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DESCRIPTION

*Parkinsonism & Related Disorders* publishes the results of basic and clinical research contributing to the understanding, diagnosis and treatment of all **neurodegenerative syndromes** in which *Parkinsonism, Essential Tremor* or related **movement disorders** may be a feature.

Regular features will include: Review Articles, Point of View articles, Full-length Articles, Short Communications, Case Reports and Letter to the Editor.

Topics covered will include:
- Molecular biology
- Neuroanatomy
- Neurophysiology/electrophysiology
- Neuropharmacology
- Neuropsychology
- Neuroimaging
- Neurotoxicology
- Clinical phenomenology
- Surgical and pharmacological treatment
- Transplantation studies
- Relationship with aging
- Epidemiology/environmental impact factors
- Rehabilitation

The journal will form a truly international channel of communication between the research and clinical communities.

AUDIENCE

*Parkinsonism & Related Disorders* will be essential reading for all neurologists specialising in Parkinson’s Disease and other movement disorders, neuropathologists, neuropharmacologists, neurochemists, neurosurgeons, gerontologists and molecular neurobiologists. The Journal will also be of interest to general neurologists, psychiatrists, neuroimaging specialists, occupational and physical therapists.
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**Movement disorder rounds** is a new section in Parkinsonism and Related Disorders journal featuring two parts in a full manuscript. For the first part, submission will come from interested authors presenting a movement disorder case that is considered to be of high educational value. The submission format should reflect what actually happens during a teaching round, starting with a pertinent case history, followed by relevant examination and investigations, part of which can be supplemented by video clips, figures, or diagrams if necessary. The maximum length allowed for the case presentation will be 750 words.

**For each Movement disorder rounds issue**

*As part of the new section, for the second part, the section editors (T. Mestre and R. Bhidayasiri)* an expert will be invited to provide teaching points for the case (e.g. critiquing physical signs, thinking process on prioritized differential diagnosis, interpretation of selected investigations and outlining management strategies). Three to five bullet point summaries will be provided at the end of the section by the expert. The expert comments will be published in the form of a twin paperwith a maximum length allowed for the second part will be of 750 words.

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Upon final acceptance of the case for this section, authors will be listed in the order as appeared in the original submission. However, the expert who provides the comment of the case will be listed as the last author in the final publication.

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