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# Thomson ISI and MEDLINE Indexing

**Presented By: Dr Andrew Plume, Senior Publishing Information Manager ([a.plume@elsevier.com](mailto:a.plume@elsevier.com))**

**Date: 4<sup>th</sup> June 2008**

**RESEARCH &  
ACADEMIC RELATIONS**

# Introductions

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- Elsevier's Research & Academic Relations maintain a formal liaison with Thomson ISI and MEDLINE for journal indexing evaluations

RESEARCH &  
ACADEMIC RELATIONS

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# The aim of this presentation

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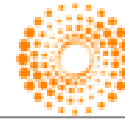
To offer a clear overview of journal indexing by Thomson ISI and MEDLINE, and how to achieve it

# Topics in this presentation

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- The naming of names
- Physiotherapy journal coverage
- What do they index?
- Similarities
- Requirements for indexing
- How to apply for indexing

# Thomson Reuters (ISI)



THOMSON REUTERS

- Web of Science (WoS)



- Bibliographic and citation index of **8,476** journals in:
  - **Science** (Science Citation Index/Expanded)
  - **Social Science** (Social Science Citation Index)
  - **Arts & Humanities** (Arts & Humanities Citation Index)

- Journal Citation Reports (JCR)



- Impact Factors for **Science** and **Social Science** journals

# National Library of Medicine



- MEDLINE



- Bibliographic index of 5,246 journals in:
  - Biomedical Science
  - Life Science
  - Allied Health (including Nursing and Psychology)

- PubMed



- Free access to MEDLINE database

- PubMed Central



- Free access to articles from participating journals and those by NIH-funded researchers in other journals

# Physiotherapy journal coverage

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- Membership of ISPJE: 40 journals



4



9



21

# What they index



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Manual Therapy 13 (2008) 148–154



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Original article

## The relationship between head posture and severity and disability of patients with neck pain

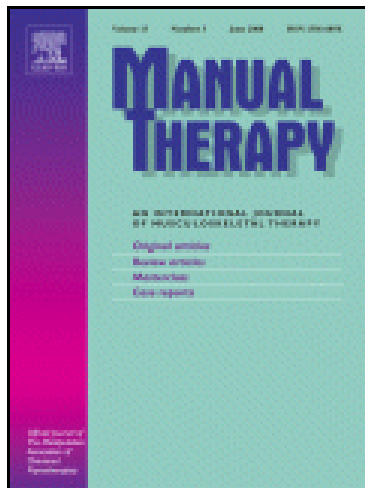
Chris Ho Ting Yip<sup>a</sup>, Thomas Tai Wing Chiu<sup>b,\*</sup>, Anthony Tung Kuen Poon<sup>c</sup>

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### Abstract

**Study Design:** A cross-sectional correlation study.

**Objectives:** To investigate the relationship between head posture with pain and disability in patients with neck pain.

**Method:** Sixty-two subjects with neck pain and 52 normal subjects were recruited by convenience sampling. The forward head posture was measured via the craniovertebral (CV) angle by using the Head Posture Spinal Curvature Instrument (HPSCI). The Chinese version of Northwick Park Neck Pain Questionnaire (NPQ) and Numeric Pain Rating Scale (NPRS) were used to assess neck pain disability and severity. The difference in CV angles between the two groups and Pearson's correlation coefficient between the CV angle, NPQ and NPRS were determined.

**Results:** There was a significant difference in the CV angle between subjects with and without neck pain. CV angle was negatively correlated with NPQ ( $r_p = -0.3101, p = 0.015$ ) and NPRS ( $r_p = -0.329, p = 0.009$ ). It was also negatively correlated with age ( $r_p = -0.380, p = 0.002$ ). When age was taken into account, the CV angle was negatively correlated with NPQ ( $r_p = -0.3101, p = 0.015$ ) but showed no significant correlation with NPRS ( $r_p = -0.1848, p = 0.154$ ).

**Conclusion:** The CV angle in subjects with neck pain is significantly smaller than that in normal subjects. There is moderate negative correlation between CV angle and neck disability. Patients with small CV angle have a greater forward head posture, and the greater the forward head posture, the greater the disability.

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**Keywords:** Correlation; Craniovertebral angle; Neck disability

### 1. Introduction

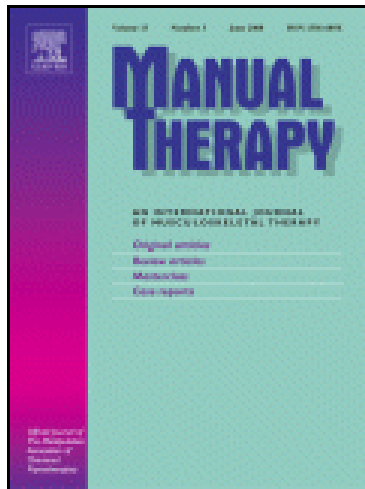
Proper posture is believed to be the state of musculoskeletal balance that involves a minimal amount of stress and strain on the body. Although correct posture is desired, many people do not exhibit good posture (Haughie et al., 1995). An ideal posture is considered to exist when the external auditory meatus is aligned with the vertical postural line. The vertical posture line, as seen in a side view, passes slightly in front of the ankle joint and the centre of the knee joint,

slightly behind the centre of the hip joint and through the shoulder joint and the external auditory meatus (Haughie et al., 1995). Forward head posture is one of the common types of poor head posture seen in patients with neck disorders (Haughie et al., 1995; Hickey et al., 2000; Good et al., 2001; Chiu et al., 2002).

Forward head posture means that the head is in an anterior position in relation to the theoretical plumb line, which is perpendicular to a horizontal line through the centre of gravity of the body. Therapists rate the severity of the anterior positioning of the head as minimal, moderate or maximal without any objective or numeric values. A decision regarding normality or otherwise is then based on clinicians' experience and

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# What they index



the Head Posture Spinal Curvature Instrument (HPSCI). The CV angle in subjects with neck pain is significantly smaller than that in normal subjects. The CV angle is negatively correlated with the disability of patients with neck pain. The smaller the CV angle (that is, the more forward head posture), the higher the NPRS score will be and vice versa. We recommend that CV angle as measured by the HPSCI can provide clinicians with further objective information on the disability and severity of patients with neck pain.

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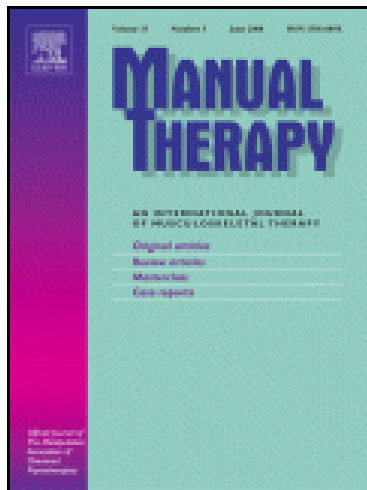
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# Thomson ISI & MEDLINE similarities

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- Based in US
- Accused of US bias
- Accused of English bias
- Very selective
- Emphasise common requirements for indexing



Inglese

Englisch

αγγλικά

Anglais

英语

Inglés

английско

# Common requirements for indexing

- Must:
  - Publish on schedule
  - Be peer-reviewed
  - Have English abstracts
  - Have international authors/editors
  - Have clear aims and scope
- Should:
  - Offer something unique
  - Acknowledge author grant support



Standing balance: A comparison between idiopathic and whiplash-induced neck pain

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#### Abstract

Disturbances of balance have been found both in patients with whiplash-associated disorders and idiopathic neck pain. This study directly compared balance between these groups to determine if neck pain was associated to the same or greater or different balance requirements. The study was a comparative, short-term design. Thirty subjects with whiplash, 20 with idiopathic neck pain and 20 healthy controls, took part in the study. Subjects performed balance tests, a comfortable, narrow and tandem stance. Balance disturbance (lower energy and/or not seen expected EMG workload) were evident in one-third of whiplash subjects with neck pain and controls. Direct comparison between the neck pain groups revealed that the whiplash group had significantly greater energy use EMG workload than the idiopathic group in comfortable stance both on a soft surface (P=0.001). Further, the whiplash group had greater EMG use significantly less time spent than the idiopathic group in total stance observations in the anterior posterior direction (P=0.002, P=0.02). Both neck pain groups were also significantly more able to complete the more, closed, tandem heel comparison than controls. In conclusion, this study has found that balance deficits exist in both subjects with whiplash-associated disorders and idiopathic neck pain compared to controls. However, differences in balance challenges may exist between the neck pain groups. Copyright © 2007, Elsevier B.V. All rights reserved.



# Thomson ISI requirements for indexing

- Selection made by a Subject Editor (mostly using citation information)
- [scientific.thomsonreuters.com/free/essays/selectionofmaterial/journalselection](http://scientific.thomsonreuters.com/free/essays/selectionofmaterial/journalselection)
- Must have a reasonable level of citation activity (above the last 10% in the existing IF ranking)
- Estimate IF in Scopus by limiting publication and citation years appropriately

## Journal Impact Factor ⓘ

Cites in 2006 to articles published in:	2005 = 50	Number of articles published in:	2005 = 32
	2004 = 62		2004 = 26
	Sum: 112		Sum: 58
Calculation: <u>Cites to recent articles</u>	<u>112</u>	=	<b>1.931</b>
Number of recent articles	58		

# MEDLINE requirements for indexing

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- Selection made by subject experts (mostly by looking at recent journal issues)
- [www.nlm.nih.gov/pubs/factsheets/jsel.html](http://www.nlm.nih.gov/pubs/factsheets/jsel.html)
- [www.nlm.nih.gov/pubs/factsheets/j\\_sel\\_faq.html](http://www.nlm.nih.gov/pubs/factsheets/j_sel_faq.html)



[www.nlm.nih.gov/lstrccommittee/lstrc.html](http://www.nlm.nih.gov/lstrccommittee/lstrc.html)

- Must be important and relevant to the users of MEDLINE (i.e. biomedical scientists/doctors)

# Indexing applications

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- Ensure that the journal is ready and meets all requirements
- Complete form and send recent issues



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# Review process and feedback

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- Thomson ISI review on a continuous basis and may take up to 2 years to review a given title
- MEDLINE has 3 review session a year (Feb, Jun, Oct) and has queues of about 6 months
- Decision comes as a letter
- Thomson ISI feedback is by request and generic
- MEDLINE feedback is by request and detailed

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**What are the challenges for your journal?**