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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
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- 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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Types of Paper

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**Point of View Articles** on challenged conventional ideas or hypotheses and which could invite further discussion or debate through correspondence or articles in the journal. The manuscript should not exceed 2000 words with 2 figures and 30 references.

**Full-length Articles** reporting original results of research within the field of Parkinsonism and Related Disorders. The maximum length allowed will be 3,000 words, not including the abstract (max. 250 words) or the references (maximum 30). There should be no more than 4 illustrations tables/figures. Authors may include additional illustrations as esupp files, which will only appear in the online version of an accepted manuscript.

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**Correspondence** will be considered for publication: If they describe interesting observations. The maximum length allowed will be 750 words, 5 references and 1 illustration. A 50-word abstract is required in the submission box for the benefit of potential reviewers. Please do not include the abstract in the manuscript file. Section headings are not be used in the text.

**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 first part will be 750 words.

For the second part, the section editors (T. Mestre and R. Bhidayasiri) will invite an expert 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 maximum length allowed for the second part will be 750 words with a total length for the whole manuscript not to exceed 1500 words.

Cases that will be considered for this section include: Cases with diagnostic complexity requiring expert interrogation of history, physical signs and additional diagnostic tests before a final diagnosis is established. Genotype-phenotype correlation case reports, to cover the expanding field of genetics in movement disorders. In this format, we will value the explanation of new genetic testing methodologies and interpretation of results, along with the interest of reporting novel genotype-phenotype correlation. Cases with outstanding clinical history and physical signs that should not be missed by physicians in clinical practice. Case presentations of a movement disorder with historical value because it corresponds to earlier descriptions of a known movement disorder or was described in a historical figure or related to a relevant historical event.

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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