

How to get published: the review process

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Review Process

- Submit manuscript which is checked against checklist
- Editor decides whether to send out to review or not
- If goes out to review, reviewers can reject after 1st, 2nd, 3rd version
- Editor can override reviewers recommendation

Step 1. Obey the rules for submission of manuscript

Submission

- Obey the rules – send it in the correct format and to the appropriate person
- Remember to send author and copyright forms

Authorship

The International Committee of Medical Journal Editors' policy on authorship states that authorship should be based only on:

- Substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data **AND**
- Drafting the article or revising it critically for important intellectual content **AND**
- Final approval of the version to be published.

Acquisition of funding, the collection of data, or general supervision of the research group, by themselves, do not justify authorship.

Copyright

- The undersigned author(s) warrant(s) that they has/have sole ownership of the work submitted.
- The author(s) further warrant(s) that the work has not been offered concurrently to any other journal.
- The author(s) further warrant(s) that this is not a duplicate submission, ie, the work on which this paper is based has not already been reported in full or in large part. If submission stems from a dataset about which the author(s) has/have published a previous report, full disclosure is made with the submission.

Step 2. Get past the editor to the reviewer

You get brownie points for:

- Good title
- Title page with maximum information
- Abstract with maximum information
- Appropriate checklists (CONSORT, QUOROM, STARD)
- Cover letter explaining above

Include as much information in the title as possible

- Use PICO system
 - P = participants
 - I = intervention
 - C = comparison
 - O = outcome
- Include design and results for full information

Title

- Mime therapy improves facial symmetry in people with facial nerve paresis: a randomized placebo-controlled trial

Title

- Manual vibration increases expiratory flow rate via increased intrapleural pressure in healthy adults: an experimental study

Title/Cover page

- Title:
- Authors:
- Correspondence:
 - Address:
 - Tel:
 - Fax:
 - Email:
- Running head:
- Key words:
- Word Count: words (Abstract)
words (Intro, Method, Results, Disc)
- References:
- Tables:
- Figures:
- Source(s) of support:
- Acknowledgements:
- Competing interests:

Abstract

- **Question:** How much upright mobilisation, particularly uptime, is there in the first four days following upper abdominal surgery? In what part of the day is the greatest uptime achieved? Is length of stay related to uptime? Is there any difference in uptime in terms of postoperative pulmonary complications?
- **Design:** Prospective observational study.
- **Participants:** Fifty patients who had undergone upper abdominal surgery after receiving standardised preoperative education and physiotherapy intervention on the first postoperative day.
- **Outcome measures:** An activity logger recorded uptime continuously for the first four postoperative days. Postoperative factors such as postoperative pulmonary complications, surgical attachments, pain relief, duration of anaesthesia and intensive care admission were collected daily.
- **Results:** Total median uptime was 3.0 (IQR 8.2), 7.6 (IQR 11.5), 13.2 (IQR 26.6) and 34.4 (IQR 65.6) minutes for the first four postoperative days respectively. Morning uptime was greater than both afternoon uptime ($p=0.001$) and evening uptime ($p<0.001$). Uptime over the first four postoperative days predicted length of stay ($r^2 = 0.50$, $p<0.001$). Uptime was not significantly less in those who developed postoperative pulmonary complications ($p=0.08$ to 0.17).
- **Conclusion:** This is the first study to quantify upright mobilisation following upper abdominal surgery. The results show that the quantity of upright mobilisation performed is low. Given that uptime predicted length of stay, increasing early upright mobilisation may have a positive effect on reducing length of stay following upper abdominal surgery.

229 words

CONSORT statement

PAPER SECTION And topic	Item	Description	Reported on Page #
TITLE & ABSTRACT	1	How participants were allocated to interventions (e.g., "random allocation", "randomized", or "randomly assigned").	
INTRODUCTION Background	2	Scientific background and explanation of rationale.	
METHODS Participants	3	Eligibility criteria for participants and the settings and locations where the data were collected.	
Interventions	4	precise details of the interventions intended for each group and how and when they were actually administered.	
Objectives	5	Specific objectives and hypotheses.	
Outcomes	6	Clearly defined primary and secondary outcome measures and, when applicable, any methods used to enhance the quality of measurements (e.g., multiple observations, training of assessors).	
Sample size	7	How sample size was determined and, when applicable, explanation of any interim analyses and stopping rules.	
Randomization -- Sequence generation	8	Method used to generate the random allocation sequence, including details of any restrictions (e.g., blocking, stratification).	
Randomization -- Allocation concealment	9	Method used to implement the random allocation sequence (e.g., numbered containers or central telephone), clarifying whether the sequence was concealed until interventions were assigned.	
Randomization -- Implementation	10	Who generated the allocation sequence, who enrolled participants, and who assigned participants to their groups.	

PEDro Scale

- | | |
|---|---|
| 1. eligibility criteria were specified | no <input type="checkbox"/> yes <input type="checkbox"/> where: |
| 2. subjects were randomly allocated to groups (in a crossover study, subjects were randomly allocated an order in which treatments were received) | no <input type="checkbox"/> yes <input type="checkbox"/> where: |
| 3. allocation was concealed | no <input type="checkbox"/> yes <input type="checkbox"/> where: |
| 4. the groups were similar at baseline regarding the most important prognostic indicators | no <input type="checkbox"/> yes <input type="checkbox"/> where: |
| 5. there was blinding of all subjects | no <input type="checkbox"/> yes <input type="checkbox"/> where: |
| 6. there was blinding of all therapists who administered the therapy | no <input type="checkbox"/> yes <input type="checkbox"/> where: |
| 7. there was blinding of all assessors who measured at least one key outcome | no <input type="checkbox"/> yes <input type="checkbox"/> where: |
| 8. measures of at least one key outcome were obtained from more than 85% of the subjects initially allocated to groups | no <input type="checkbox"/> yes <input type="checkbox"/> where: |
| 9. all subjects for whom outcome measures were available received the treatment or control condition as allocated or, where this was not the case, data for at least one key outcome was analysed by "intention to treat" | no <input type="checkbox"/> yes <input type="checkbox"/> where: |
| 10. the results of between-group statistical comparisons are reported for at least one key outcome | no <input type="checkbox"/> yes <input type="checkbox"/> where: |
| 11. the study provides both point measures and measures of variability for at least one key outcome | no <input type="checkbox"/> yes <input type="checkbox"/> where: |

Step 3. Get a good review

Write clearly – repeat key terms

Especially these terms:

- P – participants
- I – intervention
- O – outcome measures