



From our 50 years of history to the present, and projects for the future of the Journal

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This year marks the 50th anniversary of the *European Journal of Physical and Rehabilitation Medicine* (EJPRM),¹ founded as *Europa Medicophysiologica* in 1965.² An upcoming anniversary in September is my 10th year as Chief-Editor of the EJPRM, a position I assumed in September 2004 (6 months after serving as EJPRM Co-Editor with Paolo Di Benedetto since January 2004).³ Now is the time to look toward the future, while reviewing what has been achieved in this 20% of the life of the EJPRM.

Current standing of the journal

Reasonably or not, a scientific journal's performance is measured mainly by bibliometric indexes. Though journal evaluation by its readers may be preferable, reader ratings would not be comparable across journals. Scientific journal publishing is evolving as technologies offer more choice and become better at tracking readership habits and preferences. Rarely do readers subscribe to only one reference journal anymore, even if some continue to peruse their favorite journal to stay up to date with their specialty. Most researchers regularly search the literature databases and access the papers they need through a variety of online bibliographic services. And as clinicians usually deal with single, highly specific matters, they require bibliographic services that enable them to scan the literature for what they

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are interested in. Reader profiles have changed, too. Therefore, we have to rely largely on bibliometry to know a journal's value.

Franchignoni clearly discussed the role and function of bibliometric indexes;⁴⁻⁶ and on behalf of the European Society of Physical and Rehabilitation Medicine, he used them to define and identify the core journals in physical and rehabilitation medicine (PRM).⁷ Over the past decade, the EJPRM has enjoyed incredible growth⁸ (Figure 1) and now ranks among the core PRM journals (Figure 2). The ratings for the core PRM journals are fairly consistent. Only the EJPRM, presumably due to its rapid growth, shows some fluctuations. Presently, our value is around 2 points Impact Factor: a dream only a few years ago, and a position we will want to maintain. In my view, what counts for a journal's worth is that it must be useful for its readers, which does not necessarily mean having the highest impact factor. A journal's readability and clinical usefulness can also be measured by the number of articles reporting on neglected areas of clinical work that, because seldom cited, scarcely boost a journal's Impact Factor very much. In my opinion, the most important reference for the EJPRM is its clinical readers. Our goal is to be a readable and clinically useful journal.⁹ To do this, instead of devoting time to increasing the journal's Impact Factor, we want to enhance the clinical usefulness of the papers we publish, recognizing

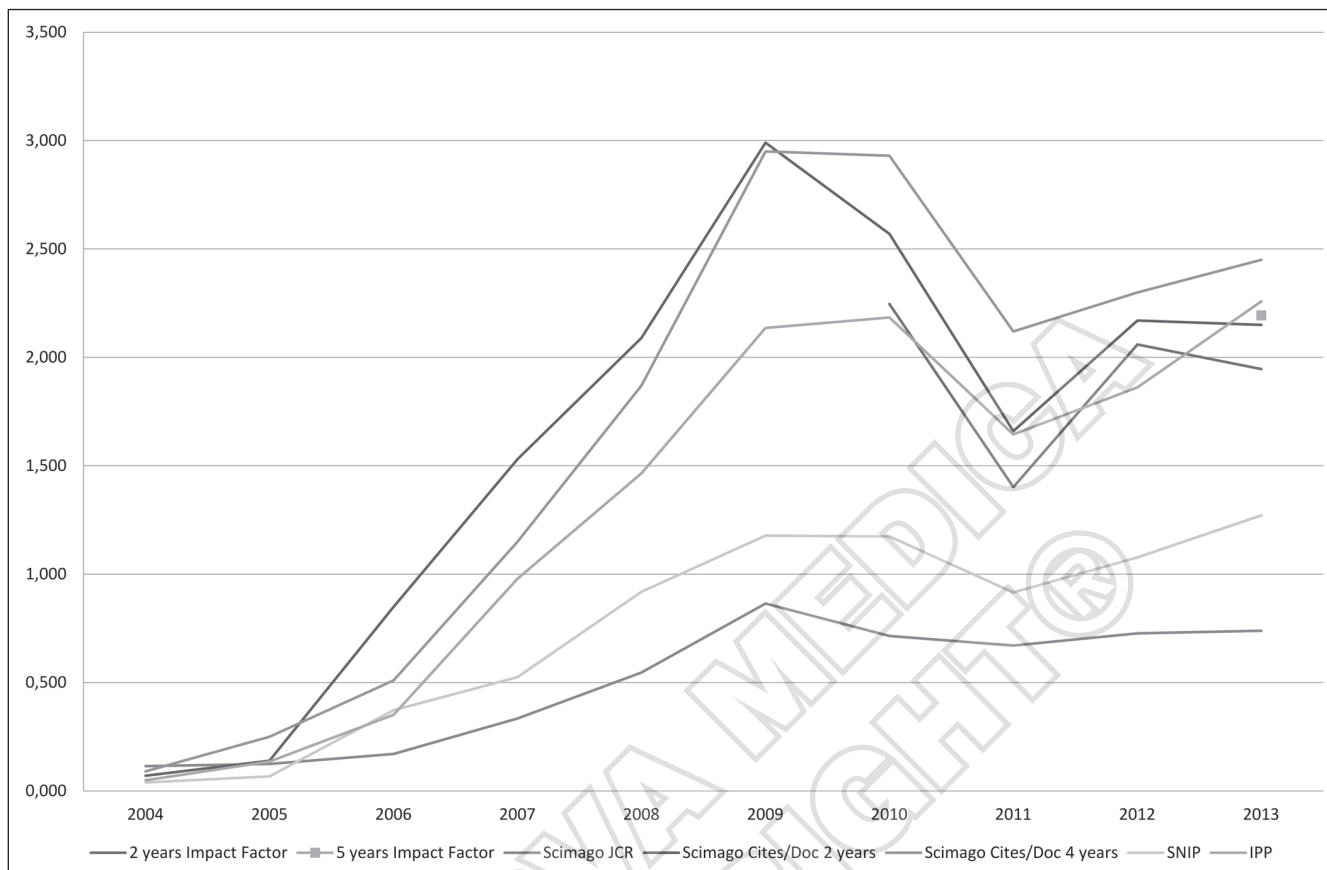


Figure 1.—Main bibliographic indexes of the *European Journal of Physical and Rehabilitation Medicine* since 2004. Note that the first Impact Factor (IF) was received in 2010 and the first 5-year IF in 2013. The IF is calculated by the Institute for Scientific Information (ISI). The Source Normalized Impact per Paper (SNIP) is calculated by Scopus. It measures the contextual citation impact by weighting citations based on the total number of citations in a subject field; it is a field-normalized metric. The Impact per Publication (IPP) is calculated by Scopus. Like the IF, it measures the ratio of citations per article published in the journal using a citation window of 3 years. The SCImago Journal Rank (SJR) is calculated by an independent group of researchers, a prestige metric based on the idea that “not all citations are created equal”; the subject field, quality and reputation of a journal have a direct effect on the value of a citation.

that, ultimately, this is the best way to increase its Impact Factor.

How the journal is working and will work

This is a good occasion to inform readers about how the journal works internally.^{10, 11} This can be useful:

- for readers, to understand the selection process that produces the journal contents;
- for authors, to know what they can expect from the review process;
- for everyone, to appreciate the quality and

amount of work that goes into making each issue of the EJPRM.

Table I illustrates the EJPRM’s review process which has been so organized to distribute the work according to the Associate Editors’ specific competences. Prospective contributors can expect a rapid answer,¹¹ particularly if the paper is not appropriate for the journal for reasons which generally include:

- the topic is not of clinical PRM interest;
- the type of paper is not published by the journal (non-systematic reviews and validation of disability scales in national languages);
- too low in quality to obtain enough priority for publication.

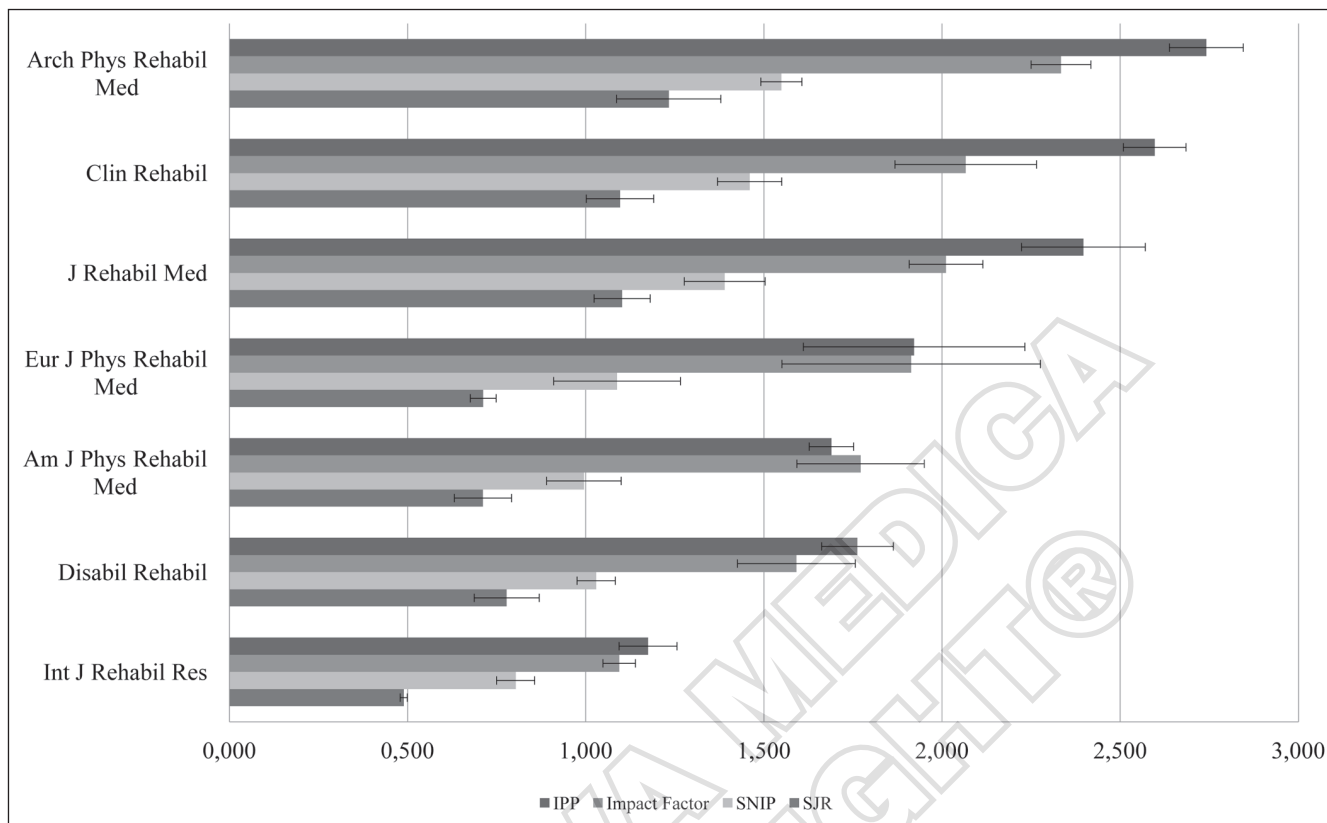


Figure 2.—Bibliometric Indexes of the core physical and rehabilitation medicine (PRM) journals, as defined by the European Society of Physical and Rehabilitation Medicine (ref).

We have two editorial decisional filters for these situations: general and mainly methodological screening is handled by the Chief-Editor; replies are returned without a review (usually within a couple of weeks); a second screening process is a little more lengthy because it involves the Associate Editors specialized in a specific area (replies returned usually within 30 days). Out of an overall rejection rate of around 80%, the early rejection rate is around 50%.

A criticality in the peer-review process is delayed reply from our reviewers. We have a target of 60 days for the entire review process. If no reply is received within 60 days, we have a group of “gold reviewers” on the Editorial Board who step in to rapidly review papers of interest in their research area within 5 to 10 working days. This “backup” procedure ensures that the papers are reviewed and the replies sent to the authors usually within 2-3

months, which can take up to 4 months with the “backup” procedure.

Finally, the use of writing Guidelines for all papers submitted to the EJPRM, with compilation of a relative checklist, was experimentally piloted this year for all rehabilitation journals and will become mandatory as of 2015.¹² This new procedure was started last year¹⁰ and will become mandatory as of September.

Look toward the future: which clinical research in PRM?

The future of any PRM journal depends on what researchers offer. Where is research in PRM headed? Without any claim to being complete, the following overview gives an idea of some of the topics that we can expect to be areas for future research in PRM.

TABLE I.—*The review process of the European Journal of Physical and Rehabilitation Medicine.*

Who	What	Time (working days)	Decision	Action
Authors	Paper uploaded in the online submission system	0		
Minerva Medica	First quality check	5	Something lacking Everything Ok	Request sent to authors Proceed
Chief-Editor	First selection	5	Low general quality and/or not of PRM interest Enough general quality and PRM interest	Immediate rejection Assignment of Associate Editor by topic Notes for authors Eventual review Eventual assignment of reviewers
Associate Editor	Second selection	10	Outstanding paper Low specific quality or interest Enough specific quality or interest	Immediate acceptance Motivated rejection Assignment of reviewers Choice of the appropriate checklist Notes for authors Eventual review
Reviewers	Review	15		Review
Associate Editors	Delayed reviews	10	Reviewers not responding and/or not accepting to review	Assignment of Scientific Secretary by topic Eventual Review
Scientific Secretary	Review	5		Rapid review
Associate Editor	Collection of reviews	10	Enough data for decision	Suggestion of decision to Chief Editor Notes for authors Eventual review
Chief-Editor	Final decision	5		Accept Minor revisions Major revisions Reject

While continuing effort will be devoted to developing new evaluation instruments and improving our understanding from the application of statistical models, like the Rasch Analysis, other newer and/or impelling topics will be explored.

Efficiency in PRM

Curbing healthcare expenses is a major concern for all Western countries as their national health systems contend with growing costs if spending is capped at 7-10% of total gross domestic product. As the population ages, the percentage of people with disabilities is rising,¹⁸⁻²⁰ inevitably placing a larger social and economic burden on fewer resources. PRM has already felt the brunt of budget cutbacks. Research can offer solutions to obtaining the same results at lower cost in more patients. This is not only question of organization but also of new technologies, new protocols, and new PRM therapies. This is what we need from research.

Classifications and payment systems

Does the future lie beyond the International Classification of Functioning, Disability and Health (ICF) and/or together with the ICF? When the World Health Organization (WHO) issued its first really useful classification for PRM, with the definitions of impairments, disabilities and handicaps,²¹ it was clear that PRM would change and would be better understood. The ICF²² is the established reference system, the context, and the background of PRM. Yet, key questions remain to be answered, such as:

- is the ICF clinically applicable?
- do we need a different clinical classification, a more usable one?
- how can the International Classification of Diseases (ICD) and ICF be used for different purposes in PRM?

Payment systems are being redefined. Diagnostic-related group (DRG) reimbursement systems have been either inadequately or inappropriately applied to PRM, often incongruously adapted to services such systems were not designed to classify. Is an ICF-based solution preferable to the WHO's International Classification of Diseases (ICD)? If not, which other system? This is another important research area to be explored and not left to healthcare managers.

Technology in PRM

Robotics¹³⁻¹⁵ is being increasingly applied in rehabilitation of the upper arms and hands, with potential applications in the rehabilitation of the trunk. As robot systems join the therapeutic PRM armamentarium, their real effectiveness will need to be better understood. How to make best use of robots in clinical therapy is a new challenge.

Videogames^{16, 17} offer a variety of options for PRM at very low cost: there are now inexpensive instruments that check and control movement, as well as free body movements, completely hands-free. Also, Smartphone apps can be created and/or adapted for use in PRM. These innovative, portable technologies are opening a myriad low-cost opportunities for PRM that need only attention and understanding.

Which future for the journal?

Having reached the 50-year milestone, we are moving forward with other new journal features. One appears already in this issue of the journal: the Debates Section. This is organized around a specific topic (in this issue: Evidence-Based Medicine in PRM), where two scientists and personalities from PRM debate with a thesis and an antithesis and comment on each other's paper. In this way, we want to give an overview of the problem so that readers can develop their own ideas, hopefully opening good discussion among other scientists and researchers. We are currently working on a second Debate on the clinical application of the ICF, and we invite suggestions on topics for new Debates for the future.

Other initiatives include:

- re-launching the Narrative Medicine Section,²³ which has had a couple of good contributions;^{24, 25}
- starting two new Sections devoted to important papers on topics usually outside the journal's core contents: Health and Organizational Sciences in PRM, and Biomechanics in PRM;
- re-launching the Cochrane Section^{26, 27} together with the European Society of PRM (ESPRM) Evidence-Based Medicine Committee and, possibly, with the Cochrane Institute.

This last initiative underlines once more our collaboration with European bodies, which will re-

newed with a specific ceremony for this 50th Anniversary with the ESPRM. Starting in March 2014, this collaboration also includes the UEMS-PRM Section, with the publication of their Position Papers on Professional Practice in PRM,²⁸⁻³⁶ which will be re-arranged and methodologically strengthened. Within this collaboration, augmenting the Editorial Board in collaboration with the European Union National Societies is under consideration. But this is not all: the EJPRM is not static!

Conclusion with some personal notes

At this point, the reader will allow me some (short) personal notes. For me, everything started like a dream when Franco Franchignoni, on behalf of Alessandro Giustini, the President of the Italian Society of Physical and Rehabilitation Medicine (SIMFER), phoned me to ask if I would be interested in a project to re-launch our historical, glorious journal, *Europa Medicophysica*.³ Some months later, the words of Pasquale Pace, SIMFER Secretary, during the first meeting we had on the topic, were clear: "Either we re-gain our international position of the past, which today means achieving Medline indexing and Impact Factor, or we will have to close the Journal." Typical of landmark events in life is remembering where you were when it happened. I remember where exactly I was when I received that first phone call, just as I remember where I was when I received the astonishing news of the first Impact Factor of our journal in 2010: 2.246³⁷ (Figure 1). I cannot deny that those were among the highest professional achievements of my life. It was not the same some years before, when we received the news of PubMed/Medline indexing for *Europa Medicophysica*:³⁸ it happened rapidly (in 2005) and it was the result of the previous history and efforts of our past Chief-Editors (mainly Di Benedetto and Franchignoni), jointly through my efforts with a few colleagues, the historical group. Here comes another personal note and key factor in this decade of history: the astonishing group that made all this possible. Donatella Bonaiuti, Maria Gabriella Ceravolo, and Nicola Smania have been on board since the beginning, working hard on the project, under the constant and wise supervision of Franco Franchignoni. Ringfand Stucki, with their fellows Treger and Weigl followed quite rapidly, as well as Ferriero,

Paoloni, and Zaina. Then, within the inner circle of the EJPRM, we have had at different times Carda, Di Monaco, Escorpizo, Franceschini, F. Gimigliano, Ozçakar, Paolucci, Picelli, Sterzi, Yavuzer and Zampolini. Not all of them still work for the EJPRM, but all are part of this last decade of history and to whom I express my personal thanks.

Ten years of personal history, 50 years of EJPRM history. An important past, but also a brilliant future ahead for our team, the researchers and authors that make the EJPRM a great journal.

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