Thomson ISI and MEDLINE Indexing

Presented By: Dr Andrew Plume, Senior Publishing Information Manager (a.plume@elsevier.com)
Date: 4th June 2008
Elsevier’s Research & Academic Relations maintain a formal liaison with Thomson ISI and MEDLINE for journal indexing evaluations.
The aim of this presentation

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

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

- 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

- Membership of ISPJE: 40 journals
The relationship between head posture and severity and disability of patients with neck pain

Chris Ho Ting Yip\textsuperscript{a}, Thomas Tai Wing Chiu\textsuperscript{b,\ast}, Anthony Tung Kuen Poon\textsuperscript{c}

\textsuperscript{a}Physiotherapy Department, Queen Mary Hospital, Hong Kong
\textsuperscript{b}Department of Rehabilitation Sciences, The Hong Kong Polytechnic University, Hung Hom, Hong Kong
\textsuperscript{c}A&J Physiotherapy Clinic (Acupuncture and Manipulation), Hong Kong

Received 4 February 2005; received in revised form 23 August 2006; accepted 30 November 2006

Abstract

\textbf{Study Design:} A cross-sectional correlation study.

\textbf{Objectives:} To investigate the relationship between head posture with pain and disability in patients with neck pain.

\textbf{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.

\textbf{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 ($r_p = -0.229$, $p = 0.009$). It was also negatively correlated with age ($r_p = -0.300$, $p = 0.002$). 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 ($r_p = -0.1848$, $p = 0.154$).

\textbf{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.

\copyright 2007 Elsevier Ltd. All rights reserved.

\textbf{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 (Haighie et al., 1995). An ideal posture is considered to exist when the external auditory meatus is aligned with the vertical postural line. The vertical postural 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 (Haighie et al., 1995). Forward head posture is one of the common types of poor head posture seen in patients with neck disorders (Haighie 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
What they index

the Head Posture Spinal Curve Instrument (HPSCl). 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 HPSCl can provide clinicians with further objective information on the disability and severity of patients with neck pain.

References


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

Chris Ho Ting Yip, Thomas Tai Wing Chiu, Anthony Tung Kuen Poon

*Department of Rehabilitation Sciences, The Hong Kong Polytechnic University, Hong Kong
**A&J Physiotherapy Clinic (Acupuncture and Manipulation), Hong Kong

Received 4 February 2005; received in revised form 23 August 2006; accepted 30 November 2006

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 the 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 ($r_{p} = -0.1844, p = 0.154$).
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.

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 (Haighie et al., 1995). An ideal posture is considered to exist when the external auditory meatus is aligned with the vertical postural line. The vertical postural 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 (Haighie et al., 1995). Forward head posture is one of the common types of poor head posture seen in patients with neck disorders (Haighie 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 plum 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
Thomson ISI & MEDLINE similarities

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

- Selection made by a Subject Editor (mostly using citation information)
- [Link to Thomson ISI requirements for indexing](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

<table>
<thead>
<tr>
<th>Journal Impact Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cites in 2006 to articles published in: 2005 = 50</td>
</tr>
<tr>
<td>2004 = 62</td>
</tr>
<tr>
<td>Sum: 112</td>
</tr>
<tr>
<td>Number of articles published in: 2005 = 32</td>
</tr>
<tr>
<td>2004 = 26</td>
</tr>
<tr>
<td>Sum: 58</td>
</tr>
<tr>
<td>Calculation: Cites to recent articles</td>
</tr>
<tr>
<td>Number of recent articles</td>
</tr>
<tr>
<td>112 = 1.931</td>
</tr>
<tr>
<td>58</td>
</tr>
</tbody>
</table>
**MEDLINE requirements for indexing**

- Selection made by subject experts (mostly by looking at recent journal issues)

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

---

Indexing applications

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

JOURNAL SUBMISSION FORM
scientific.thomson.com/forms/isijournalsubmission

REVIEW APPLICATION FORM
wwwcf.nlm.nih.gov/lstrc/lstrcform/med/index.cfm
Review process and feedback

- Thomson ISI review on a continuous basis and may take up to 2 years to review a given title
- MEDLINE has 3 review sessions 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
What are the challenges for your journal?