PARKINSONISM & RELATED DISORDERS
Official Journal of the International Association of Parkinsonism and Related Disorders

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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For each Movement disorder rounds issue 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; and, 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, a separate expert commentary will be written or solicited by the Section Editors of Movement Disorder Rounds, which will then be published together with the original article. The 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). The expert comments will be published in the form of a "twin paper" with a maximum length allowed for the second part will be of 750 words.

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