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### DESCRIPTION

The *International Journal of Osteopathic Medicine* is a peer-reviewed journal that provides for the publication of high quality research articles and review papers that are as broad as the many disciplines that influence and underpin the principles and practice of **osteopathic medicine**. Particular emphasis is given to basic science research, **clinical epidemiology** and **health social science** in relation to **osteopathy** and **neuromusculoskeletal medicine**.

The [Editorial Board](#) encourages [submission](#) of articles based on both quantitative and qualitative research designs. The Editorial Board also aims to provide a forum for discourse and debate on any aspect of osteopathy and neuromusculoskeletal medicine with the aim of critically evaluating existing practices in regard to the diagnosis, treatment and management of patients with **neuromusculoskeletal disorders** and **somatic dysfunction**. All manuscripts submitted to the *IJOM* are subject to a blinded review process. The categories currently available for publication include reports of original research, review papers, commentaries and articles related to clinical practice, including case reports. Further details can be found in the *IJOM* Instructions for Authors. Manuscripts are accepted for publication with the understanding that no substantial part has been, or will be published elsewhere.

New section - Osteopathic Education:

Papers which focus on osteopathic education in the clinical/practice environment and in academia are welcomed for a new section of the *International Journal of Osteopathic Education*. Papers from academics involved in the teaching of students in the classroom are welcomed alongside those from clinical staff involved in the education of osteopaths in practice, through post-qualifying education and training initiatives. It is essential that the evidence-base to education is developed and this is reflected in papers submitted for publication. In alignment with the journal's overall Aims and Scope, papers submitted for consideration of publication should be relevant to an international audience, even if they are national in scale of study. The editorial team wish to encourage submission of papers that demonstrate:

- Innovation and development of education
- Creativity in teaching and learning strategies
- Evaluation and quality assurance of academic standards
- Advancement of practice-based education
- Collaborative interdisciplinary education initiatives
- Delivery and evaluation of education within osteopathic and related services.

## IMPACT FACTOR

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2018: 0.982 © Clarivate Analytics Journal Citation Reports 2019

## ABSTRACTING AND INDEXING

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EMCARE  
CSA Physical Education Index  
Web of Science  
Journal Citation Reports - Science Edition  
CINAHL  
Embase  
Scopus  
ScienceDirect

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## GUIDE FOR AUTHORS

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### *Your Paper Your Way*

We now differentiate between the requirements for new and revised submissions. You may choose to submit your manuscript as a single Word or PDF file to be used in the refereeing process. Only when your paper is at the revision stage, will you be requested to put your paper in to a 'correct format' for acceptance and provide the items required for the publication of your article.

**To find out more, please visit the Preparation section below.**

### **INTRODUCTION**

The Editors of the Journal welcome contributions for publication from the following categories: Letters to the Editor and Editorials, Reviews and Original Research articles, Protocols, Commentaries, Education, Clinical and Practice articles (Case Studies)

The Guidelines are separated into the following sections:

- A Online Submission
- B Types of Contributions
- C General Guidance
- D Preparation of the Manuscript
- E Specific Guidance for Original Research Articles
- F Specific Guidance for Protocols
- G Post Acceptance

### *Types of contributions*

For all the following types of contributions authors are requested to consider the international readership of the journal and to be aware of the need to explain local contexts or define terminology where these are likely not to be commonly understood internationally. Word limits exclude tables, figures and reference list.

#### **Letters to the Editor (up to 1,000 words)**

As is common in biomedical journals the Editorial Board welcomes critical responses to any aspect of the journal. In particular, letters that point out deficiencies and that add to, or further clarify points made in a recently published work, are welcomed. The Editorial Board reserves the right to offer authors of papers the right of rebuttal, which may be published alongside the letter.

#### **Reviews and Original Articles (2,000 - 5,000 words)**

Authors should select "Review Article" or "Full Length Article" at the submission stage when submitting either a Review or an Original Research article.

These should be either **(i)** reports of new findings related to osteopathic medicine that are supported by research evidence. These should be original, previously unpublished works; or **(ii)** a critical or systematic review that seeks to summarise or draw conclusions from the established literature on a topic relevant to osteopathic medicine.

Please see specific guidance below for original research articles and the requirement to submit a checklist from the appropriate reporting guideline together with your paper as a guide to the editors and reviewers of your paper. The checklists for each reporting guideline can be found on the [EQUATOR](#) website. Checklists should be uploaded at submission as "Checklist" file types.

#### **Short review (1,500-3,000 words)**

The drawing together of present knowledge in a subject area, in order to provide a background for the reader not currently versed in the literature of a particular topic. Shorter in length than and not intended to be as comprehensive as that of the critical or systematic review paper. These papers typically place more emphasis on outlining areas of deficit in the current literature that warrant further investigation.

#### **Research Note (up to 1,500 words)**

Authors should select "Research Paper" at submission stage when submitting a Research Note.

Findings of interest arising from a larger study but not the primary aim of the research endeavour, for example short experiments aimed at establishing the reliability of new equipment used in the primary experiment or other incidental findings of interest, arising from, but not the topic of the primary research. Includes further clarification of an experimental protocol after addition of further controls, or statistical reassessment of raw data.

### **Preliminary Findings (1,500-2,500 words)**

Authors should select "Preliminary Report" at submission stage when submitting a Preliminary Findings paper.

Presentation of results from pilot studies which may establish a solid basis for further investigations. Format similar to original research report but with more emphasis in discussion of future studies and hypotheses arising from pilot study.

### **Professional Commentaries (up to 2,000 words)**

Includes articles that do not fit into the above criteria as original research. Includes commentaries and essays especially in regards to history, professional identity, clinical scope and development, and political and legal aspects of osteopathic medicine.

### **Clinical Practice**

Authors should select the article type "Clinical Commentary" when submitting a Clinical Practice paper - there will be an option within the submission process to further select the type of format as below. Authors are encouraged to submit papers in one of the following formats: **Case Report**, **Case Problem**, and **Evidence in Practice**.

i. **Case Reports** - usually document the management of one patient, with an emphasis on presentations that are unusual, rare or where there was an unexpected response to treatment (e.g. an unexpected side effect or adverse reaction). Authors may also wish to present a case series where multiple occurrences of a similar phenomenon are documented. Preference will be given to reports that are prospective in their planning and utilise Single System Designs, including objective measures.

ii. The aim of the **Case Problem** is to provide a more thorough discussion of the differential diagnosis of a clinical problem. The emphasis is on the clinical reasoning and logic employed in the diagnostic process.

iii. The purpose of the **Evidence in Practice** report is to provide an account of the application of the recognised Evidence Based Medicine process to a real clinical problem. The paper should be written with reference to each of the following five steps: 1. Developing an answerable clinical question. 2. The processes employed in searching the literature for evidence. 3. The appraisal of evidence for usefulness and applicability. 4. Integrating the critical appraisal with existing clinical expertise and with the patient's unique biology, values, and circumstances. 5. Reflect on the process (steps 1-4), evaluating effectiveness, and identifying deficiencies.

Please note for Case Reports there is a requirement to submit a checklist from the CARE reporting guideline together with your paper as a guide to the editors and reviewers of your paper. The checklists for each reporting guideline can be found on the [EQUATOR](#) website

### **Protocols (1,500 - 2,000 words)**

Authors should select "Method Article" at submission stage when submitting a Protocol.

The IJOM accepts the submission of protocols of randomised interventions, systematic reviews and meta-analyses, observational studies, and selected phase I and II studies (novel intervention for a novel indication; a strong or unexpected beneficial or adverse response; or a novel mechanism of action), with the overall aim to encourage good principles in clinical research design.

The editors are looking for studies that will appeal to a wide general readership. The question being addressed and the planned design and analysis will need to be as original as possible, topical, and valid. All protocols will be subject to the journal's usual peer review process.

### **Masterclasses**

Authors should select "Feature Article" at submission stage when submitting a Masterclass.

The purpose of the Masterclass section is to describe in detail clinical aspects of osteopathic medicine or topics relevant to osteopathic clinicians. This may focus on specific treatment techniques, a particular management approach, management of a specific clinical entity, or topics such as understanding research design, use of measurement in practice, and professional issues such as clinical governance and audit. The majority of Masterclasses are commissioned by the Editors, but if you wish submit an idea for a Masterclass for consideration of publication please contact Oliver Thomson (O.Thomson@bso.ac.uk) or David Evans (dwe@backpainclinic.co.uk).

- The article should be between 3500-4000 words in length excluding references.
  - A short summary should precede the main body of the article overviewing the contents.
  - The introduction should review the relevant literature and put the subject matter into context.
  - The main body of the text will describe the technique or approach in detail.
- Illustrations are considered an essential part of the Masterclass in order to fully inform the reader and a minimum of six photographs or line drawings are required.
- In addition, authors may wish to include supplementary material which would be available online only. This may include, for example, podcasts, videoclips, animation sequences, high-resolution colour images, author reflections on the Masterclass, and background datasets. Authors are invited to refer to previously published Masterclasses as examples.

### **New section - Osteopathic Education:**

This new section of the *International Journal of Osteopathic Medicine* provides accounts of new teaching and learning methods, curriculum development and implementation, and assessment strategies in undergraduate and post-qualifying osteopathic education, and continuous professional development initiatives. It also serves as a forum for communication between osteopathic educators, policy developers and those involved in clinical practice. Papers which focus on osteopathic education in both classroom and clinical/practice environments are welcomed for this new section of the journal. It is essential that the evidence-base to osteopathic education is developed and this is reflected in papers submitted for publication. In alignment with the journal's overall Aims and Scope, papers submitted for consideration of publication should be relevant to an international audience, even if they are national in scale of study. The editorial team wish to encourage submission of papers that demonstrate:

- Innovation and development of education
- Creativity in teaching and learning and assessment strategies
- Evaluation and quality assurance of academic standards
- Advancement of practice-based education
- Collaborative interdisciplinary education initiatives
- Delivery and evaluation of education within osteopathic and related services.

If your submission constitutes original research or is in the form of a review, please see Specific guidance below for original research articles and the requirement to submit a checklist from the appropriate reporting guideline together with your paper as a guide to the editors and reviewers of your paper. The checklists for each reporting guideline can be found on the [EQUATOR](#) website.

When submitting a paper for the Education Section authors will be asked to select the option "Education" during the submission process. Authors are first asked to identify the type of paper they are submitting (ie. Review Article, Full Length Article) before being asked to confirm whether it is to be considered for the Education Section.

### *Author Enquiries*

For enquiries relating to the submission of articles (including electronic submission where available) please visit this journal's homepage at <https://www.elsevier.com/ijosm>. You can track accepted articles at <https://www.elsevier.com/trackarticle> and set up e-mail alerts to inform you of when an articles status has changed. Also accessible from here is information on copyright, frequently asked questions and more.

Contact details for questions arising after acceptance of an article, especially those relating to proofs, will be provided by the publisher.

### **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.

## Ensure that the following items are present:

One author has been designated as the corresponding author with contact details:

- E-mail address
- Full postal address

All necessary files have been uploaded:

*Manuscript:*

- Include keywords
- All figures (include relevant captions)
- All tables (including titles, description, footnotes)
- Ensure all figure and table citations in the text match the files provided
- Indicate clearly if color should be used for any figures in print

*Graphical Abstracts / Highlights files* (where applicable)

*Supplemental files* (where applicable)

*Cover Letter*

*Conflict of Interest Statement*

*Author agreement*

Further considerations

- Manuscript has been 'spell checked' and 'grammar checked'
- All references mentioned in the Reference List are cited in the text, and vice versa
- Permission has been obtained for use of copyrighted material from other sources (including the Internet)
- Relevant declarations of interest have been made
- Journal policies detailed in this guide have been reviewed
- Referee suggestions and contact details provided, based on journal requirements

For further information, visit our [Support Center](#).

## BEFORE YOU BEGIN

### **Ethics in publishing**

Please see our information pages on [Ethics in publishing](#) and [Ethical guidelines for journal publication](#).

A statement of Ethical Approval is required to be completed during online submission and included in the Conflict of Interest file and uploaded as a separate file in the final stage of the online submission system. Examples of such statements are given below: *"The study design and procedures were approved by XXXX (Approval number: XXXX)". "The study was granted an exemption by the institutional review board"*.

### **Studies in humans and animals**

If the work involves the use of human subjects, the author should ensure that the work described has been carried out in accordance with [The Code of Ethics of the World Medical Association](#) (Declaration of Helsinki) for experiments involving humans. The manuscript should be in line with the [Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals](#) and aim for the inclusion of representative human populations (sex, age and ethnicity) as per those recommendations. The terms [sex and gender](#) should be used correctly.

Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

All animal experiments should comply with the [ARRIVE guidelines](#) and should be carried out in accordance with the U.K. Animals (Scientific Procedures) Act, 1986 and associated guidelines, [EU Directive 2010/63/EU for animal experiments](#), or the National Institutes of Health guide for the care and use of Laboratory animals (NIH Publications No. 8023, revised 1978) and the authors should clearly indicate in the manuscript that such guidelines have been followed. The sex of animals must be indicated, and where appropriate, the influence (or association) of sex on the results of the study.

*Patient anonymity*

Studies on patients or volunteers require ethics committee approval and informed consent which should be documented in the manuscript.

Patients have a right to privacy. Therefore identifying information, including patients' images, names, initials, or hospital numbers, should not be included in videos, recordings, written descriptions, photographs, and pedigrees unless the information is essential for scientific purposes and you have obtained written informed consent for publication in print and electronic form from the patient (or parent, guardian or next of kin where applicable). If such consent is made subject to any conditions, Elsevier must be made aware of all such conditions. Evidence of written consent must be provided to Elsevier on request.

Even where consent has been given, identifying details should be omitted if they are not essential. If identifying characteristics are altered to protect anonymity, such as in genetic pedigrees, authors should provide assurance that alterations do not distort scientific meaning and editors should so note.

Authors submitting manuscripts as Case Reports, Case Problems, and Evidence in Practice should ensure that they have received consent from patients who are the subject of such reports. A statement to this effect should be included in the manuscript.

If such consent has not been obtained, personal details of patients included in any part of the paper and in any supplementary materials (including all illustrations and videos) must be removed before submission.

### **Declaration of interest**

All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of potential competing interests include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. Authors must disclose any interests in two places: 1. A summary declaration of interest statement in the title page file (if double-blind) or the manuscript file (if single-blind). If there are no interests to declare then please state this: 'Declarations of interest: none'. This summary statement will be ultimately published if the article is accepted. 2. Detailed disclosures as part of a separate Declaration of Interest form, which forms part of the journal's official records. It is important for potential interests to be declared in both places and that the information matches. [More information](#).

A Conflict of Interest statement should be uploaded as a separate file in the final stages of the online submission system.

**Conflict of Interest file:** A Conflict of Interest file is required and should include statements of 1) Conflict of Interest, (2) Funding Sources, and (3) ethical approval details (if applicable) under these headings. If some, or all three, do not apply, please still include the headings stating "None" / "Not applicable". Clinical Trial Registry name and registration number and Acknowledgments may be added if applicable as 4th and 5th headings. For revised manuscripts this information must be transferred to the manuscript file.

### **Submission declaration and verification**

Submission of an article implies that the work described has not been published previously (except in the form of an abstract, a published lecture or academic thesis, see '[Multiple, redundant or concurrent publication](#)' for more information), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright-holder. To verify originality, your article may be checked by the originality detection service [Crossref Similarity Check](#).

#### *Preprints*

Please note that [preprints](#) can be shared anywhere at any time, in line with Elsevier's [sharing policy](#). Sharing your preprints e.g. on a preprint server will not count as prior publication (see '[Multiple, redundant or concurrent publication](#)' for more information).

### **Use of inclusive language**

Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Articles should make no assumptions about the beliefs or commitments of any reader, should contain nothing which might imply that one individual is superior to another on the grounds of race, sex, culture or any other characteristic, and should use inclusive

language throughout. Authors should ensure that writing is free from bias, for instance by using 'he or she', 'his/her' instead of 'he' or 'his', and by making use of job titles that are free of stereotyping (e.g. 'chairperson' instead of 'chairman' and 'flight attendant' instead of 'stewardess').

#### *IJOM Author Contribution Statement*

All manuscripts submitted to the journal should be accompanied by an Author Agreement file - this is a statement of author contribution. The purpose of the Statement is to give appropriate credit to each author for their role in the study. All persons listed as authors should have made substantive intellectual contributions to the research. To qualify for authorship each person listed should have made contributions in each of the following;

- 1) Contributions to conception and design; data acquisition; data analysis and interpretation;
- 2) Drafting of manuscript, or critical revision for important intellectual content;
- 3) All authors must have given approval to the final version of the manuscript submitted for consideration to publish.

Acquisition of funding; provision of resources; data collection; or general supervision, alone, is not sufficient justification for authorship. Contributors who do not meet the criteria for authorship as outlined above should be listed in the Acknowledgements section. Acknowledgements may include contributions of technical assistance, proof reading and editing, or assistance with resources and funding. The statement may be published in the paper as appropriate.

Example of suggested format (note the use of author initials).

AB conceived the idea for the study. AB and CD contributed to the design and planning of the research. All authors were involved in data collection. AB and EF analysed the data. AB and CD wrote the first draft of the manuscript. EF coordinated funding for the project. All authors edited and approved the final version of the manuscript.

#### **Changes to authorship**

Authors are expected to consider carefully the list and order of authors **before** submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only **before** the manuscript has been accepted and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the **corresponding author**: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed.

Only in exceptional circumstances will the Editor consider the addition, deletion or rearrangement of authors **after** the manuscript has been accepted. While the Editor considers the request, publication of the manuscript will be suspended. If the manuscript has already been published in an online issue, any requests approved by the Editor will result in a corrigendum.

#### **Clinical trial results**

In line with the position of the International Committee of Medical Journal Editors, the journal will not consider results posted in the same clinical trials registry in which primary registration resides to be prior publication if the results posted are presented in the form of a brief structured (less than 500 words) abstract or table. However, divulging results in other circumstances (e.g., investors' meetings) is discouraged and may jeopardise consideration of the manuscript. Authors should fully disclose all posting in registries of results of the same or closely related work.

Authors should include the Clinical Trial Registration number in the Conflict of Interest statement (see above) at original submission stage, and will be required to transfer the number into the manuscript file for revised articles.

#### **Original research articles**

The text of **original research** for a quantitative or qualitative study is typically subdivided into the following sections:

##### *Introduction*

Describe the wider context of the topic and its relevance providing selected citations that evidence and underpin the context. Identify key relevant research and briefly describe the strengths and weaknesses of past work and identify the gaps in the literature and key questions that are pertinent to the topic and practice. Build on this descriptive account to establish an argument for the manuscript's focus and end the introductory section with the aims of the research that is being reported and or the research questions.

### *Materials and Methods*

Describe your selection of observational or experimental participants (including controls). Identify the methods, apparatus (manufacturer's name and address in parenthesis) and procedures in sufficient detail to allow workers to reproduce the results. Give references and brief descriptions for methods that have been published but are not well known; describe new methods and evaluate limitations.

Indicate whether procedures followed were in accordance with the ethical standards of the institution or regional committee responsible for ethical standards. Do not use patient names or initials. Take care to mask the identity of any participants in illustrative material.

### *Results*

Present results in a logical sequence in the text, tables and illustrations. Do not repeat in the text all the data in the tables or illustrations. Emphasise or summarise only important observations.

### *Discussion*

Emphasise the new and important aspects of the study and the conclusions that follow from them. Do not repeat in detail data or other material given in the introduction or the results section. Include implications of the findings and their limitations, and include implications for future research. Relate the observations to other relevant studies. Link the conclusion with the goals of the study, but avoid unqualified statements and conclusions not completely supported by your data. State new hypothesis when warranted, but clearly label them as such. Recommendations, when appropriate, may be included.

### *Conclusion*

A summary of the pertinent findings and, relevance of the study and implications of the study for future research.

### *Appendices*

Appendices may also be used to publish supplementary files online, to which a reference should be made in the printed article. Material that is to be included in appendices should be submitted in separate "e-component" files.

### **Types of research designs**

Manuscripts are required to adhere to recognized reporting guidelines relevant to the research design used. These identify matters that should be addressed in your paper. These are not quality assessment frameworks and your study need not meet all the criteria implied in the reporting guideline to be worthy of publication in the journal.

To improve the quality of reporting of other categories of research, the IJOM supports the initiatives available through the **EQUATOR Network** (Enhancing the Quality and Transparency Of health Research) which houses a database of all reporting guidelines for health research (<http://www.equator-network.org>). All authors of research articles and reviews are required to complete and submit a checklist from the appropriate reporting guideline together with your paper as a guide to the editors and reviewers of your paper. The checklists for each reporting guideline can be found on the **EQUATOR** website. A copy of the complete checklist should accompany your submission. The checklist should be uploaded at submission as a "Checklist" file type.

Reporting guidelines endorsed by the journal are listed below:

Observational cohort, case control and cross sectional studies - **STROBE** - Strengthening the Reporting of Observational Studies in Epidemiology

Quasi-experimental/non-randomised evaluations - **TREND** - Transparent Reporting of Evaluations with Non-randomized Designs

Randomised (and quasi-randomised) controlled trial - **CONSORT** - Consolidated Standards of Reporting Trials

Study of Diagnostic accuracy/assessment scale - **STARD** - Standards for the Reporting of Diagnostic Accuracy Studies

Quality Appraisal of Reliability Studies - QAREL

Consensus-based Clinical Case Reporting Guideline Development - [CARE](#)

Systematic Review of Controlled Trials - [PRISMA](#) - Preferred Reporting Items for Systematic Reviews and Meta-Analyses

Systematic Review of Observational Studies - [MOOSE](#) - Meta-analysis of Observational Studies in Epidemiology

Qualitative researchers might wish to consult the guideline listed below:

Qualitative studies - [COREQ](#) - Consolidated criteria for reporting qualitative research. Tong, A., Sainsbury, P., Craig, J., 2007. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care* 19 (6), 349-357.

### **Protocols**

**Organisation of a Protocol** - the following need to be adequately addressed.

- Title
- Abstract/Summary - this should provide a concise description of the purpose of the Protocol and should not exceed 200 words.
- Background, including rationale and any previous systematic review(s).
- Keywords - provide 4-10 keywords.
- Principal investigator(s); contact details.
- Aim(s).
- Design (randomised, double-blind) - including inclusion and exclusion criteria; intervention(s)/method; primary and secondary endpoint(s); side-effects reporting and quantification
- Statistical analysis - including sample size and power calculations; type of analysis; statistical testing.
- Ethical issues - including ethics committee approval; informed consent form and information sheet.
- Publication plan.
- Time required - an estimation of the time required to run the protocol should be given per separate step and for the whole protocol, including reporting.
- Funding source(s).
- References.

### **Randomised controlled trials**

The *International Journal of Osteopathic Medicine* has adopted the proposal from the International Committee of Medical Journal Editors(ICMJE) (see a recent Editorial in *Manual Therapy* <http://www.sciencedirect.com/science/article/pii/S1356689X1200238X>, Editorial: "Clinical trial registration in physiotherapy journals: Recommendations from the International Society of Physiotherapy Journal Editors"), which requires, as a condition of consideration for publication of clinical trials, registration in a public trials registry. Trials must register at or before the onset of patient enrolment. The clinical trial registration number should be included at the end of the abstract of the article in the final published version. For the peer review process however the clinical trial registration number should be included in the Conflict of Interest Statement (see below). For this purpose, a clinical trial is defined as any research project that prospectively assigns human subjects to intervention or comparison groups to study the cause and effect relationship between a medical intervention and a health outcome. Studies designed for other purposes, such as to study pharmacokinetics or major toxicity (e.g. phase I trials) would be exempt. Further information can be found at <http://www.icmje.org>. Clinical Trials that commence after 1st June 2013 must be registered to be considered for publication in the *International Journal of Osteopathic Medicine*. From January 2014 the *International Journal of Osteopathic Medicine* will not be able to accept any unregistered Clinical Trial papers. By 2015 the journal will not be able to publish any Clinical Trials that are unregistered prior to recruitment of the first participant.

### **Copyright**

This journal offers authors a choice in publishing their research: Open Access and Subscription.

*For Subscription articles*

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