Systematic Rviews and Meta-Analyses (PRISMA) reporting guidelines (www.prisma-statement.org).

The checklist for PRISMA 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.

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.

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.

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).

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) 2010 statement for reporting randomized trials (www.consort-statement.org).

Controlled clinical trials of healthcare 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 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 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

Table 1. 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

Table 2. *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
Generalisability
OTHER INFORMATION
Funding

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

Table 4. *Checklist of items for PRISMA.*

TITLE
1 Title
ABSTRACT
2 Structured summary
INTRODUCTION
3 Rationale
4 Objectives
METHODS
5 Protocol and registration
6 Eligibility criteria
7 Information sources
8 Search
9 Study selection S
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
RESULTS
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
DISCUSSION
24 Summary of evidence
25 Limitations
26 Conclusions
FUNDING
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 5. *Checklist of items for MOOSE.*

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

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, 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.

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.

Manuscript Guidelines

Abstract

A structured abstract of 250-500 words must be provided, except for Case Reports and Narrative Reviews.

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.

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

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.

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 more information: www.clinicaltrials.gov.

DISCLOSURE

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..

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.

ALL INDUSTRY SPONSORSHIP MUST BE CLEARLY LISTED ON THE FIRST PAGE OF THE ARTICLE FLIE.

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 word count, abstract count on title page of manuscript file.

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

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.

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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.

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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 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.

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.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..

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:

Deer TR, Smith HS, Cousins M, Doleys DM, Levy RM, Rathmell JP, Staats PS, Wallace MS, Webster LR. Consensus guidelines for the selection and implantation of patients with noncancer pain for intrathecal drug delivery. *Pain Physician* 2010; 13:E175-E213.

website:

Congressional Budget Office. Budget options Volume 1 Health Care. December 2008. www.cbo.gov/ftpdocs/99xx/doc9925/12-18-HealthOptions.pdf

press release:

American Society of Interventional Pain Physicians. Press Release. *Doctors' Group Expresses Concern That Patient-Centered Outcomes Research Institute Will Not Protect Patients' Rights or the Practice of Medicine.* May 26, 2011.

newspaper:

Calmes J. After health care passage, Obama pushes to get it rolling. *The New York Times.* April 17, 2010. www.nytimes.com/2010/04/18/health/policy/18cost.html

book:

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

book chapter:

Merskey H, Bogduk N. Sacroiliac joint pain. In C*lassification of Chronic Pain: Descriptions of Chronic Pain Syndromes and Definition of Pain Terms,* 2nd ed. Task Force on Taxonomy of the International Association for the Study of Pain. IASP Press, Seattle, 1994, pp 190-191.

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Final Manuscript

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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.

A structured abstract is required for all manuscripts, except for editorials, letters to the editor, and commentaries. A nonstructured abstract is acceptable for Case Reports.

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.

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Original Research: 3,500 words 150 references 6 tables figures flow diagram	**Letters** 1000 words 10 references 2 tables and figures	**Case Reports:** no structured abstract required 2,500 words