Pain Physician

Established in 1999 by the American Society of Interventional Pain Physicians

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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.

Disclosure of Conflicts of Interest

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.

Please indicate the level of funding following these standards:

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Level 1:	$100 to $1,000
Level 2:	$1,001 to 10,000
Level 3:	$10,001 to $25,000
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Citations

It is the policy of *Pain Physician* allowing for maximum limitation of 20% of references from a single journal or primary author, including current and past 2 year references. Use current up-to-date citations whenever feasible.

Special consideration is required if these limits have to be exceeded. Please submit such requests to the Editor in Chief at editor@painphysicianjournal.com.

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- If requested by the editors, I will provide the data or will cooperate fully in obtaining and providing the data on which the manuscript is based, for examination by the editors or their assignees,
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Categories of Manuscripts

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 papers regarding health care policy and ethics.

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.

Conflict of Interest: (all, none, or name)___authors have no conflicts of interest to report. (all , none or name)_____ of the authors of the manuscript received any remuneration. Further, the authors have (not) received any reimbursement or honorarium in any other manner. The authors are (not) affiliated in any manner with _____ _____. However, all the authors are members of the_____ and practicing interventional pain physicians except for _____, who is a_____. Dr. _____ is the

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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.

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, 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.

Health Policy Manuscripts

Pain Physician publishes articles 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 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 Reviews and Meta-Analyses (PRISMA) or any such latest version of reporting guidelines (http://www.prisma-statement.org/statement.htm).

The checklist for PRISMA is shown in Table 1.

Meta-analysis of observational studies must follow MOOSE reporting guidelines (www.consort-statement.org/resources/downloads/other-instruments/moose-statement-2000.pdf).

The checklist for MOOSE is shown in Table 2.

Narrative Reviews

Narrative reviews, either focused or general, are suitable for describing cutting-edge and evolving developments, heath policy and discussing those developments in light of underlying theory.

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 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 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

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
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)

revised Consolidated Standards of Reporting Trials (CONSORT) 2010 statement for reporting randomized trials (http://www.consort-statement.org/consort-statement/) or any such latest version of CONSORT.

Controlled clinical trials of healthcare interventions are either explanatory or pragmatic. A comprehensive review of randomized controlled trials is available at: http://www.painphysicianjournal.com/2008/december/2008;11;717-773.pdf.

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.

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

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 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) (http://www.clinicaltrials.gov/) or any such latest version.

A comprehensive review of observational studies is available at http://www.painphysicianjournal.com/2009/january/2009;12;73-108.pdf.

Table 4 shows a modified checklist of items for STROBE.

Diagnostic Accuracy Studies

Diagnostic test studies include reports of Studies of the Accuracy of Diagnostic Tests (STARD) (http://www.stard-statement.org/).

If diagnostic studies meet the criteria of a clinical trial, they must be registered at http://www.clinicaltrials.gov/.

Please specify Institutional Review Board (IRB) approval and clinical trials registration number.

The modified checklist for STARD is shown in Table 5. Authors may utilize the latest version of STARD at http://www.stard-statement.org/.

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.

Manuscript Guidelines

Abstract

A structured abstract of 250-500 words must be provided.

1) Background
2) Objectives

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
Generalisability
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

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.

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 and abstract 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 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 acknowledgement paragraph and in the disclaimer section.

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.

Manuscript Requirements

Original Research

(Randomized Trials, Observational Studies, Diagnostic Accuracy Studies, Cost Effectiveness Studies, and Other Reports):

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:

1,000 words
20 references
2 tables and figures

Clinical Guidelines:

60,000 words
2,500 references
60 tables and figures

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 20% 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

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:

Gerdesmeyer L, Wagenpfeil S, Birkenmaier C, Veihelmann A, Hauschild M, Wagner K, Al Muderis M, Gollwitzer H, Diehl P, Toepfer A. 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: A*MA 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. I*nterventional Pain Management: Image Guided Procedures.* Churchill Livingstone, Philadelphia, 2007.

Book Chapter:

MCohen 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.

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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, specific date of communication and the type of communication (written or oral) must be provided.

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/en/20activities/10ethics/10helsinki/15publicconsult/) 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 participants 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:http://www.clinicaltrials.gov/

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 20% or fewer references from same journal or author.
- ☐ Identify the corresponding author and provide complete identifying information.
- ☐ Each author's affiliation information including title(s), place of affiliation, address, and e-mail address.
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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 8-12 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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Maximum word count: (must be listed on title page)
word count excludes references, figures, and tables

Original Research

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60 tables and figures

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