

## **CONTENT**

### **Original Research**

The Editorial Board is committed to publishing excellent research and will consider the following types of papers:

- **Meta-analyses and Systematic reviews**

Meta-analyses and systematic reviews are strongly preferred over narrative (non-systematic) reviews. High quality systematic reviews or meta-analyses with firm conclusions are a publication priority. However, meta-analyses and systematic reviews are unlikely to be published if they find there is not enough good quality evidence to review or if the literature is inconclusive. Note that this journal gives priority to systematic reviews that are prospectively registered in a publicly available register (e.g., PROSPERO at <http://www.crd.york.ac.uk/PROSPERO>). Authors should submit evidence of registration when submitting a manuscript for consideration.

- **Clinical trials**

All clinical trials submitted to JPC must have been registered in a publicly-accessible trials register. We will accept any register that satisfies the International Committee of Medical Journal Editors requirements (such as The Australian New Zealand Clinical Trial Registry at (<http://www.anzctr.org.au>)). Authors must provide the name and website address of the register and the trial registration number on submission. The journal will only accept trials that have been registered prospectively unless data collection began before 2006, in which case retrospective registration is acceptable

- Economic analyses
- Experimental studies
- Qualitative studies

Qualitative research refers to research where the analysis of data involves qualitative judgements. Commonly qualitative research explores aspects of the human, social world. Qualitative research methodologies include narrative inquiry, case studies, naturalistic inquiry, ethnography, hermeneutics, phenomenology, and survey research using open-ended questions

- Epidemiological studies
- Observational studies
- Narrative reviews

Narrative reviews critically appraise and summarise literature on a common topic area but do not set specific criteria for selecting literature to be included or a specific review protocol. A narrative review draws together major arguments in a field of discourse or provides a significant historical review of an important aspect of physiotherapy. Narrative reviews should be on topics that do not lend themselves to systematic reviews, e.g., examination of the mechanisms underlying a clinical phenomenon. Narrative reviews will almost always be invited and will be considered only if they are written by authors with extensive research experience in the field, usually reflected in multiple significant publications. Authors considering submission of a narrative review should first consult the Journal Editor regarding potential suitability of the review for publication. Narrative reviews of intervention, diagnosis, and prognosis will generally not be accepted.

**Manuscript length** (not including title page, abstract, references, tables or figure legends) depends on the type of study:

- Systematic reviews: up to 5000 words
- Clinical trials, experimental and qualitative studies: up to 3500 words
- Observational studies: up to 2500 words

Authors may be invited, or in some cases required, to place important supplementary material as electronic addenda (eAddenda).

## **MANUSCRIPT PRESENTATION**

Research manuscripts should consist of a title page, abstract, text, references, tables, and figures. Manuscripts should be prepared with 2.5 cm margins and a footer containing an abbreviated title, the first author's family name, page number and date. The abstract, introduction, method, results, and discussion should be 1.5 line-spaced, but all other text should be single-spaced.

### **Title Page**

The title of the manuscript should not be more than 25 words. Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible. Then, list all authors and their degrees, positions, institutions, country, and email address. Nominate a corresponding author for the review who is authorised to negotiate and approve editorial revisions, provide his/her title (Professor, Dr, etc.), and give contact details (email address). You may nominate a different corresponding author for publication; provide his/her title (Professor, Dr, etc.) and short contact details (department/institution, postal address and email address).

Provide a running head of up to six words. Next, for indexing purposes, select up to five key words from the Index Medicus Medical Subject Headings (MeSH). MeSH Headings can be found on the PubMed MeSH browser at <http://www.nlm.nih.gov/mesh/meshhome.html>.

List the word count for the abstract and the body of the text, as well as the number of references, tables, and figures.

Finally, please provide three statements:

- Ethical Approval: list the Ethics Committee(s) that approved the study, ethics protocol reference number where appropriate and the procedures for gaining consent. The statements regarding ethics and consent do not need to be re-stated in the body of the manuscript.
- Funding: any sources of funding should be stated.
- Conflict of Interest: Disclosed conflicts will be published if they are believed to be important to readers in judging the manuscript. If there are no conflicts of interest, authors should state that there are none.

Acknowledgments should include statements of important contributions that do not justify authorship. The nature of the contribution should be specified. It is customary to seek permission of people named in the acknowledgments.

### **Abstract**

An abstract of no more than 250 words is required for all submissions using the headings: Aim, Design, Materials and Methods, Results, Conclusion, and Trial registration (if appropriate). The

results should include estimates of effect sizes and their confidence intervals rather than  $p$  values. Abstracts should not contain references.

## **Introduction**

The introduction should justify the aims of the research. Only references essential to understanding these aims should be included. Introductions rarely need to be longer than five paragraphs.

## **Method**

Use the subheadings: Design; Participants; Intervention; Outcome measures; and Data analysis, as appropriate to the design of the study. Restrict headings to no more than two levels of importance (i.e., avoid sub-subheadings). Where aspects of the method have been described in other widely-available publications a reference to those publications may suffice, whereas newly-developed procedures should be described in more detail.

In the **Design** section, describe the overall design, especially the timing of intervention and measurement, and any randomisation or blinding procedures.

In the **Participants** section, outline the recruitment procedures and the inclusion and exclusion criteria for eligibility of participants, therapists, and centres.

In the **Intervention** section, give as much detail as necessary so that the intervention could be faithfully replicated by a reader. If this requires extensive material, consider placing some in an Appendix, which can be an electronic-only addendum to the paper.

In the **Outcome measures** section, state the impairment/activity limitation/participation restriction being collected (e.g., walking) and its measurement with units (e.g., velocity during 10 m Walk Test in m/s). It can be useful to divide outcome measures into those examining impairments vs activity limitations vs participation restrictions. It is only necessary to refer to manufacturers' information for equipment when the precise specifications could be important to interpretation of the study. Information should be placed in a footnote at the end of the text, coded using consecutive, superscripted lower case letters.

In the **Data analysis** section, outline any *a priori* power analysis carried out to determine the number of participants needed for the study. Outline any conversions or calculations made with the data. Explain how the research questions are answered by the interpretive tests but do not name the statistical package used if it is widely available.

## **Results**

The first subheading should be Flow of participants, therapists, and centres through the study where the numbers at each point in the study are presented as well as baseline characteristics. The remainder of the results should report only the data that answer the research questions and should be organised under subheadings that reflect those questions. Pertinent results should be reported using text and/or tables and/or figures; tables are more useful than figures because exact values are given. Avoid repeating in the text data presented in tables or figures. Do not duplicate data in tables and figures.

When reporting data, be conscious of the precision of the data and only report a meaningful number of decimal places. Usually, report numbers between 0 and 1 to 2 decimal places, between 1 and 10 to 1 decimal place, and above 10 with no decimal place.

All data reported as numbers should also be given as a percentage of the sample (in brackets) rounded off, e.g., 17 (34%) participants were men. All data reported as means should also be accompanied by the standard deviation (in brackets), e.g., the mean height of participants was 1.53 m (SD 0.23).

When reporting the results of interpretive tests, report the size of the effect rather than its statistical significance, e.g., 'People with arthritis were twice as likely to sprain their ankle (OR 0.50, 95% CI 0.25 to 0.75)' or 'People after stroke walked 0.65 m/s (95% CI 0.60 to 0.70) slower than their age-matched healthy counterparts', but not 'People with asthma were significantly more breathless after exercise ( $p = 0.02$ )'.

## **Discussion**

New and important findings should be emphasised but, as a rule, data already presented in the Method and Results sections should not be repeated. Implications and limitations of the findings and their clinical application should be discussed. The length of the Discussion should be commensurate with the number of important findings; usually it will be less than 750 words. Do not include a separate conclusion at the end of the Discussion.

## **References**

Only essential references should be cited. Most research will require fewer than 30 references. If the research requires considerably more (e.g., systematic reviews of areas with many clinical trials), references may be provided as supplementary material or eAddenda.

The referencing style used by the journal is the JAMA style at [http://guides.med.ucf.edu/ld.php?content\\_id=5191991](http://guides.med.ucf.edu/ld.php?content_id=5191991), or which can be found as a standard referencing style in EndNote, RefWorks, Mendeley, and Zotero. If you use reference management software such as these, please convert your paper to the JAMA style before submission. Journal titles should be abbreviated according to the journals list in [PubMed](#). Please ensure that all references are complete and presented using numbered style.

Note shortened form for last page number. e.g., 51–9, and that for more than 6 authors the first 6 should be listed followed by 'et al.'

## **Tables**

Tables should appear after the references and each table should start on a separate page. They should be numbered consecutively in the order to which they are referred in the text. A short caption should be given above each table (e.g., 'Table 1. Characteristics of participants.'). Within the table, give the units of outcome measures in brackets and italics, e.g., (*m/s*). When reporting counts (frequencies), give percentages in brackets. Use abbreviations for time (i.e., *s*, *min*, *hr*, etc.) and amount (i.e., *kg*, *deg*, *Nm*, etc.) without a legend explaining them. Where abbreviations

for physiotherapy-specific terms are used (e.g., ROM, MCP, etc.), provide a legend below the table. Tables should be presented with a minimum of horizontal lines and no vertical lines.

## **Figures**

Figures should start on a separate page after the tables. They should be displayed at the proposed publication size and numbered consecutively in the order to which they are referred in the text. A short caption should be given below each figure, e.g., 'Figure 1. Mean (SD) effect of posture on forced expiratory volume for the experimental group (closed circles) and the control group (open circles)'. Do not place boxes around figures. Do not put axes on the top and right sides of graphs. Use symbols and/or line types rather than colour to differentiate data. Where several graphs refer to closely-related material, present them as separate panels of a single figure labelled A, B, C, etc., and provide one caption explaining what is in each panel. Photographs should be in sharp focus, have simple backgrounds, and be in black and white unless colour is essential to illustrate the point (e.g., MRI).

For publication, photographs should be supplied as digital images saved at a minimum of 300 dpi in .jpg format. Graphs and line drawings generated by commonly-used graphing programs (such as Microsoft Excel) are acceptable. Written permission should be obtained for use of previously published Figures and Tables, and for publication of photographs of recognisable subjects. These documents should be uploaded with the final manuscript once it has been accepted.

## **Boxes**

When information needs to be listed but is not a table (contains numbers) or a figure (photograph, graph, or flow diagram), then it should be called a Box. Boxes should be numbered consecutively in the order to which they are referred in the text. A short caption should be given above each box (e.g., 'Box 1. Elements of a viable patient education program.').

## **Style**

Manuscripts should be written in simple, direct, and grammatically-correct English or Croatian. Use gender neutral and non-labelling language (e.g., 'People with back pain' rather than 'back pain patients'). When people are enrolled in a trial, use 'participant' rather than 'subjects'. Use capitals (upper case letters) sparingly but capitalise proper nouns. Divisions of the data set are also capitalised (e.g., 'Group 1' or 'Stage 2').

## **MANUSCRIPT SUBMISSION**

All manuscripts, correspondence and editorial material for publication should be submitted at e-mail: manuela.filipec@gmail.com.

Submission of an article implies that the work described has not been published previously, that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, without the written consent of the Publisher.

## **Compulsory Authorship Form / Contribution of the Paper**

*Physiotherapia Croatica* policy on Authorship is based on the guidelines for authorship in the International Committee of Medical Journal Editors Uniform Requirements for Manuscripts Submitted to Biomedical Journals 2004 ([www.icmje.org](http://www.icmje.org)) which states that 'authorship should be based on 1) substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published. Conditions 1, 2, and 3 must all be met. Acquisition of funding, the collection of data, or general supervision of the research group, by themselves, do not justify authorship'. Manuscript submission, and Authorship form signifies that all authors satisfy the ICMJE criteria for authorship.

### **PEER REVIEW**

Research manuscripts are subject to peer review.

This journal operates a double blind review process. All contributions will be initially assessed by the editor for suitability for the journal. Papers deemed suitable are then sent to a minimum of two independent expert reviewers to assess the scientific quality of the paper. The Editor is responsible for the final decision regarding acceptance or rejection of articles. The Editor's decision is final.

Reviewers will usually have specific expertise in the field and a record of recent publication in peer-reviewed journals. Reviewers are asked to advise the Journal Editor if the manuscript is credible and of importance to the physiotherapy profession; they are also asked to comment on the manuscript's validity, relevance, clarity, and conciseness. They are asked to provide their reports within four weeks of receipt of the manuscript.

Reviewers are asked to consult checklists where appropriate. Specifically, reviewers of randomised controlled trials are asked to consult the CONSORT e-checklist, reviewers of systematic reviews are asked to consult the PRISMA statement, and reviewers of studies of the accuracy of diagnostic tests are asked to consult the STARD checklist. These checklists can be found at <http://www.consort-statement.org/resources/downloads>

The Journal Editor considers the reviewers' comments and decides if the manuscript is to be accepted in its current form, accepted subject to minor revisions, potentially publishable but requiring significant revision, or not suited to publication in *Physiotherapia Croatica*. Authors are provided with the reviewers' comments, sometimes with additional comments made by the Scientific Editor, and are informed of the decision. Authors of manuscripts requiring revision are invited to consider and respond to the comments made by the reviewers and the Journal Editor, revise the manuscript accordingly, and re-submit. Usually the revised manuscript is returned to the original reviewers for further comment. Some manuscripts undergo several rounds of review before a final decision (accept or reject) is made.

### **RETRACTION POLICY**

The Journal may, under certain circumstances, publish a retraction or issue an expression of concern or issue a correction.