How to get published: the review process

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Scientific Editor
Australian Journal of Physiotherapy

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 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/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:

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

- **Question:** How much upright mobilisation, particularly uptime, is there in the first four days following upper abdominal surgery? 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 (r2 = 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 may have a positive effect in reducing length of stay following upper abdominal surgery.

229 words

### CONSORT statement

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Eligibility criteria were specified</td>
</tr>
<tr>
<td>2.</td>
<td>Subjects were randomly allocated to groups (in a crossover study, subjects were randomly allocated an order in which treatments were received)</td>
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### PEDro Scale

1. Eligibility criteria were specified | yes
2. Subjects were randomly allocated to groups (in a crossover study, subjects were randomly allocated an order in which treatments were received) | yes
3. Allocation was concealed | yes
4. The groups were similar at baseline regarding the most important prognostic indicators | yes
5. No was not binding of all subjects | yes
6. No was binding of all therapists who administered the therapy | yes
7. There was binding of all assessors who measured at least one key outcome | yes
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9. All subjects for whom outcome measures were available received the maximum or control conditions as allocated or, where this was not the case, data for at least one key outcome was analysed by “intention to treat” | yes
10. The results of between-group statistical comparisons are reported for at least one key outcome | yes
11. The study provides both point measures and measures of variability for at least one key outcome | yes

### Step 3. Get a good review

**Write clearly – repeat key terms**

Especially these terms:
- **P** – participants
- **I** – intervention
- **O** – outcome measures