

# Accepted Manuscript

*Manual Therapy* Adopts mandatory reporting guidelines for Publishing

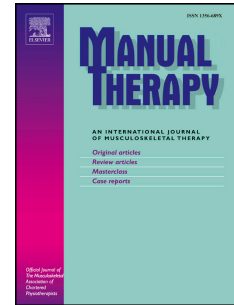
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## ***Manual Therapy Adopts Mandatory Reporting Guidelines for Publishing***

### *What are Reporting Guidelines?*

The highest quality publications incorporate a sound research question, an appropriately rigorous design, and the use of accurate and complete reporting practices during the dissemination of information. Reporting guidelines are tools developed to aid authors to plan and produce accurate and complete reports of research studies. They are typically available as checklists or flow diagrams. Despite the availability of guidelines for well over 10 years, ample evidence suggests that the completeness and transparency of reporting for different forms clinical research has not improved (Turner et al. 2012; Bastuij et al. 2013). Most likely, there are a myriad of reasons reporting has not improved. One is likely to be the lack of enforcement of presently available reporting guidelines/checklists (Heddle and Ness 2007; Villamar et al. 2013).

Assuring quality publications is a multi-contextual endeavor and is a responsibility of authors, reviewers, and publishers. Publishers are responsible for creating the culture for the submission and review process, including providing clear requirements for authors prior to submission and efforts to train peer reviewers. One method to train peer reviewers includes exposure to reporting guidelines. In 2012, a survey identified that only 46% of health research journals provided peer reviewers with reporting guidelines/checklists. When present, the Consolidated Standards of Reporting Trials (CONSORT) statement, a tool used to improve reporting standards for randomized controlled trials was the most common; whereas other guidelines for different research studies were rarely mentioned (Hirst and Altman, 2012).

### *Which Reporting Guidelines will Manual Therapy Require?*

Recently, 28 rehabilitation-based journals elected to take a more aggressive stance toward enforcement of reporting guidelines (Chan et al. 2014). *Manual Therapy* joined this initiative. The various journals are adopting individual requirements and *Manual Therapy* has elected to embrace six guidelines that are endorsed by the EQUATOR Network group ([www.equator-network.org/](http://www.equator-network.org/)). The six include:

1. *CONSORT* (Consolidated Standards of Reporting Trials) (Schulz et al., 2010). The CONSORT statement is a minimum set of recommendations for reporting randomized trials. The CONSORT Statement includes a 25-item checklist that is designed to be used during the development of a study and focuses on reporting how the trial was designed, analysed, and interpreted. It also includes a flow diagram which is designed to show how subjects were enrolled or excluded from the study.
2. *PRISMA* (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) (Moher et al., 2009). The PRISMA guidelines involve a minimum set of recommendations for reporting of systematic reviews and meta-analyses. PRISMA comprises a 27 item checklist and a four phase flow diagram that outlines the selection and removal of papers within the review.
3. *STARD* (Standards for the Reporting of Diagnostic Accuracy Studies) (Bossuyt et al., 2003). The STARD statement was designed to improve the precision and transparency of a diagnostic accuracy study. The STARD statement consists of a checklist of 25 items (which are subdivided by section and topic) and recommends the use of a flow diagram, which describes the design and the flow of patients who were included/excluded from the study.

4. *CARE* (Case Reports) (Gagnier et al., 2013). The CARE initiative is relatively new and was designed to improve the transparency of case reports or case discussions about a single patient. The CARE initiative includes a 1) CARE statement, 2) a CARE checklist and 3) a manuscript template.
5. *STROBE* (Strengthening the Reporting of Observational studies in Epidemiology) (von Elm et al., 2007). Since observational designs encompass a number of different styles (case control, cohort, and cross sectional studies) STROBE is designed to be flexible enough to cover the general principles of each type of design. Different checklists are available for each and the authors are encouraged to download the appropriate checklist for their study design.
6. *SAMPL* (SAMPL guidelines for statistical reporting) (Lang et al., 2013). The SAMPL guidelines are the newest recommended set of guidelines from the EQUATOR Network. At present, no checklist exists, although basic data description and statistical analyses guidelines are provided in textual format. *Manual Therapy* will provide a summary of the recommendation in tabular form in the instructions for authors.

#### *What will be the Responsibility of Authors?*

In general, application of reporting guidelines takes two forms: 1) prospective checklists completed by the authors and 2) retrospective assessment by the review team. In January 2015, *Manual Therapy* will initiate mandatory prospective checklists which will be completed by authors prior to submission. There will be one checklist required to identify which guideline was used, and this is available via a link in the *Manual Therapy* Guide for Authors at [www.elsevier.com/math](http://www.elsevier.com/math). The second mandatory checklist required will be the checklist

corresponding to the Guidelines used and can be found directly on the EQUATOR website (<http://www.equator-network.org/toolkits/>) and should be uploaded with the manuscript submission. Checklists require a page number from the manuscript where the information outlines for each item of the checklist is addressed. A completed checklist should ensure that all areas that are deemed important for each study type are reported on for each submission. Submissions without checklists will not be placed in the review process.

The editorial team recognizes our co-responsibility (with authors) in improving the transparency and accuracy of reporting for all forms of study designs. We appreciate the efforts of our authors and encourage each to embrace these new requirements in both designing and reporting their research. We feel that following these guidelines will lead to stronger, more useful papers, and further influential contributions to the rehabilitation literature.

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