



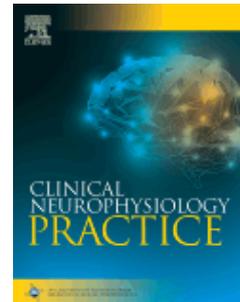
CLINICAL NEUROPHYSIOLOGY PRACTICE

Official Organ of the [International Federation of Clinical Neurophysiology](#).

AUTHOR INFORMATION PACK

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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

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Hatice Tankisi, Dept. of Clinical Neurophysiology, Aarhus University Hospital, Aarhus, Denmark

Armando Tello, Dept. de Clinical Neurophysiology, Universidad Nacional Autónoma de México (UNAM), Colonia Granada, Mexico

Kimberley Whitehead, Dept. of Neuroscience, Physiology & Pharmacology, University College London (UCL), London, UK

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.

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- 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.
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Authors must adhere to all relevant Journal guidelines on, e.g., authorship, ethics and disclosure of conflicts of interest.

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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.

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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.

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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.

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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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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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Strunk Jr, W., White, E.B., 2000. *The Elements of Style*, fourth ed. Longman, New York.

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Reference to a website:

Cancer Research UK, 1975. Cancer statistics reports for the UK. <http://www.cancerresearchuk.org/aboutcancer/statistics/cancerstatsreport/> (accessed 13 March 2003).

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Journal abbreviations source

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