



Lahore Medical
Research Center LLP



Policy Document Journal

THE THERAPIST (TT) is an Official Journal of "**Lahore Medical Research Center LLP**" (LMRC) and is being funded and supported by Lahore Medical Research Center LLP (LMRC). THE THERAPIST (TT) () is Biannual, an open access, peer-reviewed international journal that publishes in all fields of health, allied health and biomedical sciences for an internationally diverse authorship. Clinical studies, clinical trials, population studies, public health, discovery medicine, study of microbes, molecular and cellular biology, basic mechanisms of biology, genetics, cancer biology, molecular medicine, pharmacology, virology, chemical biology, immunobiology, chemical biology, physiological and pathological studies are within the scope of journal.

A highly-cited, multi-disciplinary, international editorial board assures timely publication of manuscripts. Reviews on latest advancements in biomedical sciences

B. Guideline for submission of articles

1. **Article Policies**

Publication of any material in denotes that all its authors have agreed to its content and have ensured that 's policies have been fully adhered to. Non-compliance with these policies may mean that an article fails the pre-publication checks and cannot be published.

Authors of posters and slides must ensure that their research and presentations adhere to the policies outlined for posters and slides

1. Originality

All articles submitted to must be original; the work, or large parts of it, must not have been published previously or be currently under consideration or review elsewhere. If there is any significant overlap with another paper, this must be cited in the article and mentioned on submission. uses similarity checker (Turnitin) to check for plagiarism in articles; if clear plagiarism (including self-plagiarism) is identified, the article will be rejected.


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Director ORIC
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Editor-in-Chief
THE THERAPIST
(Journal of Therapies & Rehabilitation Sciences)
Lahore Medical Research Center LLP

strongly discourages excessive or inappropriate self-citation.

Articles previously posted on a preprint server, such as ArXiv, bioRxiv, agriRxiv or PeerJ Preprints can be submitted for publication in. Posters and slides already posted on can be written up as articles, following our article guidelines, and submitted to.

Submitted articles with content that infringes copyright may be rejected if the problematic sections cannot be removed.

Authors who wish to reproduce a figure or table from a previous copyrighted publication are responsible for obtaining the permission of copyright holders and for clearly referencing the original source. Figures that were previously published under a creative commons license may be reused under the condition of the [specific license](#) that applies to those figures.

C. Peer Review Policy

The Journal follows a double-blind peer review process in which neither the authors nor the reviewers know each other's details. The submitted manuscripts will be reviewed for originality, scientific significance, and adequacy of documentation. Further, reviewers are also required to disclose any competing interests (e.g., affiliation with the drug company tested in the study, etc.) on the journal website regarding the manuscripts they are going to review. In case of any serious conflict of interest, another subject expert will be invited to review the manuscript. Authors are required to submit a complete list of byline authors, their affiliations, and contact details in a separate file along with the manuscript file. All the manuscripts submitted will be initially scrutinized within a week for completeness and formatting by the editorial staff. The manuscripts not prepared according to the instructions will be returned to the authors for any corrections/modifications before sending them for peer review. While manuscripts prepared according to the prescribed guidelines will be sent for peer review to at least two independent subject experts (i.e. subject experts affiliated to a different institute than the authors' institute). The manuscripts will be accepted or rejected or sent for modifications according to the reviewers' recommendations. In case of a difference of opinion among both subject experts, the manuscript will be sent to a third reviewer. All parts of accepted manuscripts are subject to editing for scientific accuracy and clarity by the office of the Editor. The manuscripts will undergo copyediting (including modifications in the text, table, and figures, etc.) and layout formatting by the editorial staff. Final articles will be sent to the corresponding authors for proofreading and acceptance of changes made by the editorial staff. The names of the reviewers will be strictly kept confidential and will not be disclosed at any point. Reviewers are expected to keep the scientific data strictly confidential and shall not keep its record or share it with any other colleague. Reviewers must also not use/quote data from the manuscript under review before its publication

D. Originality and Plagiarism Policy

Publication of any material in denotes that all its authors have agreed to its content and have ensured that 's policies have been fully adhered to. Non-compliance with these policies may mean that an article fails the pre-publication checks and cannot be published.

Authors of posters and slides must ensure that their research and presentations adhere to the policies outlined for posters and slides

Originality

All articles submitted to must be original; the work, or large parts of it, must not have been published previously or be currently under consideration or review elsewhere. If there is any significant overlap with another paper, this must be cited in the article and mentioned on submission. uses similarity checker (Turnitin) to check for plagiarism in articles; if clear plagiarism (including self-plagiarism) is identified, the article will be rejected.

strongly discourages excessive or inappropriate self-citation.

Articles previously posted on a preprint server, such as ArXiv, bioRxiv, agriRxiv or PeerJ Preprints can be submitted for publication in . Posters and slides already posted on can be written up as articles, following our [article guidelines](#), and submitted to .

Submitted articles with content that infringes copyright may be rejected if the problematic sections cannot be removed.

Authors who wish to reproduce a figure or table from a previous copyrighted publication are responsible for obtaining the permission of copyright holders and for clearly referencing the original source. Figures that were previously published under a creative commons license may be reused under the condition of the [specific license](#) that applies to those figures.

Purpose

The core purpose of this document is to curb plagiarism by providing clear guidelines on various matters related to plagiarism. Furthermore, it aims to establish Standard Operating Procedures (SOPs) for effective, seamless and proper implementation of anti-plagiarism policy.

Scope

This anti-plagiarism policy shall apply to all research degree programs i.e. MS/MPhil/Equivalent and PhD programs being offered at the University and its sub-campuses.

Definition of Plagiarism

HEC has comprehensively defined plagiarism in its 'Plagiarism Policy'. The excerpt of the said HEC policy is reproduced as under:

“According to Oxford Dictionary, plagiarism is defined as ‘taking and using the thoughts, writings and inventions of another person as one’s own’. This, or various similar definitions found in recognized publications / documents, are very broad and can be used to create awareness about Plagiarism but are not practical enough to apply in order to ascertain guilt or innocence in specific cases. In order to establish the violation of ethical norms, or academic or intellectual dishonesty resulting from Plagiarism and to take punitive actions in this regard, it is

necessary that the variety of forms in which Plagiarism manifests itself are known. These include but are not limited to the following:

- a. Verbatim copying, near-verbatim copying, or purposely paraphrasing portions of another author's paper or unpublished report without citing the exact reference.
- b. Copying elements of another author's paper, such as equations or illustrations that are not common knowledge, or copying or purposely paraphrasing sentences without citing the source.
- c. Verbatim copying portions of another author's paper or from reports by citing but not clearly differentiating what text has been copied (e.g. not applying quotation marks correctly) and /or not citing the source correctly.
- d. The unacknowledged use of computer programs, mathematical / computer models / algorithms, computer software in all forms, macros, spreadsheets, web pages, databases, mathematical deviations and calculations, designs / models / displays of any sort, diagrams, graphs, tables, drawings, works of art of any sort, fine art pieces or artifacts, digital images, computer-aided design drawings, GIS files, photographs, maps, music / composition of any sort, posters, presentations and tracing.
- e. Self-plagiarism, that is, the verbatim or near-verbatim re-use of significant portions of one's own copyrighted work without citing the original source."

Adoption of HEC Policies

As mentioned earlier, all anti-plagiarism policies, rules, regulations and guidelines provided by HEC shall be adopted and fully implemented university-wide in letter and spirit. HEC also issues notifications from time to time as an on-going activity. Therefore, all such notifications shall be deliberated at appropriate forum(s) of for adoption/adaptation in the light of Journal structure/settings.

Turnitin

Turnitin is an internet-based plagiarism detection service, being used globally to check plagiarism. It helps students, faculty, and researchers etc. to determine a similarity index of the submitted documents. HEC is incessantly advising to use Turnitin for checking plagiarism in assignments, papers and reports etc. has already been making use of this extremely useful plagiarism detection software (B). It shall continue to use this software in official capacity. The Journal shall offer Turnitin services as per following guidelines:

Who is Eligible to Get a Turnitin Account?

The Lahore Medical Research Center and our Journal officials shall be eligible for Turnitin account by the virtue of their positions. The supervisors/ LMRC members may also obtain Turnitin account on recommendations of management.

How to get Turnitin Access/Account?

- Download the 'Turnitin Access Form' (C) from webpage of the official website.
- Submit the duly filled, signed and stamped 'Turnitin Access Form' to QEC.
- QEC shall process the request in 2-3 working days and communicate login and password to the eligible candidate on the official email address without intimation (Cc) to anyone.

System Control

To upload a single file, the users are advised to keep in view the general guidelines of Turnitin.

Code of Conduct

The students/Researchers are expected to:

- Ensure the observance of the universal moral principles of research
- Abide by all & LMRC research policies, rules, regulations and guidelines etc.
- Follow local and international applicable research policies and established practices
- Avoid immoral research practices
- Apply suitable and relevant research methods
- Conclude on the basis of critical analysis of the evidence
- Report completely and correctly, the findings of a research
- Keep clear, complete and accurate records of all research
- Acknowledge the individuals who made contributions to the research
- Obtain informed consent from the respondents/unit of analysis, for example, surveys in case of Social

Sciences, a declaration to the respondents/unit of analysis on the assurance of confidentiality and right to withdraw from study at any time prior to data collection

- Keep privacy/secretcy when reviewing others' work, and
- Avoid plagiarism of all nature

Note: Refer to HEC guidelines on 'Ethics of Using Turnitin for Administrators and Faculty' (F). Standard Operating Procedure (SOP) While carrying out research work, the main supervisor can check plagiarism of thesis using officially provided Turnitin account or can request the focal person/HOD of the concerned department under his/her own discretion. The supervisor shall maintain record of complete plagiarism reports of interim documents, for ready reference, as and when required. The final plagiarism report for placement in the hard bound copies shall be generated through officially provided Turnitin account and duly signed by the student, supervisor and the Convener DRC.

Duty to Report

All & LMRC community members have the implicit duty to report to the authorities concerned, in good faith and without fear, any suspected research misconduct like fabrication, falsification and plagiarism etc. and/ or any incident where known facts indicate a possibility of a code or policy violation.

Policy Audit

QEC shall arrange the audit of departments, libraries etc. for checking the implementation of the aforementioned policies and SOPs.

Policy Revision

The policy shall be revised, as and when required

E. Subscription Details

F. Ethical Considerations

If tables, illustrations or photographs, which have already been published, are included, a letter of permission for re-publication should be obtained from author (s) as well as the editor of the journal where it was previously published. Written permission to reproduce photographs of patients, whose identity is not disguised, should be sent with the manuscript; otherwise, the eyes will be blackened out. If a medicine is used, generic name should be used. The commercial name may, however, be mentioned only within brackets, only if necessary. In case of medicine or device or any material indicated in text, a declaration by author/s should be submitted that no monetary benefit has been taken from manufacturer/importer of that product by any author. In case of experimental interventions, permission from ethical committee of the hospital should be taken beforehand. Any other conflict of interest must be disclosed. All interventional studies submitted for publication should carry Institutional Ethical & Research Committee approval letter.

Ethical consideration regarding the intervention, added cost of test, and particularly the management of control in case-control comparisons of trials should be addressed: multi-centric authors' affiliation may be asked to be authenticated by provision of permission letters from ethical boards or the heads of involved institutes.

1. Authorship Criteria

As stated in the Uniform Requirements, credit for authorship requires substantial contributions to (a) the conception and design or analysis and interpretation of the data, (b) the drafting of the article or critical revision for important intellectual content, critical appraisal of findings with literature search and actual write up of manuscript, (c) final approval of the version to be published. Each author must sign a statement attesting that he or she fulfills the authorship criteria of the Uniform Requirements.

The Journal discourages submission of more than one article dealing with related aspects of the same study. The journal also discourages the submission of case reports unless unreported from Pakistan. Unusual but already reported cases should, therefore, be submitted as letters to the editor.

1. Copyright

Instructions to authors appear on the last page of each issue. Prospective authors should consult these before submitting their articles and other material for publication. The journal accepts only original material for publication with the understanding that except for abstracts, no part of the data has been published or will be submitted for publication elsewhere before appearing in this journal. The Editorial Board makes every effort to ensure the accuracy and authenticity of material printed in the journal. However, conclusions and statements expressed are views of the authors and do not necessarily reflect the opinions of the Editorial Board or the journal. Publishing of advertising material does not imply an endorsement by the journal.

1. Proofs


Page proofs will be emailed, without the original manuscript, to the corresponding author for proof correction and should be returned to the editor within three days. Major alterations from the text cannot be accepted. Any alterations should be marked, preferable in red.

G. Privacy Statement

The names and email addresses entered in this journal site will be used exclusively for the stated purposes of this journal and will not be made available for any other purpose or to any other party.

H. Author Agreement Form

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THE THERAPIST
(Journal of Therapies & Rehabilitation Sciences)

Dear Editor:

LETTER OF AUTHORSHIP

This is to confirm that the manuscript titled _____
_____ Submitted for publication in the THE THERAPIST,
has been read and approved by all authors. We, the authors, confirm that:

- ◆ The article has not been published in any other journal;
- ◆ Is being submitted exclusively to THE THERAPIST; and
- ◆ If accepted for publication, it will not be published in any other national or international medical journal.
- ◆ We transfer the copyrights of this manuscript to the journal THE THERAPIST
- ◆ We have disclosed the conflict of interests, funding source and ethical permission. (Please sign & attach Declaration of Conflicting Interests for Reviewers form in download section.)
- ◆ The Submitted article is : Original Research Article : Case Report : Other (Specify)

Sr. No	Author's Full Name with Designation & Institution	Contributions to the Paper (Please Give Brief Description of the Role of Each Author Separately)	Authors Signature
1.			
2.			
3.			
4.			
5.			

Signature & Stamp

I. Deadlines of all processes i.e., duration of paper submission

- From paper submission to first decision: 14 days
- From decision to online publication: 7 days
- Total duration from submission to publication: 30 days

J. Review of articles

Submitted manuscripts are reviewed for originality, significance, adequacy of documentation, reader interest and composition. Manuscript not submitted according to instructions will be returned to the author for correction prior to beginning the peer review/process. Revised manuscripts are judged

on the adequacy of responses to suggestions and criticisms made during the initial review. Each manuscript will be checked for technical, epidemiological, statistical, and ethical and language corrections.

All parts of accepted manuscripts are subject to editing for scientific accuracy and clarity by the office of the Editor. The editorial board of Annals of King Edward Medical University holds the right to a final decision of accepting or rejecting any article from publication in the journal, at all stages including the editorial review

K. Acceptance of articles and Publication of articles
(Instructions To the Authors and Reviewers of The Manuscripts)

INTRODUCTION

The Editorial Board of THE THERAPIST decided to follow the “Uniform requirements for manuscripts submitted to Biomedical Journals: writing & Editing for Biomedical Publications by International Committee of Medical Journal Editors. A brief account of minimum requirements is given below for assisting the authors, reviewers and editors, the full text can be read at, (www.icmje.org). Moreover, plagiarism policy of ICMJE, Higher Education Commission and PMDC will be observed. It is authors’ responsibility to apprise them of plagiarism in any form including paraphrasing and self-plagiarism. The Plagiarism Standing Committee of THE THERAPIST would deal with cases of plagiarism and comprise of staff members, and editors. Those claiming intellectual/ idea or data theft of an article must provide documentary proof in their claim otherwise their case will be sent for disciplinary action.

GENERAL PRINCIPLES

1. Title Page

The title page should carry the following information:

1. The title of the article. Concise titles are easier to read than long, convoluted ones. Authors should include all information in the title that will make electronic retrieval of the article both sensitive and specific.
2. Authors’ names and Title of the Program. The names and other relevant information should be on title page only to ensure blind peer review of research article.
3. The name of the department(s) and institution(s) to which the work should be attributed.
4. Disclaimers, if any.
5. Corresponding authors. The name, mailing address, telephone and fax numbers, and e-mail address of the author responsible for correspondence about the manuscript.
6. The name and address of the Supervisor / Co-Supervisor (s)
7. Source(s) of support in the form of grants, equipment, drugs, or all of these.
8. Word counts. A word count for the text only (excluding abstract, acknowledgments, figure legends, and references). A separate word count for the Abstract is also useful for the same reason.
9. The number of figures and tables.
10. Conflict of Interest Notification Page

To prevent the information on potential conflict of interest for authors from being overlooked or misplaced, it is necessary for that information to be part of the manuscript. It should therefore also be included on a separate page or pages immediately following the title page.

1. Abstract and Key Words

An abstract (requirements for length and structured format vary by journal) should follow the title page. The abstract should provide the context or background for the study and should state the study's purposes, basic procedures (selection of study subjects or laboratory animals, observational and analytical methods), main findings (giving specific effect sizes and their statistical significance, if possible), and principal conclusions. It should emphasize new and important aspects of the study or observations.

Authors are requested to provide, and identify as such, 3 to 10 key words or short phrases that capture the main topics of the article. These will assist indexers in cross-indexing the article and may be published with the abstract. Terms from the Medical Subject Headings (MeSH) list of Index Medicus should be used.

1. Introduction

Provide a context or background for the study (i.e., the nature of the problem and its significance). State the specific purpose or research objective of, or hypothesis tested by, the study or observation; the research objective is often more sharply focused when stated as a question. Both the main and secondary objectives should be made clear, and any pre-specified subgroup analyses should be described. Give only strictly pertinent references and do not include data or conclusions from the work being reported.

1. Material and Methods

The Methods section should include only information that was available at the time the plan or protocol for the study was written; all information obtained during the conduct of the study belongs in the Results section.

(a) Selection and Description of Participants

Describe your selection of the observational or experimental participants (patients or laboratory animals, including controls) clearly, including eligibility and exclusion criteria and a description of the source population. The guiding principle should be clarity about how and why a study was done in a particular way. When authors use variables such as race or ethnicity, they should define how they measured the variables and justify their relevance.

(b) Technical information

Identify the methods, apparatus (give the manufacturer's name and address in parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods (see below); provide references

and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration. Also describe diagnostic or therapeutic procedures if part of the study design.

(c) Statistics

Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify the reported results. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Define statistical terms, abbreviations, and most symbols. Specify the computer software used.

1. Results

Present your results in logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations.

When data are summarized in the Results section, give numeric results not only as derivatives (for example, percentages) but also as the absolute numbers from which the derivatives were calculated, and specify the statistical methods used to analyze them. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables.

1. Discussion

Emphasize the new and important aspects of the study and the conclusions that follow from them. Do not repeat in detail data or other material given in the Introduction or the Results section. For experimental studies it is useful to begin the discussion by summarizing briefly the main findings, then explore possible mechanisms or explanations for these findings, compare and contrast the results with other relevant studies, state the limitations of the study, and explore the implications of the findings for future research and for clinical practice.

Link the conclusions with the goals of the study but avoid unqualified statements and conclusions not adequately supported by the data. Avoid claiming priority and alluding to work that has not been completed. State new hypotheses when warranted.

1. References

(a) General Considerations Related to References

Although references to review articles can be an efficient way of guiding readers to a body of literature, review articles do not always reflect original work accurately. Small numbers of references to key original papers will often serve.

Avoid using abstracts as references. References to papers accepted but not yet published should be designated as “in press” authors should obtain written permission to cite such papers as well as verification that they have been accepted for publication. Information from manuscripts submitted but not accepted should be cited in the text as “unpublished observations” with written permission from the source.

Avoid citing a “personal communication” unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text. For scientific articles, authors should obtain written permission and confirmation of accuracy from the source of a personal communication.

For articles published in journals indexed in MEDLINE, THE THERAPIST considers PubMed (<http://www.pubmed.gov>) the authoritative source for information about retractions.

(b) Reference Style and Format

The Uniform Requirements style is based largely on an ANSI standard style adapted by the National Library of Medicine (NLM) for its databases. For samples of reference citation formats, authors should consult National Library of Medicine web site.

References should be numbered consecutively in the order in which they are first mentioned in the text. Identify references in text, tables, and legends by Arabic numerals in parentheses. The titles of journals should be abbreviated according to the style used in Index Medicus. Consult the list of Journals Indexed for MEDLINE, published annually as a separate publication by the National Library of Medicine.

1. Tables

Tables capture information concisely, and display it efficiently; they also provide information at any desired level of detail and precision. Including data in tables rather than text frequently makes it possible to reduce the length of the text.

Type or print each table with double spacing on a separate sheet of paper. Number tables consecutively in the order of their first citation in the text and supply a brief title for each. Do not use internal horizontal or vertical lines. Give each column a short or abbreviated heading. Authors should place explanatory matter in footnotes, not in the heading. Be sure that each table is cited in the text.

1. Illustrations (Figures)

Figures should be either professionally drawn or photographed, or submitted as photographic quality digital prints. In addition to requiring a version of the figures suitable for printing, THE THERAPIST ask authors for electronic files of figures in a format (e.g., JPEG or GIF) that will produce high quality images in the web version of the journal; authors should review the images.

For x-ray films, scans, and other diagnostic images, as well as pictures of pathology specimens or photomicrographs, send sharp, glossy, black-and-white or color photo-graphic prints, usually 127 x 173 mm (5 x 7 inches). Letters, numbers, and symbols on Figures should therefore be clear and even throughout, and of sufficient size that when reduced for publication each item will still be legible. Figures should be made as self-explanatory as possible, since many will be used directly in slide presentations. Titles and de-tailed explanations belong in the legends, however, not on the illustrations themselves.

Photomicrographs should have internal scale markers. Symbols, arrows, or letters used in photomicrographs should contrast with the background.

If photographs of people are used, either the subjects must not be identifiable or their pictures must be accompanied by written permission to use the photograph. When-ever possible permission for publication should be obtained.

Figures should be numbered consecutively according to the order in which they have been first cited in the text.

1. Legends for Illustrations (Figures)

Type or print out legends for illustrations using double spacing, starting on a separate page, with Arabic numerals corresponding to the illustrations. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one clearly in the legend.

1. Units of Measurement

Measurements of length, height, weight, and volume should be reported in metric units (meter, kilogram, or liter) or their decimal multiples.

Temperatures should be in degrees Celsius. Blood pressures should be in millimeters of mercury, unless other units are specifically required.

1. Abbreviations and Symbols

Use only standard abbreviations; the use of non-standard abbreviations can be extremely confusing to readers. Avoid abbreviations in the title. The full term for which

1. Drug Name

Generic names should be used. When proprietary brands are used in research, include the brand name and the name of the manufacturer in parentheses after first mentioning of the generic name in the Methods section.

1. Guidelines for Authors and Reviewers

All material submitted for publication should be sent exclusively to THE THERAPIST. Work that has already been reported in a published paper or is described in a paper sent or accepted elsewhere for publication, should not be submitted. Multiple or duplicate submission of the same work to other journal should be avoided as this fall into the category of publication fraud and are liable for disciplinary consequences, including reporting to Pakistan Medical & Dental Council and Higher Education Commission. A complete report following publication of a preliminary report, usually in the form of an abstract, or a paper that has been presented at a scientific meeting, if not published in full in a proceedings or similar publication, may be submitted. Press reports of meetings will not be considered as breach of this rule, but additional data or copies of tables and illustrations should not amplify such reports. In case of doubt, a copy of the published material should be included with a manuscript for editors' consideration.

Authors can submit their articles by post or by E-mail: editor@thetherapist.com.pk to the Editor, The Therapist. Article can also be submitted by post or by hand on a Compact Disc (CD) with three hard copies. Articles submitted by E-mail are preferred mode of submission and do not require any hard copy.

All authors and co-authors must provide their contact telephone/cell numbers and E-mail addresses only on the title page of manuscript.

A duly filled-in author's certification proforma is mandatory for publication. The duly signed ACP must be returned to the THE THERAPIST office as soon as possible. The sequence / order of the authors on ACP once submitted shall not be changed at any stage.

It is mandatory to provide the institutional ethical review board / committee approval for all research articles, at the time of submission of article.

The editors reserve the right to edit the accepted article to conform to the house-style of the Journal.

1. General archival and linguistic instructions

Authors should submit the manuscript typed in MS Word. Manuscripts should be written in English in British or American style/format (same style should be followed throughout the whole text), in past tense and third person form of address. Sentences should not start with a number or figure. Any illustrations or photographs should also be sent in duplicate. Components of manuscript should be in the following sequence: a title page (containing names of authors, their postal and Email addresses, fax and phone numbers, including mobile phone number of the

corresponding author), abstract, key words, text, references, tables (each table, complete with title and footnotes) and legends for illustrations and photographs. Each component should begin on a new page. The manuscript should be typed in double spacing as a single column on A4 (8-1/2" x 11" or 21.5 cm x 28.0 cm), white bond paper with one inch (2.5 cm) margin on one side.

Sub-headings should not be used in any section of the script except in the abstract. In survey and other studies, comments in verbatim should not be stated from a participating group. Acknowledgements are only printed for financing of a study or for acknowledging a previous linked work.

From January 2016, all randomized trials should also provide a proof of being registered at the **International RCT Registry**.

1. Material for Publication

The material submitted for publication may be in the form of an Original research (Randomized controlled trial - RCT, Meta-analysis of RCT, Quasi experimental study, Case Control study, Cohort study, Observational Study with statistical support etc.), a Review Article, Commentary, a Case Report, Recent Advances, New techniques, Debates, Adverse Drug Reports, Current Practices, Clinical Practice Article, Short Article, KAP (Knowledge, Attitudes, Practices) study, An Audit Report, Evidence Based Report, Short Communication or a Letter to the Editor. Ideas and Innovations can be reported as changes made by the authors to an existing technique or development of a new technique or instrument. A mere description of a technique without any practical experience or innovation will be considered as an update and not an original article. Any study ending three years prior to date of submission is judged by Editorial Board for its suitability as many changes take place over the period of time, subject to area of the study. Studies more than three years old are not entertained. In exceptional cases, if Editorial Board is of the view that data is important, an extension of one year may be granted. THE THERAPIST also does not accept multiple studies/multiple end publications gathered/derived from a single research project or data (wholly or in part) known as 'salami slices'.

Original articles should normally report original research of relevance to clinical medicine. The original paper should be of about 2000-2500 words excluding abstract and references. It should contain a structured abstract of about 250 words. Three to 10 keywords should be given for an original article as per MeSH (Medical Subject Headings). There should be no more than three tables or illustrations. The data should be supported with 20 to 25 references, which should include local as well as international references. Most of the references should be from last five years from the date of submission.

Clinical Practice Article is a category under which all simple observational case series are entertained. The length of such article should be around 1500 - 1600 words with 15 - 20 references. The rest of the format should be that of an original article. KAP studies, Audit reports, Current Practices, Survey reports and Short Articles are also written on the format of Clinical Practice Article. Evidence based reports must have at least 10 cases and word count of 1000 - 1200 words with 10 - 12 references and not more than 2 tables or illustrations. It should contain a non-structured abstract of about 150 words. Short communications should be of about

1000 - 2200 words, having a structured abstract of about 250 words with two tables or illustrations and not more than 20 references. Clinical case reports must be of academic and educational value and provide relevance of the disease being reported as unusual. Brief or negative research findings may appear in this section. The word count of case report should be 800 words with a minimum of 3 key words. It should have a non-structured abstract of about 100 - 150 words (case specific) with maximum of 5 - 6 references. Not more than 2 figures shall be accepted.

Review article should consist of critical overview/analysis of some relatively narrow topic providing background and the recent development with the reference of original literature. It should incorporate author's original work on the same subject. The length of the review article should be of 2500 to 3000 words with minimum of 40 and maximum of 60 references. It should have non-structured abstract of 150 words with minimum 3 key words. An author can write a review article only if he/she has written a minimum of three original research articles and some case reports on the same topic.

Letters should normally not exceed 400 words, with not more than 5 references and be signed by all the authors-maximum 3 are allowed. Preference is given to those that take up points made in contributions published recently in the journal. Letters may be published with a response from the author of the article being discussed. Discussions beyond the initial letter and response will not be entertained for publication. Letters to the editor may be sent for peer review if they report a scientific data. Editorials are written upon invitation.

Between 3 to 10 key words should be given for all the category of manuscripts under the abstracts as per mesh [medical subject heading].

1. Thesis Based Article

An article, based on dissertation, approved by Advanced Study and Research Board of LMRC (Lahore Medical research Center LLP), which was submitted as part of the requirement for any examination of the LMRC, can be sent for publication provided the data is not more than three years old. A copy of approval letters of synopsis and thesis obtained from LMRC must be submitted with the research paper.

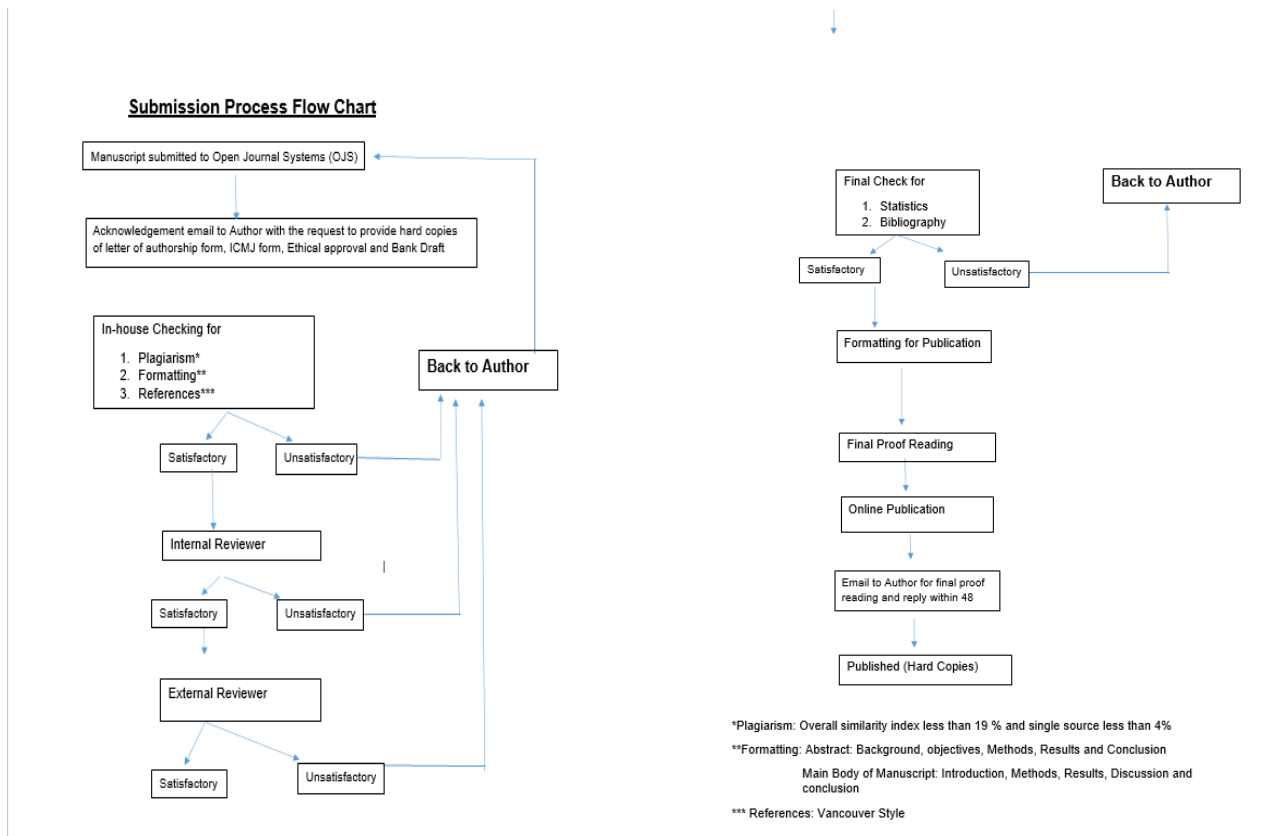
Thesis based article should be re-written in accordance with the journal's instructions to the author guidelines.

Article shall undergo routine editorial processing including external review based upon which final decision shall be made for publication. Such articles, if approved, shall be published under the disclosure by author that 'it is a Thesis based article'

L. Timelines of publication of issues

is biannual journal. Our first issue period is from Jan-Jun each year and second issue period is from July-December every year.

M. steps involved from date of receipt of research article till the publication of article



N. article processing/publication fee

WE have no processing charges.

Fee & Subscription Charges

NIL

O. disclosure and conflict of interest

Authors must include a 'Competing interests' statement. A competing interest will not preclude publication, but it provides full transparency for the reviewers and readers. If there are no

competing interests to declare, the following standard statement is added: 'No competing interests were disclosed'.

A competing interest may be of non-financial or financial nature. Examples of competing interests include (but are not limited to):

- individuals receiving funding, salary or other forms of payment from an organization, or holding stocks or shares from a company, that might benefit (or lose) financially from the publication of the findings;
- individuals or their funding organization or employer holding (or applying for) related patents;
- official affiliations and memberships with interest groups relating to the content of the publication;
- Political, religious, or ideological competing interests.

Authors from pharmaceutical companies, or other commercial organizations that sponsor clinical trials, should declare these as competing interests on submission. The relationship of each author to such an organization should be explained in the 'Competing interests' section. Publications in must not contain content advertising any commercial products.

The International Society for Medical Publication Professionals provides [good practice guidelines](#), which are aimed at ensuring that "clinical trials sponsored by pharmaceutical companies are published in a responsible and ethical manner".

Reviewers are also required to declare any competing interests in their reports, as are readers who contribute comments on the site.

If an undisclosed competing interest is brought to the attention of the editorial office after publication, will follow the [COPE guidelines](#).

Conflict of interests

This Policy states that (THE THERAPIST) requires authors to declare conflict of interests in relation to their work. All submitted manuscripts must include a 'conflict of interests' section at the end of the manuscript and also in letter of Authorship listing all competing interests (financial and non-financial) duly signed by all authors. Where authors have no competing interests, the statement should read "The author(s) declare(s) that they have no competing interests". The Editor may ask for further information or documents relating to conflict of interests.

Editors and reviewers are also required to declare any competing interests and may be excluded from the peer review process if a competing interest exists.

Competing interests may be financial or non-financial. A competing interest exists when the authors' interpretation of data or presentation of information may be influenced by their personal or financial relationship with other people or organizations. Authors should disclose any financial competing interests but also any non-financial competing interests that may cause them embarrassment if they were to become public after the publication of the manuscript.

(THE THERAPIST) requires disclosure of financial conflict of interests that include (but are not limited to):

Receiving reimbursements, fees, funding, or salary from an organization that may in any way gain or lose financially from the publication of the manuscript, either now or in the future.

Holding stocks or shares in an organization that may in any way gain or lose financially from the publication of the manuscript, either now or in the future.

Holding, or currently applying for, patents relating to the content of the manuscript.

Receiving reimbursements, fees, funding, or salary from an organization that holds or has applied for patents relating to the content of the manuscript.

Authors from pharmaceutical companies, or other commercial organizations that sponsor clinical trials, should declare these as conflict of interests on submission and publications should be produced in a responsible and ethical manner. The policies also apply to any company or individuals that work on industry-sponsored publications, such as freelance writers, contract research organizations and communications companies.

(THE THERAPIST) also requires disclosure of non-financial conflict of interests that include (but are not limited to) political, personal, religious, ideological, academic, and intellectual competing interests. Public trust in the scientific process and the credibility of published articles depend in part on how transparently conflicts of interest are handled during the planning, implementation, writing, and publication of scientific work.

P. correction and retraction of research articles

Correction to an Article

In traditional journals, where articles are peer reviewed before publication, Corrections (or Errata) are published to alert readers to errors in the article that became apparent following the publication of the final article.

By contrast, articles undergo peer review post publication and publication is not 'final' as new versions can be added at any stage. Possible mistakes that come to light during the peer review process may be highlighted in the published peer review reports, which are part of the article. Authors can publish revised versions, and any errors that become apparent during peer review or later can be corrected through the publication of new versions. Corrections and changes relative to the previous version are always summarized in the 'Amendments' section at the start of a new version.

Retraction

Articles may be retracted for several reasons, including:

- honest errors reported by the authors (for example, errors due to the mixing up of samples or use of a scientific tool or equipment that is found subsequently to be faulty)
- research misconduct (data fabrication)
- duplicate or overlapping publication
- fraudulent use of data
- clear plagiarism
- unethical research

For any retracted article, the reason for retraction and who is instigating the retraction will be clearly stated in the Retraction notice. The retraction notice will be linked to the retracted article (which usually remains on the site) and the article will be clearly marked as retracted (including the P).

An article is usually only retracted at the authors' request or by the publisher in response to an institutional investigation. It is important to note in the context of 's publication model, that - as in traditional journals - a retracted article is not 'unpublished' or 'withdrawn' in order for it to be published elsewhere. The reasons for retraction are usually so serious that the whole study, or large parts of it, are not appropriate for inclusion in the scientific literature anywhere.

The content of a retracted article would only be removed where legal limitations have been placed upon the publisher, copyright holder or author(s), for example, if the article is clearly defamatory or infringes others' legal rights, or if the article is the subject of a court order. In such cases, the bibliographic information for the article will be retained on the site along with information regarding the circumstances that led to the removal of the content.

Under rare circumstances, for example, if false or inaccurate data have been published that, if acted upon, pose a serious health risk, the original incorrect version(s) may be removed and a corrected version published. The reason for this partial removal would be clearly stated on the latest version.

Q. Contribution and Consents of Each Author

. Publication criteria and authorship

The platform is set up to make it easy for active scientists, clinical researchers and research scholars in all fields to share their research rapidly, and to facilitate a constructive academic discussion. does not have Editors who make an editorial judgement on whether results and data presented in a given article are 'valid'; this is ultimately the authors' responsibility and assessed by expert reviewers.

However, articles on must represent scholarly work that is suitable for formal peer review, so only authors with sufficient training as researchers in subject areas covered by are able to publish. An objective requirement for publication of an article presenting research is therefore primarily based on authorship, as outlined below. (Please note that some gateways have more specific criteria (e.g., a requirement for authors to be affiliated with a specific organization); details can be found in each gateway under "About this gateway".)

Publication criteria for research outputs presenting original data and results:

- Authors must have a formal appointment at a recognized research or clinical institution (or organization) and have reached a certain level of research-based qualification (such as a PhD or MD). An author's activities as an active researcher or scholar should usually be obvious from his/her recent publication record.
- For disciplines outside the sciences, where doctorates are not necessary, a Masters qualification or equivalent may be sufficient; however, the author must have an appointment at a recognized institution and be able to demonstrate his/her activities within the research community (e.g., previous scholarly publications).
- At least one author on the article (who should have made a key contribution to the article) must meet these key criteria for it to be suitable for publication in .
- Scientists, clinical researchers and scholars who wish to submit their research, but who do not meet our standard authorship criteria, will need to be endorsed by an experienced researcher, who does meet our authorship criteria. The author(s) should send the name and details of their nominated endorser to the **editorial office**. Any nominated endorser will be asked to confirm the expertise of the author(s), as well as the scientific standard of the submission. A statement to explain this, along with the endorser's name and affiliation will also be included in the published paper.

Publication of Reviews and Opinion articles

encourages open, scholarly review and debate of research findings, trends and topics that are of direct relevance to researchers in the form of Reviews and Opinion articles. Submissions of this type must represent a useful addition to the scientific literature and must be presented in a format that is suitable for peer review. While researchers who meet the criteria outlined above are entitled to publish any article presenting new research and data, the decision of whether a submitted review or opinion article is suitable for publication and subsequent open peer review by experts, ultimately lies with 's Editorial Director.

Editorials and Faculty Reviews are published by invitation only.

All authors should have made a clear contribution to the published article. As a guide, authors should refer to the criteria for authorship that have been developed by [The International Committee of Medical Journal Editors \(ICMJE\)](#). Each author's contribution must be detailed by selecting [CRediT roles](#) on the article submission form.

Anyone who has contributed but does not meet the criteria for authorship (for example, purely technical or writing assistance) should be listed in the 'Acknowledgments' section. The involvement of any professional scientific or medical writer assistance must be declared. Authors should obtain permission to include the name and affiliation, from all those mentioned in the Acknowledgments section.

Changes in authorship: If the author list of an article changes following its publication, a new version of the article can be published with an explanation included in the 'Amendments' section at the top of the new version. Any changes in authorship must be confirmed by all authors. If the editorial team is unable to contact an author, the corresponding author is responsible for facilitating communication. In agreement with [COPE guidelines](#), the editorial team cannot take responsibility for resolving any disputes over authorship; any disagreements amongst the authors must be settled by the authors' institution(s).

Changes to author names: understands that authors, reviewers or commenters may wish to change their names for many reasons, including marriage, divorce, gender identity recognition and other personal reasons. Following a name change request, the editorial office will require confirmation of the identification of the individual, and in the event of a name change on an author list will notify the corresponding author. Any change of name will not require a new version to be created, all existing versions will be edited to reflect the change; the DOI will remain the same. A Notice of Change will be posted to make readers aware that a name change took place with the following standard text: 'A name change in the author list of this article was requested. The change was implemented on '. Please note that considers it a violation of publishing and personal ethics to request to change the name of another individual without their explicit consent. If an author, reviewer or commenter requires a name change, [please contact](#) the editorial office.

R. Instructions To the Authors and Reviewers of The Manuscripts

INTRODUCTION

The Editorial Board of decided to follow the “Uniform requirements for manuscripts submitted to Biomedical Journals: writing & Editing for Biomedical Publications by International Committee of Medical Journal Editors. A brief account of minimum requirements is given below for assisting the authors, reviewers and editors, the full text can be read at, (www.icmje.org). Moreover, plagiarism policy of ICMJE, Higher Education Commission and PMDC will be observed. It is authors’ responsibility to apprise them of plagiarism in any form including paraphrasing and self-plagiarism. The Plagiarism Standing Committee of would deal with cases of plagiarism and comprise of staff members, and editors. Those claiming intellectual/ idea or data theft of an article must provide documentary proof in their claim otherwise their case will be sent for disciplinary action.

GENERAL PRINCIPLES

2. Title Page

The title page should carry the following information:

11. The title of the article. Concise titles are easier to read than long, convoluted ones. Authors should include all information in the title that will make electronic retrieval of the article both sensitive and specific.
12. Authors’ names and Title of the Program. The names and other relevant information should be on title page only to ensure blind peer review of research article.
13. The name of the department(s) and institution(s) to which the work should be attributed.
14. Disclaimers, if any.
15. Corresponding authors. The name, mailing address, telephone and fax numbers, and e-mail address of the author responsible for correspondence about the manuscript.
16. The name and address of the Supervisor / Co-Supervisor (s)
17. Source(s) of support in the form of grants, equipment, drugs, or all of these.

18. Word counts. A word count for the text only (excluding abstract, acknowledgments, figure legends, and references). A separate word count for the Abstract is also useful for the same reason.
19. The number of figures and tables.
20. Conflict of Interest Notification Page

To prevent the information on potential conflict of interest for authors from being overlooked or misplaced, it is necessary for that information to be part of the manuscript. It should therefore also be included on a separate page or pages immediately following the title page.

2. Abstract and Key Words

An abstract (requirements for length and structured format vary by journal) should follow the title page. The abstract should provide the context or background for the study and should state the study's purposes, basic procedures (selection of study subjects or laboratory animals, observational and analytical methods), main findings (giving specific effect sizes and their statistical significance, if possible), and principal conclusions. It should emphasize new and important aspects of the study or observations.

Authors are requested to provide, and identify as such, 3 to 10 key words or short phrases that capture the main topics of the article. These will assist indexers in cross-indexing the article and may be published with the abstract. Terms from the Medical Subject Headings (MeSH) list of Index Medicus should be used.

2. Introduction

Provide a context or background for the study (i.e., the nature of the problem and its significance). State the specific purpose or research objective of, or hypothesis tested by, the study or observation; the research objective is often more sharply focused when stated as a question. Both the main and secondary objectives should be made clear, and any pre-specified subgroup analyses should be described. Give only strictly pertinent references and do not include data or conclusions from the work being reported.

2. Material and Methods

The Methods section should include only information that was available at the time the plan or protocol for the study was written; all information obtained during the conduct of the study belongs in the Results section.

(a) Selection and Description of Participants

Describe your selection of the observational or experimental participants (patients or laboratory animals, including controls) clearly, including eligibility and exclusion criteria and a description of the source population. The guiding principle should be clarity about how and why a study was done in a particular way. When authors use variables, such as race or ethnicity, they should define how they measured the variables and justify their relevance.

(b) Technical information

Identify the methods, apparatus (give the manufacturer's name and address in parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods (see below); provide references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration. Also describe diagnostic or therapeutic procedures if part of the study design.

(c) Statistics

Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify the reported results. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Define statistical terms, abbreviations, and most symbols. Specify the computer software used.

2. Results

Present your results in logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations.

When data are summarized in the Results section, give numeric results not only as derivatives (for example, percentages) but also as the absolute numbers from which the derivatives were calculated, and specify the statistical methods used to analyze them. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables.

2. Discussion

Emphasize the new and important aspects of the study and the conclusions that follow from them. Do not repeat in detail data or other material given in the Introduction or the Results section. For experimental studies it is useful to begin the discussion by summarizing briefly the main findings, then explore possible mechanisms or explanations for these findings, compare and contrast the results with other relevant studies, state the limitations of the study, and explore the implications of the findings for future research and for clinical practice.

Link the conclusions with the goals of the study but avoid unqualified statements and conclusions not adequately supported by the data. Avoid claiming priority and alluding to work that has not been completed. State new hypotheses when warranted.

2. References

(a) General Considerations Related to References

Although references to review articles can be an efficient way of guiding readers to a body of literature, review articles do not always reflect original work accurately. Small numbers of references to key original papers will often serve.

Avoid using abstracts as references. References to papers accepted but not yet published should be designated as “in press” authors should obtain written permission to cite such papers as well as verification that they have been accepted for publication. Information from manuscripts submitted but not accepted should be cited in the text as “unpublished observations” with written permission from the source.

Avoid citing a “personal communication” unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text. For scientific articles, authors should obtain written permission and confirmation of accuracy from the source of a personal communication.

For articles published in journals indexed in MEDLINE, consider PubMed (<http://www.pubmed.gov>) the authoritative source for information about retractions.

(b) Reference Style and Format

The Uniform Requirements style is based largely on an ANSI standard style adapted by the National Library of Medicine (NLM) for its databases. For samples of reference citation formats, authors should consult National Library of Medicine web site.

References should be numbered consecutively in the order in which they are first mentioned in the text. Identify references in text, tables, and legends by Arabic numerals in parentheses. The titles of journals should be abbreviated according to the style used in Index Medicus. Consult the list of Journals Indexed for MEDLINE, published annually as a separate publication by the National Library of Medicine.

2. Tables

Tables capture information concisely, and display it efficiently; they also provide information at any desired level of detail and precision. Including data in tables rather than text frequently makes it possible to reduce the length of the text.

Type or print each table with double spacing on a separate sheet of paper. Number tables consecutively in the order of their first citation in the text and supply a brief title for each. Do not use internal horizontal or vertical lines. Give each column a short or abbreviated heading. Authors should place explanatory matter in footnotes, not in the heading. Be sure that each table is cited in the text.

2. Illustrations (Figures)

Figures should be either professionally drawn or photographed, or submitted as photographic quality digital prints. In addition to requiring a version of the figures suitable for printing, ask authors for electronic files of figures in a format (e.g., JPEG or GIF) that will produce high quality images in the web version of the journal; authors should review the images.

For x-ray films, scans, and other diagnostic images, as well as pictures of pathology specimens or photomicrographs, send sharp, glossy, black-and-white or color photographic prints, usually 127 x 173 mm (5 x 7 inches). Letters, numbers, and symbols on Figures should therefore be clear and even throughout, and of sufficient size that when reduced for publication each item will still be legible. Figures should be made as self-explanatory as possible, since many will be used directly in slide presentations. Titles and de-tailed explanations belong in the legends, however, not on the illustrations themselves.

Photomicrographs should have internal scale markers. Symbols, arrows, or letters used in photomicrographs should contrast with the background.

If photographs of people are used, either the subjects must not be identifiable or their pictures must be accompanied by written permission to use the photograph. When-ever possible permission for publication should be obtained.

Figures should be numbered consecutively according to the order in which they have been first cited in the text.

2. Legends for Illustrations (Figures)

Type or print out legends for illustrations using double spacing, starting on a separate page, with Arabic numerals corresponding to the illustrations. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one clearly in the legend.

2. Units of Measurement

Measurements of length, height, weight, and volume should be reported in metric units (meter, kilogram, or liter) or their decimal multiples.

Temperatures should be in degrees Celsius. Blood pressures should be in millimeters of mercury, unless other units are specifically required.

2. Abbreviations and Symbols

Use only standard abbreviations; the use of non-standard abbreviations can be extremely confusing to readers. Avoid abbreviations in the title. The full term for which Generic names should be used. When proprietary brands are used in research, include the brand name and the name of the manufacturer in parentheses after first mentioning of the generic name in the Methods section.

2. Guidelines for Authors and Reviewers

All material submitted for publication should be sent exclusively to . Work that has already been reported in a published paper or is described in a paper sent or accepted elsewhere for publication, should not be submitted. Multiple or duplicate submission of the same work to other journal should be avoided as this fall into the category of publication fraud and are liable for disciplinary consequences, including reporting to Pakistan Medical & Dental Council and Higher Education Commission. A complete report following publication of a preliminary report, usually in the form of an abstract, or a paper that has been presented at a scientific meeting, if not published in full in a proceedings or similar publication, may be submitted. Press reports of meetings will not be considered as breach of this rule, but additional data or copies of tables and illustrations should not amplify such reports. In case of doubt, a copy of the published material should be included with a manuscript for editors' consideration.

Authors can submit their articles by post or by E-mail: editor@thetherapist.com.pk to the Editor, The Therapist. Article can also be submitted by post or by hand on a Compact Disc (CD) with three hard copies. Articles submitted by E-mail are preferred mode of submission and do not require any hard copy.

All authors and co-authors must provide their contact telephone/cell numbers and E-mail addresses only on the title page of manuscript.

A duly filled-in author's certification proforma is mandatory for publication. The duly signed ACP must be returned to the office as soon as possible. The sequence / order of the authors on ACP once submitted shall not be changed at any stage.

It is mandatory to provide the institutional ethical review board / committee approval for all research articles, at the time of submission of article.

The editors reserve the right to edit the accepted article to conform to the house-style of the Journal.

2. General archival and linguistic instructions

Authors should submit the manuscript typed in MS Word. Manuscripts should be written in English in British or American style/format (same style should be followed throughout the whole text), in past tense and third person form of address. Sentences should not start with a number or figure. Any illustrations or photographs should also be sent in duplicate. Components of manuscript should be in the following sequence: a title page (containing names of authors, their postal and Email addresses, fax and phone numbers, including mobile phone number of the corresponding author), abstract, key words, text, references, tables (each table, complete with title and footnotes) and legends for illustrations and photographs. Each component should begin on a new page. The manuscript should be typed in double spacing as a single column on A4 (8-1/2" x 11" or 21.5 cm x 28.0 cm), white bond paper with one inch (2.5 cm) margin on one side.

Sub-headings should not be used in any section of the script except in the abstract. In survey and other studies, comments in verbatim should not be stated from a participating group. Acknowledgements are only printed for financing of a study or for acknowledging a previous linked work.

From January 2016, all randomized trials should also provide a proof of being registered at the **International RCT Registry**.

2. Material for Publication

The material submitted for publication may be in the form of an Original research (Randomized controlled trial - RCT, Meta-analysis of RCT, Quasi experimental study, Case Control study, Cohort study, Observational Study with statistical support etc.), a Review Article, Commentary, a Case Report, Recent Advances, New techniques, Debates, Adverse Drug Reports, Current Practices, Clinical Practice Article, Short Article, KAP (Knowledge, Attitudes, Practices) study, An Audit Report, Evidence Based Report, Short Communication or a Letter to the Editor. Ideas and Innovations can be reported as changes made by the authors to an existing technique or development of a new technique or instrument. A mere description of a technique without any practical experience or innovation will be considered as an update and not an original article. Any study ending three years prior to date of submission is judged by Editorial Board for its suitability as many changes take place over the period of time, subject to area of the study. Studies more than three years old are not entertained. In exceptional cases, if Editorial Board is of the view that data is important, an extension of one year may be granted. also does not accept multiple studies/multiple end publications gathered/derived from a single research project or data (wholly or in part) known as 'salami slices'.

Original articles should normally report original research of relevance to clinical medicine. The original paper should be of about 2000-2500 words excluding abstract and references. It should contain a structured abstract of about 250 words. Three to 10 keywords should be given for an original article as per MeSH (Medical Subject Headings). There should be no more than three tables or illustrations. The data should be supported with 20 to 25 references, which should include local as well as international references. Most of the references should be from last five years from the date of submission.

Clinical Practice Article is a category under which all simple observational case series are entertained. The length of such article should be around 1500 - 1600 words with 15 - 20 references. The rest of the format should be that of an original article. KAP studies, Audit reports, Current Practices, Survey reports and Short Articles are also written on the format of Clinical Practice Article. Evidence based reports must have at least 10 cases and word count of 1000 - 1200 words with 10 - 12 references and not more than 2 tables or illustrations. It should contain a non-structured abstract of about 150 words. Short communications should be of about 1000 - 2200 words, having a structured abstract of about 250 words with two tables or illustrations and not more than 20 references. Clinical case reports must be of academic and educational value and provide relevance of the disease being reported as unusual. Brief or negative research findings may appear in this section. The word count of case report should be 800 words with a minimum of 3 key words. It should have a non-structured abstract of about 100

- 150 words (case specific) with maximum of 5 - 6 references. Not more than 2 figures shall be accepted.

Review article should consist of critical overview/analysis of some relatively narrow topic providing background and the recent development with the reference of original literature. It should incorporate author's original work on the same subject. The length of the review article should be of 2500 to 3000 words with minimum of 40 and maximum of 60 references. It should have non-structured abstract of 150 words with minimum 3 key words. An author can write a review article only if he/she has written a minimum of three original research articles and some case reports on the same topic.

Letters should normally not exceed 400 words, with not more than 5 references and be signed by all the authors-maximum 3 are allowed. Preference is given to those that take up points made in contributions published recently in the journal. Letters may be published with a response from the author of the article being discussed. Discussions beyond the initial letter and response will not be entertained for publication. Letters to the editor may be sent for peer review if they report a scientific data. Editorials are written upon invitation.


Between 3 to 10 key words should be given for all the category of manuscripts under the abstracts as per mesh [medical subject heading].

2. Thesis Based Article

An article, based on dissertation, approved by Advanced Study and Research Board of LMRC (Lahore Medical research Center LLP), which was submitted as part of the requirement for any examination of the LMRC, can be sent for publication provided the data is not more than three years old. A copy of approval letters of synopsis and thesis obtained from LMRC must be submitted with the research paper.

Thesis based article should be re-written in accordance with the journal's instructions to the author guidelines.

Article shall undergo routine editorial processing including external review based upon which final decision shall be made for publication. Such articles, if approved, shall be published under the disclosure by author that 'it is a Thesis based article'.


Khurram Mehboob
Director ORIC
Lahore Medical Research Center LLP


Prof. Dr. Riffat Mehboob Ph.D.
Editor-in-Chief
THE THERAPIST
(Journal of Therapies & Rehabilitation Sciences)
Lahore Medical Research Center LLP