Type of article and necessary format

Your manuscript can be of any of the below types and should adhere to guidelines for each type-

Original Research: Can be in the format of research papers, research briefs, research letters. The submission should present research findings relevant to physiology, various intervention studies, examinations of screening and diagnostic tests, analytical cohort and case-control studies, systematic reviews, and cost-effectiveness analyses. Authors are requested to add quantitative measures wherever possible especially for vague patient conditions such as “pain” through pain measurement scales etc.

Include a study period that aligns with the timeline of results and findings for relevance. Below guidelines will need to be followed for research articles-

1. Sample selection:
   Provide a comprehensive account of the selection process for observational or experimental participants, whether they are healthy individuals or patients (including control groups). This should encompass eligibility and exclusion criteria, along with a detailed description of the source population. Since variables like age, sex, or ethnicity may not always be apparent during study design, researchers should strive to include representative populations in all study types. At a minimum, descriptive data for these and other pertinent demographic variables should be provided. Additionally, assess and comment on the representativeness of the study sample in relation to the larger population of interest. The sample selection process should account for physiological and biological differences between patients should be accounted for while measuring strength etc for e.g. hand grip strength can be different for men and women.

   For reporting of demographic data on sex and gender, authors are requested to follow SAGER guidelines-
   https://researchintegrityjournal.biomedcentral.com/articles/10.1186/s41073-016-0007-6

2. Technical Details
   Clearly outline the study's primary and secondary objectives, typically referred to as primary and secondary outcomes. Provide detailed information on methods, equipment (including manufacturer's name and address in parentheses), and procedures, ensuring reproducibility. Reference established methods, including statistical approaches (refer to guidelines below), and briefly describe less-known published methods.
3. Data Sources and retention
   In primary research, provide clear articulation of data collection and interpretation methodology and repository information. In secondary research, clearly specify data sources and appropriately credit publicly available datasets. To ensure the reproducibility of results, authors may be requested to submit research data for editorial review along with the manuscript. Authors should be ready to grant access to this data and keep it available for a reasonable duration following publication
4. Statistical Analysis
   Thoroughly describe statistical methods to allow a knowledgeable reader access to the original data for evaluation and verification of reported results. Quantify findings, including appropriate indicators of measurement error or uncertainty (e.g., confidence intervals). Avoid relying solely on statistical hypothesis testing (e.g., P values), as it lacks crucial information about effect size and estimate precision. Reference standard works for study

design and statistical methods, providing page numbers when possible. Clearly define statistical terms, abbreviations, and symbols. Specify the statistical software package(s) and versions employed. Differentiate prespecified analyses from exploratory analyses, including subgroup analyses.

Each manuscript should include a concise 4-point abstract (Objective, Methods, Results, and Conclusions). The methods section should incorporate details about the study design, participants, intervention, and outcome variables. The main manuscript text should be structured into sections covering Introduction, Methods, Results, Discussion and Conclusion.

The text itself should not exceed 3500 words (including title page, abstract, tables, figures, acknowledgments, key messages, and references), with a maximum of 50 recent references.

Guidelines for each type of original research-

a) **Randomized Controlled Trials(RCTs)/ Experimental Designs**
We recommend authors follow CONSORT 2022 guidelines for randomized controlled trials(RCTs). More information about CONSORT can be found here- https://jamanetwork.com/journals/jama/fullarticle/2799401
b) **Non-randomized controlled Trials (NRCT)**
We recommend authors follow the TREND guidelines for non-randomized controlled trials. Adhere to the TREND checklist as mentioned here- https://www.cdc.gov/trendstatement/pdf/trendstatement_TREND_Checklist.pdf
c) **Observational Studies**
We recommend authors follow the STROBE guidelines for observational studies. More information about STROBE can be found here- https://www.strobe-statement.org/
d) **Qualitative – COREQ**
We recommend COREQ guidelines for reporting qualitative research- https://cdn.elsevier.com/promis_misc/ISSM_COREQ_Checklist.pdf

Case Report

For case reports, we follow CARE guidelines. Please note format below-

1. **Title** – The diagnosis or intervention of primary focus followed by the words “case report”.
2. **Key Words** – 2 to 5 key words that identify diagnoses or interventions in this case report (including "case report").
3. **Abstract** – (structured or unstructured)
    - Introduction – What is unique about this case and what does it add to the scientific literature?
    - The patient’s main concerns and important clinical findings.
    - The primary diagnoses, interventions, and outcomes.
    - Conclusion – What are one or more “take-away” lessons from this case report?
4. **Introduction** – Briefly summarizes why this case is unique and may include medical literature references.

5. **Patient Information**
    - De-identified patient specific information.
    - Primary concerns and symptoms of the patient.
    - Medical, family, and psychosocial history including relevant genetic information.
    - Relevant past interventions and their outcomes.
6. **Clinical Findings** – Describe significant physical examination (PE) and important clinical findings.
7. **Timeline** – Historical and current information from this episode of care organized as a timeline (figure or table).
8. **Diagnostic Assessment**
    - Diagnostic methods (PE, laboratory testing, imaging, surveys).
    - Diagnostic challenges.
    - Diagnosis (including other diagnoses considered).
    - Prognostic characteristics when applicable.
9. **Therapeutic Intervention**
    - Types of therapeutic intervention (pharmacologic, surgical, preventive).
    - Administration of therapeutic intervention (dosage, strength, duration).
    - Changes in therapeutic interventions with explanations.
10. **Follow-up and Outcomes**
    - Clinician- and patient-assessed outcomes if available.
    - Important follow-up diagnostic and other test results.
    - Intervention adherence and tolerability. (How was this assessed?)
    - Adverse and unanticipated events.
11. **Discussion**
    - Strengths and limitations in your approach to this case.
    - Discussion of the relevant medical literature.
    - The rationale for your conclusions.
    - The primary “take-away” lessons from this case report (without references) in a one paragraph conclusion.
12. **Patient Perspective** – The patient should share their perspective on the treatment(s) they received.
13. **Informed Consent** – The patient should give informed consent. (Provide if requested.)

Informed consent from research subjects is mandatory however authors need not submit unless explicitly asked by the editorial office

Authors are requested to also read CARE guidelines for authors for case reports- https://www.care-statement.org/writing-a-case-report

Review article: IJOP welcomes state-of-the-art review articles that provide critical assessments of published literature. Authors are requested to go through PRISMA guidelines for review articles- http://prisma-statement.org/?AspxAutoDetectCookieSupport=1

Review articles should have a typical length of 2500-4000 words (including tables, figures, and references). An abstract of approximately 200 words is required, covering sections such as Context (describing the clinical question or issue and its importance), Evidence acquisition (detailing data sources and search strategies), Results (highlighting major findings based on the highest quality evidence), and Conclusions (emphasizing how therapists should apply current knowledge).

The number of references should not exceed 50, and authors are advised to avoid excessive self-citation.

These guidelines aim to maintain the quality and focus of review articles published in IJOP-

a) **Systematic review and meta analysis (SRMA)- PRISMA**
We recommend authors refer to the PRISMA 2020 checklist for reporting systematic reviews and meta analyses. The PRISMA 2020 Statement, Explanation and Checklist can be found here- http://www.prisma-statement.org/

b) **Meta analyses and systematic reviews of observational studies- MOOSE**
We recommend authors refer to the MOOSE checklist for Meta-analyses of Observational Studies. The MOOSE checklist can be found here- https://legacyfileshare.elsevier.com/promis_misc/ISSM_MOOSE_Checklist.pdf

We recommend the PICO framework for selection of studies. The PICO framework is a tool used to define and structure a clinical research question, making it easier to find relevant studies for a systematic review. PICO stands for Population, Intervention, Comparison, and Outcome. Here's how each component is used:

1. **Population (P)**:
    - **Definition**: Describes the group of patients or population being studied.
    - **Example Questions**: What are the characteristics of the patient or population? What is the condition or disease of interest?
    - **Example**: Adults aged 65 and older with type 2 diabetes.
2. **Intervention (I)**:
    - **Definition**: Refers to the treatment, procedure, or exposure being considered.
    - **Example Questions**: What is the main intervention or treatment being investigated? What is the proposed action or therapy?
    - **Example**: Metformin therapy.
3. **Comparison (C)**:
    - **Definition**: The alternative to the intervention, such as a placebo, different drug, or no treatment.
    - **Example Questions**: What is the main alternative to compare with the intervention? Is there a control group or different treatment?
    - **Example**: Placebo or lifestyle changes.
4. **Outcome (O)**:
    - **Definition**: The effects or results of the intervention.
    - **Example Questions**: What are the anticipated outcomes? What are the effects on the population? What measures are being used to assess the impact?
    - **Example**: Reduction in HbA1c levels, improved quality of life.

Clinical Trial Registry

IJOP supports the registration of clinical trials and adheres to the Statement on publishing clinical trials in Indian biomedical journals. The journal will publish clinical trials that are registered with a registry providing free online public access. Acceptable trial registries include:

- Clinical Trials Registry - India (CTRI)
- Australian New Zealand Clinical Trials Registry (ANZCTR)
- ClinicalTrials.gov
- ISRCTN Registry
- Netherlands Trial Register
- UMIN Clinical Trials Registry (UMIN-CTR)

Authors are requested to include the name of the registry and the date and reference number of the registration

Reports of randomized clinical trials should include details on all key study components, such as the protocol, the process of assigning interventions (randomization methods and allocation concealment), and the blinding method, in accordance with the CONSORT Statement (http://www.consort-statement.org).