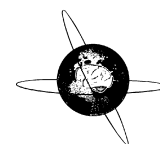


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# Clinical Neurophysiology Practice

journal homepage: [www.elsevier.com/locate/cnp](http://www.elsevier.com/locate/cnp)

## Editorial

### The practice of clinical neurophysiology



The Editors welcome you to our new journal, and hope that you will enjoy reading it and find it interesting and useful in your clinical practice! We would value your feedback and input and in particular we would like to hear about what works and what doesn't.

The **rationale** behind the International Federation of Clinical Neurophysiology (IFCN) joining with Elsevier to create a new journal that can focus on education and clinical practice is that submissions on these important goals of the IFCN are becoming difficult to publish in *Clinical Neurophysiology*. This is largely because of the success of that journal: as its international standing has risen, so too has the number of submissions it attracts, and the percentage of papers that can be accepted has steadily decreased. *Clinical Neurophysiology Practice* has a different rationale to the more research-orientated journal, *Clinical Neurophysiology*, and will provide a publication avenue for clinicians and clinical researchers who are at risk of being disenfranchised by the increasing success of *Clinical Neurophysiology*. Accordingly it is intended that the two journals will complement one another, work closely together, and share the same platforms with Elsevier. It is likely that, with the agreement of the authors, some submissions will be transferred between the two journals, to optimize their exposure to the target audience – primarily research in clinical neurophysiology in the case of *Clinical Neurophysiology*, and primarily clinical practice in the case of *Clinical Neurophysiology Practice*. If papers have been reviewed prior to the decision to transfer, the reviews will be made available to the relevant Editors, thus guaranteeing that the final decision on acceptability is made expeditiously.

Not only is the focus different, but so too is the **type of papers** appropriate for the two journals. Research studies of no relevance to clinical practice are likely to be of low priority for *Clinical Neurophysiology Practice*. Studies on animals without immediate practice relevance are not encouraged here. "Novelty" is an important criterion for a research-orientated journal, but clinical practice requires that techniques can be verified, and findings need to be replicated before they are introduced into clinical care. In establishing clinical "best practice", *Clinical Neurophysiology Practice* will welcome scientifically sound papers that may not be "novel" but which establish the value of a procedure. Methodological and technical reports and studies reporting normative data on healthy subjects are welcome, provided that they represent an advance on current knowledge and particularly if they are likely to change clinical practice. Reports on cases that have been worked up well can be educationally instructive, and this journal welcomes them, and such submissions need not comply with the space and figure limitations that *Clinical Neurophysiology* needs to apply. Indeed inadequate illustration of neurophysiological findings limits the educational value of the case and is likely to be a barrier to

acceptance. In this respect, videos can be very instructive in addition to conventional figures. We refer you to the Guide for Authors for further details.

*Clinical Neurophysiology Practice* is an **open-access journal**. This allows all readers world-wide free access to the educational content of the journal (given internet access). This helps fulfil the IFCN mission to raise the standards of clinical neurophysiology, in particular in those countries where health services are less well developed. The down-side to this is that, in the absence of subscriptions, the cost of publication must be partly covered by the authors or their funding agencies. This is common to many other journals, and there will be an inevitable tendency for this to grow in the future, as more agencies mandate that research funded by them be freely available, i.e., "open access". The fees of CNP, however, are truly competitive, discounted for the first 12 months, and offset further by the more rapid acceptance and publication possible with our different ethos and the fact that the journal is **electronic only**. All illustrations can be in colour, without charge, and we encourage authors to be artistic and inventive, while remaining scientifically accurate.

All articles in *Clinical Neurophysiology Practice* will be subject to peer review. The **Editorial Board** is listed elsewhere. It consists of senior clinicians practising clinical neurophysiology from around the world, nominated by the four Chapters of IFCN. They have been chosen because they are leaders in their fields, with standing recognised clinically beyond their own countries. However, much (possibly most) of the practice of clinical neurophysiology depends on skilled scientists and technologists, and we are pleased to have nominees on the Editorial Board from the International Organisation of Societies for Electrophysiological Technology.

Please write in, give us your views and give suggestions for topics that you would like to be covered. Suggestions should be sent to [cnp@elsevier.com](mailto:cnp@elsevier.com) and to [david.burke@sydney.edu.au](mailto:david.burke@sydney.edu.au). Authors with submissions for publication should consult our Guide for Authors (<https://www.elsevier.com/journals/clinical-neurophysiology-practice/2467-981X/guide-for-authors>) and use the submission portal in the Elsevier Electronic System [www.ees.elsevier.com/cnp](http://www.ees.elsevier.com/cnp).

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