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DESCRIPTION

Clinical Neurophysiology Practice (CNP) is a new Open Access journal that focuses on clinical practice issues in clinical neurophysiology including relevant new research, case reports or clinical series, normal values and didactic reviews. It is an official journal of the International Federation of Clinical Neurophysiology and complements Clinical Neurophysiology which focuses on innovative research in the specialty. It has a role in supporting established clinical practice, and an educational role for trainees, technicians and practitioners.

Types of manuscripts for consideration include: educational reviews and expert-consensus clinical practice guidelines, original research papers (including papers reporting normative data), extended case reports, systematic reviews, editorials, and Letters to the Editor.

As a journal devoted to education and evidence-based clinical practice in the specialty, the priorities for Clinical Neurophysiology Practice differ from those of our companion IFCN journal Clinical Neurophysiology. Novelty is a critical issue for research-focused journals such as Clinical Neurophysiology, but is less important for Clinical Neurophysiology Practice. Quality papers may be rejected by research-focused journals because the studies do not report new advances in knowledge or are of low (research) impact, or because studies are deemed incremental, confirmatory, negative or outside journal priorities. However in clinical practice negative studies may be just as important as positive studies, and well-conceived papers reporting negative data or confirmatory results are welcome because clinical advances need confirmation before they are introduced into clinical care. Similarly, case reports can be particularly educational and are welcome. Case reports must have a neurophysiological focus and illustrate the diagnostic process, using figures that are of high quality. These reports are not specifically limited in length, the number of figures or the number of references.

AUDIENCE

Neurologists, clinical neurophysiologists, neuroscientists, neuroimagers, psychiatrists, neuropsychologists
ABSTRACTING AND INDEXING

Directory of Open Access Journals (DOAJ)
Google Scholar
Embase
Scopus
PubMed Central

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GUIDE FOR AUTHORS

INTRODUCTION

*Clinical Neurophysiology Practice* is a stand-alone Open Access journal devoted to improving education and practice in the specialty. It is a companion journal of *Clinical Neurophysiology*, the official journal of the IFCN. Its focus is on clinical practice issues in clinical neurophysiology, including relevant new research, case reports or clinical series, normal values and didactic reviews. Clarity of methods and careful presentation of techniques and findings are important aspects for manuscripts submitted to *Clinical Neurophysiology Practice* since they determine what clinical best practice is and serve the educational mission of the journal.

Although novelty is more valuable for a research-orientated journal than for a practice-orientated journal, all studies published in *Clinical Neurophysiology Practice* must stand on their own and make a substantial contribution to the literature. Reports on negative studies can be important, but the authors should make it clear in the report why the negative findings are clinically important. Studies in animals are of low priority unless they provide significant new insights into neurophysiological procedures, and the submission letter should indicate why the submission is relevant to the practice of this specialty.

Manuscripts are considered for publication on the understanding that the material has not been previously published, except in abstract form, that it is not simultaneously under consideration by any other journal, and that the text is original. The Editors reserve the prerogative of requiring the original data from the authors to compare with the supplied illustrations or results. If accepted, the manuscript shall not be published elsewhere in the same form, in either the same or another language, without the consent of the authors and Publisher. Along with all Elsevier journals, all submissions are checked using specific software (CrossCheck) to identify if text is similar to text in previous publications by the same or other authors.

*Types of Article*

The journal welcomes

• Full-length original articles. Methodological/technical reports and studies reporting normative data on healthy subjects are welcome, provided that they represent an advance on current knowledge and particularly if they are likely to change clinical practice. Studies that replicate information in the literature should indicate why it is important to replicate the findings.

• Case reports. The reported cases must be relevant to the practice of clinical neurophysiology and illustrate the diagnostic process, using figures that are of high quality. These reports are not specifically limited in length, the number of figures or the number of references.

• Review articles and updates on how to perform diagnostic procedures and their clinical value are generally by invitation, authored by acknowledged experts in the field, and require a comprehensive and up-to-date survey of a specific area of clinical practice. Unsolicited reviews should be pre-approved by the Editors. For review articles, structuring the abstracts is not needed.

• Systematic reviews and meta-analyses of the evidence for diagnostic and monitoring (and therapeutic) procedures are not categorised as authoritative Reviews and do not require Editorial approval before submission. We treat systematic reviews and meta-analyses as original research reports, and they should conform to the normal manuscript format, including a structured Abstract.

• Letters to the Editor. Letters may be comments on papers published in this journal, but may present original research or raise issues of relevance to clinical practice. There should be no abstract, and the text should be continuous text, with paragraphs but no subsections. Accordingly, subtitles should not be used. Unless authorised by the handling Editor, the word count should be less than 1000 words, with one Figure plus/minus one Tables. The number of References should be limited to 5-10.

• Announcement(s) of appointments or of meetings relevant to readership of the journal.

• Editorials are commissioned by the Editors

While original articles, case reports, systematic reviews and reviews are not limited in length, authors are encouraged to write succinctly, avoid repetitions, jargon, neologisms and abbreviations. In particular, this journal cautions against the use of non-standard abbreviations because they make the text difficult to read and may require the reader to refer back to find the definition. Eliminating all abbreviations does not increase the length of a manuscript significantly.
Authors must adhere to all relevant Journal guidelines on, e.g., authorship, ethics and disclosure of conflicts of interest.

All manuscripts submitted to *Clinical Neurophysiology Practice*, including Letters and Editorials, are subject to peer review and acceptance is never guaranteed. When appropriate, additional review for statistical adequacy may also be obtained. Decisions of the Editors are final.

**Submission checklist**
You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.

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**BEFORE YOU BEGIN**

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Please see our information pages on Ethics in publishing and Ethical guidelines for journal publication.

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**Contributors**

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Divide your article into clearly defined and numbered sections. Subsections should be numbered 1.1 (then 1.1.1, 1.1.2, ...), 1.2, etc. (the abstract is not included in section numbering). Use this numbering also for internal cross-referencing: do not just refer to 'the text'. Any subsection may be given a brief heading. Each heading should appear on its own separate line.

*Introduction*

State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

*Methods*

This section should provide details of the patient and control subjects where appropriate. There must be a statement indicating Institutional Ethics Committee approval for procedures on human subjects (or animals) and informed consent (usually written) from the subjects. The text should indicate that the studies complied with the 2013 update of the Declaration of Helsinki.

Sufficient detail should be supplied that others can repeat the experiments. For procedures that have been described in full in previous publications, it is appropriate to abbreviate the details of the procedures, provided that appropriate references are given. However readers should not have to refer to these publications to understand what was done.

Details of any statistical analyses should be explained in full.

*Results*

Results should be clear and concise.

*Discussion*

This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

*Conclusions*

The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

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If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

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**Structured abstract**

A structured abstract, by means of appropriate headings (Objectives, Methods, Results, Conclusions, Significance), should provide the context or background for the research and should state its purpose, basic procedures (selection of study subjects or laboratory animals, observational and analytical methods), main findings (giving specific effect sizes and their statistical significance, if possible), and principal conclusions. It should emphasize new and important aspects of the study or observations.

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The highlights will help the Editors and Reviewers focus on the important issues in the paper – i.e., what is really important in the study. They will help the Editors identify suitable Reviewers. They will help attract readers to the paper.

**Keywords**

Immediately after the abstract, provide a maximum of 6 keywords, using American spelling and avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

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Reference style

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2. Two authors: both authors' names and the year of publication;
3. Three or more authors: first author's name followed by 'et al.' and the year of publication.

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Examples: 'as demonstrated (Allan, 2000a, 2000b, 1999; Allan and Jones, 1999).... Or, as demonstrated (Jones, 1999; Allan, 2000).... Kramer et al. (2010) have recently shown ...'

List: References should be arranged first alphabetically and then further sorted chronologically if necessary. More than one reference from the same author(s) in the same year must be identified by the letters 'a', 'b', 'c', etc., placed after the year of publication.

Examples:
Reference to a journal publication:

Reference to a journal publication with an article number:

Reference to a book:

Reference to a chapter in an edited book:

Reference to a website:

Reference to a dataset:

Journal abbreviations source

Journal names should be abbreviated according to the List of Title Word Abbreviations.

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Supplementary material and Appendices
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