

## **Journal of Physiotherapy -MANUSCRIPT PRESENTATION**

Research manuscripts should consist of a title page, abstract, text, references, tables, and figures. Manuscripts should be prepared with 2.5 cm margins and a footer containing an abbreviated title, the first author's family name, page number and date. The abstract, introduction, method, results, and discussion should be 1.5 line-spaced, but all other text should be single-spaced. Put a double return between paragraphs. Download the journal's [manuscript template](#).

### **Title Page**

The title of the manuscript should not be more than 25 words and should be in two parts. Give the main results of the study followed by a colon and the method used, e.g., 'A resource-efficient exercise program after discharge from rehabilitation improves standing ability in people after stroke: a randomised trial'. Download [example titles](#) for different research designs.

Then, list all authors and their degrees, positions, institutions, country, and email address. Nominate a corresponding author for the review who is authorised to negotiate and approve editorial revisions, provide his/her title (Professor, Dr, etc.), and give contact details (email address). You may nominate a different corresponding author for publication; provide his/her title (Professor, Dr, etc.) and short contact details (department/institution, postal address and email address).

Provide a running head of up to six words. Next, for indexing purposes, select up to five key words from the Index Medicus Medical Subject Headings (MeSH). MeSH Headings can be found on the PubMed MeSH browser at <http://www.nlm.nih.gov/mesh/meshhome.html>.

List the word count for the abstract and the body of the text, as well as the number of references, tables, and figures.

Finally, list the Ethics Committee(s) that approved the study and the procedures for gaining consent, source(s) of support, acknowledgements, and any competing interests. The statements regarding ethics and consent do not need to be re-stated in the body of the manuscript. Acknowledgments should include statements of important contributions that do not justify authorship. The nature of the contribution should be specified. It is customary to seek permission of people named in the acknowledgments. Download the journal's [Title Page template](#).

### **Abstract**

An abstract of no more than 250 words is required for all submissions using the headings: Question, Design, Participants, Intervention, Outcome measures, Results, Conclusion, and Trial registration (if appropriate). The results should include estimates of effect sizes and their confidence intervals rather than *p* values. Abstracts should not contain references. Download [examples of abstracts](#) for different research designs

### **Introduction**

The introduction should justify the aims of the research. Only references essential to understanding these aims should be included. Introductions rarely need to be longer than five paragraphs. At the end of the introduction, list the research questions as given in the Abstract again. Download [Research question examples](#) for different research designs

### **Method**

Use the subheadings: Design; Participants, therapists, centres; Intervention; Outcome measures; and Data analysis, as appropriate to the design of the study. Restrict headings to no more than two levels of importance (i.e., avoid sub-subheadings). Where aspects of the method have been described in other widely-available publications a reference to those publications may suffice, whereas newly-developed procedures should be described in more detail.

In the **Design** section, describe the overall design, especially the timing of intervention and measurement, and any randomisation or blinding procedures.

In the **Participants, therapists, centres** section, outline the recruitment procedures and the inclusion and exclusion criteria for eligibility of participants, therapists, and centres.

In the **Intervention** section, give as much detail as necessary so that the intervention could be faithfully replicated by a reader. If this requires extensive material, consider placing some in an Appendix, which can be an electronic-only addendum to the paper.

In the **Outcome measures** section, state the impairment/activity limitation/participation restriction being collected (e.g., walking) and its measurement with units (e.g., velocity during 10 m Walk Test in m/s). Other examples are: strength measured as peak isometric elbow extensor torque using hand-held dynamometry in Nm, or pain measured as intensity at rest on a 10 cm VAS in cm. It can be useful to divide outcome measures into those examining impairments vs activity limitations vs participation restrictions. It is only necessary to refer to manufacturers' information for equipment when the precise specifications could be important to interpretation of the study. Information should be placed in a footnote at the end of the text, coded using consecutive, superscripted lower case letters.

In the **Data analysis** section, outline any *a priori* power analysis carried out to determine the number of participants needed for the study. Outline any conversions or calculations made with the data. Explain how the research questions are answered by the interpretive tests but do not name the statistical package used if it is widely available.

## **Results**

The first subheading should be **Flow of participants, therapists, and centres through the study** where the numbers at each point in the study are presented as well as baseline characteristics. The remainder of the results should report only the data that answer the research questions and should be organised under subheadings that reflect those questions. Pertinent results should be reported using text and/or tables and/or figures; tables are more useful than figures because exact values are given. Avoid repeating in the text data presented in tables or figures. Do not duplicate data in tables and figures.

When reporting data, be conscious of the precision of the data and only report a meaningful number of decimal places. Usually, report numbers between 0 and 1 to 2 decimal places, between 1 and 10 to 1 decimal place, and above 10 with no decimal place.

All data reported as numbers should also be given as a percentage of the sample (in brackets) rounded off, e.g., 17 (34%) participants were men. All data reported as means should also be accompanied by the standard deviation (in brackets), e.g., the mean height of participants was 1.53 m (SD 0.23).

When reporting the results of interpretive tests, report the size of the effect rather than its statistical significance, e.g., 'People with arthritis were twice as likely to sprain their ankle (OR 0.50, 95% CI 0.25 to 0.75)' or 'People after stroke walked 0.65 m/s (95% CI 0.60 to 0.70) slower than their age-matched healthy counterparts', but not 'People with asthma were significantly more breathless after exercise ( $p = 0.02$ )'.

## **Discussion**

New and important findings should be emphasised but, as a rule, data already presented in the Method and Results sections should not be repeated. Implications and limitations of the findings and their clinical application should be discussed. The length of the Discussion should be commensurate with the number of important findings; usually it will be less than 750 words. Do not include a separate conclusion at the end of the Discussion.

## **References**

Only essential references should be cited. Most research will require fewer than 30 references. If the research requires considerably more (e.g., systematic reviews of areas with many clinical trials), references may be provided as supplementary material or eAddenda.

The referencing style used by the journal is the JAMA style, which can be found as a standard referencing style in EndNote, RefWorks, Mendeley, and Zotero. If you use reference management

software such as these, please convert your paper to the JAMA style before submission. Journal titles should be abbreviated according to the journals list in PubMed ([examples of tables](#)).

### **Figures**

Figures should start on a separate page after the tables. They should be displayed at the proposed publication size and numbered consecutively in the order to which they are referred in the text. A short caption should be given below each figure, e.g., 'Figure 1. Mean (SD) effect of posture on forced expiratory volume for the experimental group (closed circles) and the control group (open circles)'. Do not place boxes around figures. Do not put axes on the top and right sides of graphs. Use symbols and/or line types rather than colour to differentiate data. Where several graphs refer to closely-related material, present them as separate panels of a single figure labelled A, B, C, etc., and provide one caption explaining what is in each panel. Photographs should be in sharp focus, have simple backgrounds, and be in black and white unless colour is essential to illustrate the point (e.g., MRI).

For publication, photographs should be supplied as digital images saved at a minimum of 300 dpi in .jpg format. Graphs and line drawings generated by commonly-used graphing programs (such as Microsoft Excel) are acceptable. Written permission should be obtained for use of previously published Figures and Tables, and for publication of photographs of recognisable subjects. These documents should be uploaded with the final manuscript once it has been accepted.

### **Boxes**

When information needs to be listed but is not a table (contains numbers) or a figure (photograph, graph, or flow diagram), then it should be called a Box. Boxes should be numbered consecutively in the order to which they are referred in the text. A short caption should be given above each box (e.g., 'Box 1. Elements of a viable patient education program.'). Download [examples of boxes](#) formatted to these specifications.

### **Style**

Manuscripts should be written in simple, direct, and grammatically-correct English. Use Australian/English spelling. Use gender neutral and non-labelling language (e.g., 'People with back pain' rather than 'back pain patients'). When people are enrolled in a trial, use 'participant' rather than 'subjects'. Use capitals (upper case letters) sparingly but capitalise proper nouns. Divisions of the data set are also capitalised (e.g., 'Group 1' or 'Stage 2'). See previous issues for other specific aspects of JoP style.

Click below for the guidelines and examples available for the following types of studies:

- [Systematic Review guidelines](#)
- [Systematic Review examples](#)
- [Clinical Trial guidelines](#)
- [Clinical Trials examples](#)
- [Qualitative Study guidelines](#)
- [Papers reporting the results of questionnaires guidelines](#)