

## **New Zealand Journal of Physiotherapy Submission Guidelines**

The *New Zealand Journal of Physiotherapy* is the official academic journal of Physiotherapy New Zealand Inc. The *Journal* invites authors to contribute papers relevant to any aspect of the science and practice of physiotherapy.

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Manuscripts can be submitted under the following categories:

### **a. Research Report**

Research reports include original research using quantitative or qualitative methods, including quasi-experimental and single subject designs. A research report should not exceed 4000 words.

Papers reporting on randomised controlled trials must provide a CONSORT flow diagram (<http://www.consort-statement.org/consort-statement/flow-diagram>) and an International Standardised Randomised Controlled Trial Number (ISRCTN).

### **b. Scholarly Paper: Clinical or Professional Perspective**

A scholarly paper expounds on a specific clinical approach to patient care, either imparting a specific point of view or presenting a theoretical argument or addresses professional issues in physiotherapy, healthcare and related areas. References should be sufficiently extensive to support the opinions presented in the paper. A scholarly paper should not exceed 2500 words.

### **c. Literature Review**

Meta-analyses, systematic and narrative reviews of literature on topics of interest to physiotherapists are included in this category. In all cases, authors should conclude with specific recommendations for clinical practice and/or future research. Although authors may wish to further a viewpoint or theoretical argument, this should not be the major purpose of this paper. A review should not exceed 5000 words.

We recommend the PRISMA checklist is followed for meta-analyses and systematic reviews (<http://bit.ly/prismachecklist>).

#### **d. Case Study**

A case study (or report) is an indepth description of an individual's condition or response to treatment. It is often used to report on unusual or unique patients or novel interventions. It allows the clinician to explore and understand those factors important to the aetiology, care and outcome of the patient's problems, through a detailed description of a patient's background, functional status and response to treatment. Current literature, which supports the rationale for treatment and interpretation of outcomes, should be cited and discussed. A case study should not exceed 2500 words.

#### **e. Clinical Commentary**

A scholarly paper expounding on a specific clinical approach to patient management or addressing professional issues in physiotherapy. Clinical commentaries are submitted for peer review. A clinical commentary should not exceed 5000 words.

#### **f. Study Protocol**

A description of proposed or ongoing research, which provides a detailed account of the rationale, hypotheses and methodology of the study. The paper should include details of the study design and setting, the participants or materials involved and a thorough description of all interventions and outcome measures to be used. Details of the data analyses to be undertaken should be included, including a power calculation if appropriate. Preference for publication will be given to study protocols for randomised controlled trials. If the study is a randomised controlled trial, it must have an ISRCTN. A study protocol should not exceed 4000 words.

#### **g. Clinically Applicable Paper (CAP)**

A concise review of a recently published article (including randomised controlled trials, diagnostic and prognostic studies, and qualitative research) that is of relevance to physiotherapy practice and has been published within the last year in another peer-reviewed journal. The purpose of this review is to enlighten readers about current international research that informs clinical practice decisions. A CAP must include (i) a structured abstract of the reviewed paper (prepared by the CAP author) and (ii) a commentary whereby the clinical implications of the main findings are highlighted, and their importance and applicability are discussed in relation to physiotherapy practice. Reviews are undertaken by invitation of the Associate Editor(s) for CAPs. Individuals wishing to serve as a reviewer should contact the Editor or relevant Editorial Committee member. Together the abstract and commentary should not exceed 900 words.

#### **h. Review (Books, Software, Media)**

Critical review of published papers, books, commercial software and other media of interest to physiotherapists. These reviews are to inform readers about the suitability of these resources for clinical, teaching and reference purposes. Reviews are undertaken by invitation of the Associate Editor(s) for Book Reviews. Individuals wishing to serve as a reviewer should contact the Editor or relevant Editorial Committee member. A review should not exceed 500 words.

#### **i. Letter to the Editor**

Letters to the Editor should relate specifically to articles published in the *New Zealand Journal of Physiotherapy* or to issues of research relevance to the physiotherapy profession. To be considered for publication, letters relating to an article must be received within eight weeks of publication of the article. Letters may be sent to the Editor via email.

### **SUBMISSION OF MANUSCRIPTS**

Papers are accepted for consideration on the understanding that they have been offered to the *New Zealand Journal of Physiotherapy* alone, and must be accompanied by a signed declaration to this effect.

All manuscripts must be electronically submitted by email to [pnz@physiotherapy.org.nz](mailto:pnz@physiotherapy.org.nz).

All submissions must be accompanied by a **completed manuscript submission checklist** (obtained from Physiotherapy New Zealand [www.physiotherapy.org.nz/journal](http://www.physiotherapy.org.nz/journal)) and a **cover letter** stating:

- The title of the article.
- The manuscript category under which the manuscript is submitted for review.
- The name of one corresponding author, and complete contact details (including postal and email addresses, telephone and fax numbers).
- The names, affiliations and email addresses of all authors of the manuscript.
- A declaration that the manuscript is being offered to the *New Zealand Journal of Physiotherapy* alone, and does not duplicate work that has been or will be published elsewhere. Please declare if the manuscript has been previously published as a conference paper, abstract or seminar, or if the paper is an adaptation of a presentation. State the name, date and venue of the conference or seminar.
- A statement acknowledging that the authors agree to execute a copyright transfer to Physiotherapy New Zealand, should their manuscript be accepted for publication.

A manuscript will be returned to authors if it does not meet the guidelines for publication in the *New Zealand Journal of Physiotherapy* or if the format for submission is not followed correctly.

## REVIEW PROCESS

Research reports, scholarly papers, literature reviews, case studies, clinical commentaries and study protocols, are all subject to external peer review. Submissions are screened for suitability by the Editor and/or an Associate Editor and if considered to be of interest to readers and potentially publishable in the *Journal*, are sent for review to at least two reviewers.

The Editor considers the reviewers' reports and decides whether the manuscript is:

- Accepted in its present form
- Accepted with minor revision
- Accepted with moderate revision
- Requires major revision. Reconsider if revised and resubmitted
- Not suitable for publication in the *Journal*

Authors are advised of the decision, and reviewers' reports are made available to the authors.

CAPs and reviews of books and audiovisual products are reviewed by the relevant Associate Editor(s). Letters to the Editor are reviewed by the Editor.

The Honorary Editorial Committee reserves the right to refuse publication of any material that it does not consider appropriate for the *Journal*, does not meet the required standards or fails to conform to the style guidelines for contributors. In some circumstances, the *Journal* may publish a retraction or issue a correction to an article, as outlined in the guidelines published by the Committee on Publication Ethics (<http://publicationethics.org/resources/guidelines>).

## PREPARATION OF MANUSCRIPTS

Please submit **two** word documents, with figures submitted as additional files (TIFF or JPEG preferred):

- Document 1: Unblinded title page
- Document 2: Manuscript. This document should have page numbering inserted from the first page. Present the sections in the following order (each section should begin on a new page):
  1. Blinded title page
  2. Abstract and key words
  3. Main text
  4. Key points
  5. References
  6. Appendices
  7. Tables
  8. Figure legends
  9. Permissions
  10. Disclosures
  11. Acknowledgements

### General Formatting

Manuscript categories (a)–(f) require an abstract, manuscript categories (a)–(e) also require a ‘key points’ text box. All manuscripts should be prepared with 2.5 cm margins. Beginning with the title page, pages should be numbered consecutively; each page should be line numbered. Arial, 12 point font size and double spacing should be used throughout, including title page, abstract, text, acknowledgements, references, tables and legends for illustrations.

Abbreviations should be used sparingly and only where they ease the reader’s task by reducing repetition of long, technical terms. Initially use the word in full, followed by the abbreviation in parentheses. Thereafter, use the abbreviation. Physiotherapists or physiotherapy must not be abbreviated to PT.

If the abbreviations eg, ie or et al are used they should be written as shown with no full stop (period) included.

Measurements must be given in metric units. Statistics, measurements and ages should always be given in figures (eg 10 mm) except where the number begins a sentence. Numbers that do not refer to a unit of measurement or are less than 10 should be spelled out. Spelling should conform to the Concise Oxford Dictionary of Current English Usage.

### **Document 1: Unblinded title page**

This page needs to be prepared as a separate document and must contain the following:

- The title of the article which should not exceed 20 words
- The author(s) name(s) written in full
- No more than three relevant professional and academic qualifications for all authors
- Current position(s) and institutional affiliation(s) of each author
- **ADDRESS FOR CORRESPONDENCE.** Provide the Author name. Affiliation. Postal address. Telephone. Email. following the heading 'ADDRESS FOR CORRESPONDENCE:'
- A word count of the main text, excluding abstract and references
- The number of figures and tables included in the manuscript

All individuals listed as authors must qualify for authorship credit under the criteria defined by the International Committee of Medical Journal Editors Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication ([www.icmje.org](http://www.icmje.org)) and all those who qualify should be listed.

### **Document 2: Manuscript**

The manuscript must include all of the following sections:

#### **1. Blinded title page**

On a separate page, include only the full title of the manuscript. Please include a running title/short title of no more than 6 words for the journal cover.

#### **2. ABSTRACT and key words**

All papers must include a brief but informative abstract of 150 to 200 words. The abstract should describe the purpose, basic procedures, main findings, and principal conclusions of the study. The abstract should be one paragraph and not contain subheadings, abbreviations or references. Please provide up to five key words to assist with indexing of the article (if possible select your key words from the Index Medicus Medical Subheadings (MESH)).

#### **3. Main text**

For research papers, the main text must include the following section headings: INTRODUCTION, METHODS, RESULTS, DISCUSSION and CONCLUSION. All articles should include an introduction that provides the background to the paper and describes its purpose and relevance to physiotherapy. Reference should be made to an established theoretical background and/or background literature. The implications of this work for

physiotherapy practice, and further research and/or conceptual development should be clearly described.

#### **4. KEY POINTS text box**

All manuscript categories (a)–(e) must include a key points text-box containing no more than four key points. Key points should reflect the main findings of the study and/or implications for the profession.

#### **5. DISCLOSURES**

##### **a. Funding Source**

Please acknowledge all sources of funding. If no funding was obtained for the study, then this should be stated.

##### **b. Conflict of Interest**

Any competing interests (financial, professional or personal) which may be perceived to interfere with or bias any stage of the writing or publication process should be declared. This includes, but is not restricted to, any factors that may influence full and objective presentation of the article, peer review and editorial decisions. If no conflicts of interest are present, please state explicitly.

#### **6. PERMISSIONS**

##### **a. Ethics**

Research reports on human participants or animals must include a statement that the study was approved by a properly constituted ethics committee and provide the number allocated to the study. The statement should affirm that informed consent was obtained from human participants.

##### **b. Photograph Release**

If photographs of people are used, either (i) the participant facial features must be sufficiently obscured to conceal the participant's identity) or (ii) if persons are recognisable, their pictures must be accompanied by written permission to publish. This statement must be signed by the participant, parent, or guardian.

##### **c. Reprinting Tables and Figures**

Authors must obtain and submit written permission from the original sources if reproducing previously published illustrations, photographs, figures, or tables. Permission obtained must explicitly permit reproduction in the *New Zealand Journal of Physiotherapy*.

If no permissions are required, this should be stated.

## **7. ACKNOWLEDGEMENTS**

Substantial contributions by individuals or institutions, who do not qualify for authorship can be acknowledged in this section.

## **8. REFERENCES**

All in-text citations and the reference list should conform to APA 6<sup>th</sup> style.

<http://www.apastyle.org/>

## **9. Appendices**

Appendices are used to provide essential material not suitable for figures, tables or text. These are numbered consecutively and placed at the end of the paper following the references.

## 10. Tables

- Tables capture information concisely and display it efficiently; they also provide information at any desired level of detail and precision. Including data in tables rather than text frequently makes it possible to reduce the length of the text
- Type or print each table on a separate sheet of paper. Number tables consecutively in the order of their first citation in the text and supply a brief title for each
- Do not use internal horizontal or vertical lines. No outline border is required on the sides of the table. See example below
- Title of table is to be in bold and situated above the table
- No bold or italics within the table
- Give each column a short or an abbreviated heading
- Consider the length and size of the table; larger tables may be clearer when information is divided into two tables
- Be consistent with data format/line justification within each table. Generally, text tables are left justified and numbers or check marks are centred
- Authors should place explanatory matter in notes, not in the heading. Notes are situated underneath the table and labelled as such followed by a semicolon eg Note(s): Multiple notes are separated by a blank line. Explain all nonstandard abbreviations as a note in the following format: Y, years; F, female; M, male. Use the following symbols, in sequence for notes that are linked to specific content in the table: \*, †, ‡, §, ||, ¶, \*\*, ††, ‡‡, §§, ||||, ¶¶, etc
- Identify statistical measures of variations, such as standard deviation and standard error of the mean

Example:

**Table 1: Demographics**

Participant*	Sex	Age (Y)
A	M	58
B	F	27
C	F	44
D	M	43

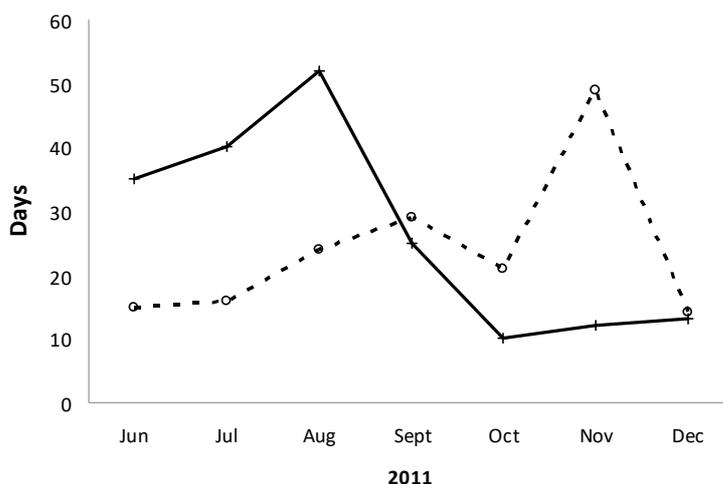
Notes: F, female; M, male; Y, years

\* All participants who enrolled in study (including those who withdrew) are represented in table.

## 11. Figures

- Figures must be provided in an electronic format that will produce high-quality images (for example, TIFF or JPEG), photos need to be a minimum of 300 dpi and figures and line drawings 600 dpi. Authors should review the images of such files on a computer screen before submitting them to be sure they meet their own quality standards
- Figures should be submitted as separate files, and not as part of the main manuscript
- The use of colour in figures is encouraged. In Microsoft Word, default colours are preferred and no additional shape effects
- Letters, numbers, and symbols on figures should be clear and consistent throughout, and large enough to remain legible when the figure is reduced for publication
- Figures should be made as self-explanatory as possible. Titles and detailed explanations belong in the legends, not on the illustrations themselves.
- Size figures to fit within the column width (81 mm) or the full text width (171 mm) of a journal page
- No border required surrounding the outside of the figure
- No bold or italics to be used in the figure (unless at discretion of the Editor)
- Photographs of potentially identifiable people must be accompanied by written permission to use the photograph
- Figures should be numbered consecutively (Arabic numbers) according to the order in which they have been cited in the text
- Figure legends should be placed following the tables in the main manuscript (bold text). When symbols, arrows, numbers, or letters are used to identify parts of the figure, identify and explain each one clearly in the legend

Example:



**Figure 1: Patient wait times to first specialist appointment in 2011, for Priority A referrals (dashed line) and Priority B referrals (solid line)**