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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**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 case presentation will be 750 words.

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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General Guidelines: Papers should be written in clear and concise English. Authors should consult a recent issue of the journal for style if possible. The journal uses Parkinson's disease rather than Parkinson disease. Case Reports are only considered for publication as Correspondence or Movement disorder rounds. Open label studies, in most cases, will only be considered as Correspondence.

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