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DESCRIPTION

SCOPE OF THE JOURNAL

Clinical Neurophysiology is dedicated to publishing scholarly reports on the pathophysiology underlying diseases of the peripheral and central nervous system of humans. Reports on clinical trials that use neurophysiological measures as endpoints are encouraged, as are manuscripts on integrated neuroimaging of peripheral and central nervous function including, but not limited to, functional MRI, brain mapping, MEG, EEG, PET, ultrasound, and other neuroimaging modalities. Studies on normal human neurophysiology are welcome, if they are relevant to disease or clinical applications. Studies on animals and technical reports must have clear applicability to human disease. Case reports may be considered (exclusively as Letters-to-the-Editor), if implying substantial advancement of knowledge.

Clinical Neurophysiology covers epilepsy, developmental clinical neurophysiology, psychophysiology and psychopathology, motor control and movement disorders, somatosensory disorders including pain, motor neuron diseases, neuromuscular diseases, neuropathies, sleep and disorders of consciousness, auditory and vestibular disorders, aging, Alzheimer's disease, other dementias, other psychiatric disorders, autonomic disorders, neural plasticity and recovery, intraoperative and ICU monitoring, and therapeutic clinical neurophysiology including non-invasive and invasive brain stimulation.

All studies published in Clinical Neurophysiology must stand on their own and make a substantial contribution to the literature. The journal does not afford a high priority to 'pilot' or 'preliminary' studies or to negative studies that do not advance knowledge.

Reports with a focus on education or clinical practice, case reports, methodological and technical reports and studies reporting normative data on healthy subjects are preferentially being considered in Clinical Neurophysiology Practice, a companion journal of Clinical Neurophysiology.

AUDIENCE: Neurologists, Clinical Neurophysiologists, Neuroscientists, Neuroimagers, Psychiatrists, Neuropsychologists, Neurosurgeons

See also the BRAND NEW Companion Journal Clinical Neurophysiology Practice

AUDIENCE

Neurologists, clinical neurophysiologists, neuroscientists, neuroimagers, psychiatrists, neuropsychologists
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Types of Article
The journal will consider full-length original articles, abstracts, announcement(s), editorials, and letters to the Editor. Review articles 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 neurophysiology. Systematic reviews and meta-analyses are not categorised as authoritative Reviews which 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. Other review articles may be considered, but should be pre-approved by the Editor. For review articles, structuring the abstracts is not needed. Original articles are not limited in length, but authors are encouraged to write briefly, avoid repetitions, jargon, neologisms and abbreviations. All studies published in Clinical Neurophysiology must stand on their own and make a substantial contribution to the literature. The journal does not afford a high priority to ‘pilot’ or ‘preliminary’ studies or to negative studies that do not advance knowledge. Studies in animals are of low priority unless they provide significant new insights into neurophysiological mechanisms of human disease. Methodological/technical reports and studies reporting normative data on healthy subjects are of low priority.

Letters to the Editor are generally comments on papers published in this journal, but may present original research and case reports. There should be no abstract, and the text should be continuous text, with paragraphs but no subsections. Accordingly, subtitles should not be used. Any acknowledgments should be included in the body of the letter. Word count: less than 1000 words. Figures and Tables: 1 figure or 1 table. References: 5.

Opinion papers are invited by the Editor-in-Chief. They provide a brief opinion (3 pages or less, no Abstract, no Keywords, 20 references or less; Figures and Tables: 1 figure or 1 table) on an emergent topic in Clinical Neurophysiology, or on current limitations and/or particular future potential of an already existing field in Clinical Neurophysiology. Opinion papers are prospective papers: they critically examine current status and where the field will move in the next years.

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, 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.

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**Statistical Analysis, Reporting and Interpretation**

Appropriate statistical data analyses and presentation of these results are critically important to many of the papers submitted to Clinical Neurophysiology. A well designed statistical approach allows readers to more clearly understand the significance of group differences in neurophysiological measures and, hence, the clinical and scientific implications of that data. Authors are advised to check our Editorial on statistical guidelines and note that papers are peer reviewed by a professional statistician should the need arise.

During submission, authors of Clinical Neurophysiology will therefore be asked to confirm that they have read the Editorial and used its recommendations (provided they have used any statistical data analyses and presentation of their results).

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This journal operates a single blind review process. All contributions will be initially assessed by the editor for suitability for the journal. Papers deemed suitable are then typically sent to a minimum of one independent expert reviewer to assess the scientific quality of the paper. The Editor is responsible for the final decision regarding acceptance or rejection of articles. The Editor's decision is final. More information on types of peer review.

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**Pagination**

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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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Provide sufficient detail to allow the work to be reproduced. Methods already published should be indicated by a reference: only relevant modifications should be described.

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Results should be clear and concise.

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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, 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.

Do not exceed 200 words. N.B. for Reviews an un-structured is required. Abstracts should adhere to the following format: **Objective, Methods, Results, Conclusions, Significance.** Use of an abstract should eliminate the need for a summary in the main text.

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