Pain Physician

Established in 1999 by the American Society of Interventional Pain Physicians

Information for Authors

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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.

Categories of Manuscripts

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 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) guidelines The checklist for PRISMA is shown in Table 1. Pain Physician will also accept AMSTAR (A MeaSurement Tool to Assess systematic Reviews).

Meta-analysis of observational studies must follow (MOOSE Meta-analyses Of Observational Studies in Epidemiology) reporting guidelines. 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.

Table 1. *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 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
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 2 *Checklist of items for MOOSE.*

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

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.

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

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

(STROBE) or the Transparent Reporting of Evaluations with Nonrandomized Designs (TREND) checklist. Table 4 shows a modified checklist of items for STROBE.

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). The modified checklist for STARD is shown in Table 5.

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.

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

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 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

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 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, et al. 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

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.

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 revisons.

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.

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 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