

EDITORIAL

Challenges and developments during 2007 and 2008

The last two years have seen several important changes for *Journal of Rehabilitation Medicine (JRM)*. From 2007 the journal has been published by its owner, the Foundation for Rehabilitation Information, and not by a commercial publisher. This has allowed us greater freedom in making decisions on publication matters and has brought economic benefits. We have therefore been able to keep the increase in subscription fees for *JRM* very low, despite substantially increasing the number of pages published. Thus in 2006, 66 papers were published in 6 issues, whereas in 2007, 112 articles were published in 9 issues and in 2008 we expect to publish 140 articles in 10 issues. The number of manuscripts submitted has also increased, from 267 in 2007 to 390 in 2008 and is expected to exceed 500 in 2008. In 2007 there has been a clear trend towards more manuscripts being submitted from different parts of Europe (60% of total submission) and from other continents, for example, Asia and Australia (24%), North and South-America (15%).

One reason for this may be another new and positive event, namely that in autumn 2007 the International Society of Physical and Rehabilitation Medicine (ISPRM), for which *JRM* is now the only official journal, agreed that from 2008 the electronic version of *JRM* should be made available to all individual members of ISPRM. It remains to be seen whether this will also result in an increased number of hits on the electronic journal. We assume, however, that it has already had an impact on increasing interest in submitting manuscripts from different parts of the world, making *JRM* a truly international journal, albeit with its base in Europe. In addition we aim to strengthen our relationships with organizations in Latin America (AMLAR), Asia and Australia (AOSPRM), and as an expression of this we published the abstract book from the Asian-Oceania Congress of Physical and Rehabilitation Medicine (AOCPRM) as a supplement this year (suppl 46).

In this context it should also be mentioned that from 2001 *JRM* has been the official journal of the European Union of Medical Specialists (UEMS) European Board of Physical and Rehabilitation Medicine (EBPRM) and from 2006 of the European Academy of Rehabilitation Medicine. We are very pleased with both connections and we are confident that this will strengthen the journal's European network. *JRM* has recently been asked to be a journal published in association with the European Society of Physical and Rehabilitation Medicine (ESPRM) and we are looking forward to further collaboration with this society. In 2008 we also published the abstract book from the 16th European Congress of Physical and Rehabilitation Medicine (suppl 47) and in 2007 we published the White Book of Physical and Rehabilitation Medicine in Europe (suppl 45). The White Book was also published simultaneously in *Europa Medicophysica*, but only the *JRM* version has all the final corrections made by the Editors and is thus the definitive version.

Publishing *JRM* independently of a commercial publisher has also enhanced the route towards greater open access. We believe that this is within the current line of thinking for scientific

journals, although it will take time to achieve complete open access, both for economic reasons and due to continued interest in maintaining a paper version. Access to the electronic version for individual members of ISPRM, who at present number over 2000, will be a further step towards increasing open access. In addition, *JRM* makes Review papers and Special reports and Newsletters from the organization for full open access immediately at publication. Furthermore, during the preview period all papers are available for open access. One year after publication all papers will then be made freely accessible. We also follow the guidelines of the National Institutes of Health (NIH) and the Wellcome Trust, which are also adopted by national grant committees, to allow the authors to place a pdf file of the published paper on the repository or homepage of their institution or university 6 months after publication. Authors can also purchase immediate open access for their article. In order to finance increasing open access, which may reduce the number of subscribers to the paper version of *JRM*, we have introduced a moderate page charge of 30€ per page for published papers for manuscripts submitted after 1 July 2008. Review papers, Letters to the Editor and invited Special reports are excluded from the page charge, as are manuscripts from authors coming from countries according to WHO's list with too low GNI per capita. We hope that this decision will be accepted by our authors and will not discourage them from submitting good manuscripts. In this context it is also worth noting that *JRM* does not receive any financial support from organizations or commercial interests, other than a moderate contribution from ISPRM to allow their individual members access to the electronic version, and that we only very rarely receive income from advertisements.

Over the last few years *JRM* has had a rather high rejection rate, of around 65%. As we receive many high-quality, interesting manuscripts we have tried to cope with this by successively increasing the size of the journal. However, we still have to reject some manuscripts, which after revision may have been acceptable for publication. We also continuously discuss the main scope of the journal, as described in rather general terms on the inside front cover. We aim for a broad perspective on Physical and Rehabilitation Medicine (PRM), publishing papers from different areas of the speciality, including studies on methodology and interventions within physical medicine, studies of multidisciplinary and comprehensive interventions including also vocational rehabilitation, if possible as randomized controlled studies. We encourage the submission of reports from multidisciplinary teams, including, for example, neuropsychologists, nurses, occupational therapists, physiotherapists and speech therapists, in addition to physicians from PRM and other clinical specialities. We also aim to publish epidemiological and carefully performed follow-up studies to identify rehabilitation problems, in addition to qualitative studies. In recent years there has also been

increasing interest in the development and implementation of the International Classification of Functioning, Disability and Health (ICF), as well as of studies critically analysing the psychometric properties of new or already used instruments. Our intention is to publish a Review paper or Special report of general interest in each issue of *JRM*. Papers concerning different diagnoses are also published. In the last year studies of stroke have increased in number (2007, 29% of total published papers), as have those of patients with pain problems, including those with joint problems (2007, 22%), following a temporary drop in those types of studies. We also have papers on spinal cord injury (2007, 5%), traumatic brain injury (2007, 13%), cardio-respiratory problems (2007, 3%). In addition we include rehabilitation studies in children and elderly people in our scope for the journal.

The number of Editors has increased successively. In addition to the Editor-in-Chief there are now 6 Associate Editors who, for practical reasons, as we need to meet regularly, are at present all except one from Europe. The Associate Editors represent different areas of expertise in PRM and, together with the Editor-in-Chief, handle manuscripts from their own areas of expertise. However, we also aim successively to increase the contribution to the Editorial work from different parts of the world; the Editorial Board currently includes scientists from all continents except Africa and we have reviewers from many countries. During 2006–07 we used 395 reviewers. We are grateful to all of them for their valuable work in improving the quality of *JRM*. The average time for the first review of a manuscript is 4–5 weeks. Members of the Editorial Board often serve as reviewers and, in addition when appropriate,

statistical consultants are used. In a few cases reviewers take too long to complete their reviews. We apologize for this and, in the interests of the authors especially, we would ask all those who are sent papers to review either to refuse the request immediately or to keep as closely as possible to the proposed schedule.

Impact factor has been put forward as an indicator of the scientific quality of a journal, sometimes without recognizing its limitations. It gives only a short-term perspective, as it is based on the number of citations during a specific year of articles published during the preceding two years. Other indicators are the half-time of citations, which gives a longer-term perspective, and the number of hits on the internet version, taking into account the general interest in reading a particular paper in the journal. For rather small, clinical journals in specific fields the impact factor may never be very high and may easily vary from year to year. Bearing in mind these limitations it is very encouraging that for the third year *JRM* has the highest impact factor of the "true" journals in PRM. For 2005 it was 1.799, for 2006 2.168 and for 2007 it is 1.951. The citation half-time is at present rather low (3.8 years) due to the change of name in 2001 from *Scandinavian Journal of Rehabilitation Medicine*, which had a very high citation half-time, to *JRM*, which resulted in earlier citations are not being counted. We will follow further developments with interest, as during 2007 and 2008 we have published a number of Special reports and Reviews of wide general interest.

*Gunnar Grimby, Editor-in-Chief
Göteborg and Uppsala, August 2008*