Mission

The mission of *Interventional Pain Management Reports* is to promote excellence in the practice of interventional pain management and clinical research. *Interventional Pain Management Reports* is a peer-reviewed, multi-disciplinary journal directed to an audience of interventional pain physicians, other clinicians, and scientists with an interest in interventional pain management and pain medicine.

Scope

*Interventional Pain Management Reports* is an official publication of the American Society of Interventional Pain Physicians (ASIPP) and is a sister publication of *Pain Physician*. *Interventional Pain Management Reports* publishes case reports, brief commentaries and reviews and letters to the editor. It is a peer-reviewed journal written by and directed to an audience of interventional pain physicians, clinicians and scientists with an interest in interventional pain management and pain medicine.

*Interventional Pain Management Reports* is an open access journal, available online with free full manuscripts at www.???????

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Indicate the level of funding following these standards:

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- Level 4: $25,001 to $50,000
- Level 5: $50,001 to $100,000
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It is the policy of *Interventional Pain Management Reports* that no more than 20% of references may be from a single journal or primary author, including current and past 2 year references. Use current up-to-date citations whenever feasible.

Special consideration is required if these limits have to be exceeded. Please submit such requests to the Editor in Chief at ???????

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Categories of Manuscripts

Interventional Pain Management Reports publishes several categories of articles, each with its own requirements including brief reports of original research, case reports, brief technical reports, editorials, brief position papers, clinical opinions, letters to the editor, brief perspectives and papers regarding health care policy and ethics.

Brief Ethics Manuscripts

Papers addressing specific ethical issues that are germane to the profession and practice of pain medicine and interventional pain management are encouraged. Papers can be empirical studies of ethics in pain medicine and interventional pain management, reviews of ethical constructs, case presentations, speculative proposals for ideas, direction(s), or concepts in the ethics of pain medicine and interventional pain management, as well as more normative and/or speculative papers that propose or discuss the philosophical premises of pain and pain care.

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Interventional Pain Management Reports publishes articles on various non-clinical issues, including political, philosophical, ethical, legal, environmental, economic, historic, and cultural perspectives.

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Perspectives provide expert analysis of and perspective on a specific article or series of articles in Interventional Pain Management Reports or other journals, or on a topic of special interest to practitioners in pain management and interventional pain management subspecialties. Perspectives should be well focused, scholarly, and clearly presented.

Brief Reports of Original Research

Brief reports of original research published in Interventional Pain Management Reports consists of multiple types of articles including observational studies, and reports of adverse drug effects. Institutional Review Board (IRB) approval must be obtained and stated in these manuscripts.

- A clinical trial is any research project that prospectively assigns human participants to intervention and comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome.
- A medical intervention is any intervention used to modify a health outcome and includes, but is not limited to, drugs, surgical procedures, devices, behavioral treatments, and process-of-care changes.
- A controlled trial must have at least one prospectively assigned concurrent control or comparison group in order to trigger the requirements to be a controlled trial and also for registration.

Case Reports

Reports describing single cases or reports of techniques are also published. However, these must be educational and draw attention to important or unusual clinical situations, novel treatments, new techniques, or complications.
Brief Commentaries

Brief Commentaries are short, peer-reviewed articles that build on a previously published study, document partial research results from an ongoing study, or discuss results from studies limited in scope.

Letters to the Editor

Letters to the Editor are considered for publication (subject to editing and abridgment) provided they do not contain material that has been submitted or published elsewhere.

Manuscript Guidelines

Abstract

A structured or non-structured abstract of 150-250 words must be provided to cover:
1) Background
2) Objectives
3) Methods
4) Results
5) Limitations
6) Conclusion(s)

Key words: Each manuscript should be accompanied by 8-12 key words.

Manuscript Submission

Manuscripts should meet the following criteria:

The material is original; the writing is clear; the study methods are appropriate; the data are valid; the conclusions are reasonable and supported by the data; the information is important; and the topic has interest pain physicians.

Please provide word count and abstract count on title page of manuscript file.

Title Page/Cover Letter

The cover letter should include the name(s), degree(s), and affiliation(s) of the author(s) of the paper. The author(s) should be listed in the order desired. This should be a document separate from the rest of the paper in order to maintain the integrity of the double-blind review.

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When citing a brand name, provide the manufacturers’ name and address. Use generic names for all drugs.

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The manuscript should contain supportive tables and figures that are necessary, but not duplicative. Authors must secure permission for reproduction of all previously published illustrations; figures or tables without accompanying permission will not be accepted. Tables and figures each should be numbered consecutively using Arabic numerals.

Any images or illustrations submitted must be a minimum of 300 dpi and saved in either a TIF or JPG format.

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Abbreviations

Abbreviations are discouraged except for units of measurement. When first used, the abbreviation should be preceded by the words for which it stands.

Manuscript Requirements

All Manuscripts except Letters to the Editor

2,500 words
60 references
4 tables and figures

Letters:

1,000 words
25 references
2 tables and figures
Author Guidelines

References

References must be the most recent and up to date available. References from a single journal or a single author must be limited to 20% of total references which includes Interventional Pain Management Reports and primary author references.

Each journal reference should include the following, in this order:
1. Author(s) last name(s) and initials
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Human and animal studies require Institutional Review Board approval and this should be described in the methods section of the manuscript. For those investigators who do not have an IRB, the guidelines outlined in the Declaration of Helsinki (http://www.wma.net/en/20activities/10ethics/10helsinki/15publicconsult/) should be followed.

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To be considered for publication, the authors must provide evidence of registration in a public trials registry. Trials must register at or before the onset of patient enrollment. This policy applies to any clinical trial beginning enrollment after July 1, 2005.

A clinical trial is defined as any research study that prospectively assigns human participants to intervention or comparison groups to evaluate the cause-and-effect relationship between an intervention and a health outcome. Studies designed for other purposes, such as to study pharmacokinetics or major toxicity (e.g., Phase 1 trials) will be exempt from this requirement.

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