



Application of the “Guidelines for reporting health research” (and some other tips and tricks) to publish in the European Journal of Physical and Rehabilitation Medicine: an addition to the new Instruction to Authors

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With this issue of the European Journal of Physical and Rehabilitation Medicine (EJPRM), we launch an initiative to improve the scientific quality of the papers published in our Journal. In fact, we are introducing the “Guidelines for reporting health research” for everyday usage in the EJPRM. The aims of this editorial are to describe the new service for authors and readers, to better define some weaknesses usually seen in the papers we receive, and to present the updated Instructions to Authors.

What are the guidelines for reporting health research?

According to the EQUATOR Network Group (www.equator-network.org), “Reporting guidelines help to improve the accuracy, transparency and completeness of health research publications and increase the value of published research”.¹ This aim is shared by authors and editors, and is expected by readers when they approach a scientific journal.

Developed by specific teams, reporting guidelines include a set of recommendations that guarantee high quality. Papers that follow reporting guidelines are accurate and transparent (2,3). More and more journals require that authors formally comply with them.

Reporting guidelines usually refer to all sections of a manuscript, giving details specific to different type of studies to increase their quality. Usually these sec-

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tions are considered: Title; Abstract; Introduction; Methods; Results; Discussion; Other information like conflict of interest, trial registrations and so on.

The most widely used reporting guidelines include:

— CONSORT Statement for reporting randomized controlled trials (RCTs);⁴

— PRISMA Statement for reporting systematic reviews and meta-analyses evaluating health care interventions;⁵

— STARD Statement for reporting diagnostic accuracy studies;⁶

— STROBE Statement for reporting observational studies in epidemiology.⁷

The EJPRM approach

Following the suggestions of the EQUATOR Network Group,¹ we explored the available reporting guidelines and selected those we deemed appropriate for the reporting of research studies in the EJPRM. We now ask our authors to comply with the reporting guidelines, and our peer reviewers to check the quality of submitted manuscripts against guideline recommendations. The advantages for the people involved in the publishing process, that ultimately arrive to the final users (our readers), are reported in Table 1.

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TABLE I.—*The advantages to using reporting guidelines.*

Topic	Authors	Reviewers	Readers
Information about the research	Help to include everything	Help to check completeness	Increased understanding
Manuscript	Increased probability of publication	Increased quality of review	Increased quality of reading

Authors are required to:

- choose among the proposed reporting guidelines according to the design of their study;
- structure the manuscript in keeping with the reporting guidelines requirements;
- specify in the covering letter which reporting guideline was chosen.

The reporting guidelines, in terms of checklists, selected by the EJPRM for the Original Articles category are:

- randomized controlled trials (CONSORT - www.consort-statement.org);
- non-randomized controlled trials (TREND - www.cdc.gov/trendstatement);
- observational studies (STROBE - www.strobe-statement.org);
- diagnostic accuracy studies (STARD - www.stard-statement.org);
- quality improvement in health care (SQUIRE - www.squire-statement.org);

The reporting guidelines for the Literature Reviews category (systematic reviews and meta-analysis) are:

- systematic reviews (PRISMA - www.prisma-statement.org);
- meta-analyses of observational studies (MOOSE - www.equatornetwork.org/index.aspx?o=1052).

The new EJPRM Instructions to Authors state clearly that authors should refer to the EQUATOR Network (www.equator-network.org) for more information. This will ensure access to the most recent version of the reporting guidelines. Strictly following the RG raises the quality of papers, and consequently the probability of final publication increases as well. In fact, we also ask our peer reviewers to apply these checklists when assessing manuscripts, and our Assistant and Associate Editors to check that the manuscripts meet the requirements.

We would like to give our authors some basic pointers when writing for the EJPRM or any other journal as well:

- Title: make it informative. An article with a title that catches a reader's interest is more likely to be found and read. My own suggestion is to make

it attractive and incorporate key words relevant for indexing and retrieval.

- Abstract: make it not only informative but also consistent with the contents of the paper. Because the abstract is often the only part of an article that is read, it should convey the message of the paper clearly, completely and consistently. Also for abstracts, incorporate key words relevant for indexing and retrieval.

Finally, the structured abstracts to be used for Original Articles, Systematic Reviews and Meta-analysis. The abstract should be well structured, within a word limit of 350 words. The abstract structure and the most common mistakes are:

- Background: clearly report what is already known and what was not before the study was performed.
- Aim: state what was studied.
- Design: briefly describe the type of study performed according to standard study design category: RCT, observational, longitudinal, controlled, blinded, other.
- Setting: this does not mean the name/address of the study site, but rather the type of location/facility: inpatient, outpatient, community, other.
- Population: who was evaluated.
- Methods: what was done, including type of statistical analysis test.
- Results: what was found, reporting only the most salient results.
- Conclusion: a few sentences that succinctly summarize what the paper adds to the literature.
- Clinical Rehabilitation Impact: this is frequently neglected. If a study has no impact on clinical rehabilitation, the manuscript should be submitted to another journal. The EJPRM is highly selective on this point and only very high quality "basic science" papers are considered for publication. Hence, it must be stated how the study results could improve everyday practice in rehabilitation clinics.

By following these recommendations, authors will increase the probability of having their paper published in the EJPRM.

Conclusions

We are certain that this new initiative of the EJPRM will strengthen the Journal even more.⁸⁻¹⁰ Our aim is to make the journal a comprehensive forum for all clinicians involved in physical and rehabilitation medicine,¹¹⁻¹³ where they will find accurate and straightforwardly written papers that may help them to increase the quality of care they provide.

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