

EDITORIAL

Journal of Rehabilitation Medicine 2005*Increase of number of pages*

As witnessed by the increasing number of manuscripts submitted to *Journal of Rehabilitation Medicine* over the past years the journal enjoys a solid reputation and has raised a lot of interest. During the first 8 months this year, 141 manuscripts were submitted compared with 93 during the same period in 2003. It is also encouraging to note that there is a relative increase in manuscripts published from Europe outside Scandinavia and from Asia and North-America. However, there is also a drawback to the increasing number of submitted manuscripts in that the percentage of rejected manuscripts has to be kept too high, and we have had to reject manuscripts covering areas of interest for rehabilitation due to the limited number of pages published. It has therefore been decided that from the next volume (2005) 16 extra pages will be added to each issue of the journal.

Content priority

Rehabilitation is a wide clinical field with activities in all ages and within a large number of diagnoses. We have tried to give priority to comprehensive studies of rehabilitation programs, if possible randomized controlled studies, and of specific studies on methods for assessments and on new intervention techniques. Outcome measures have to be improved and developed, and it is therefore promising to see that the new WHO classification "International classification of functioning, disability and health" (ICF) can be used as a conceptual basis. We are looking forward to further experience of its use in research and clinical practice. In this connection it is of interest to note that at the 14th European Congress of PMR in May this year in Vienna sessions on ICF, patient driven outcomes, and teamwork in rehabilitation medicine aroused interest in addition to the traditional sessions on musculoskeletal, pain, neurological and cardio-pulmonary rehabilitation; cancer rehabilitation also being an area of increasing interest.

As indicated in our instructions to the authors, we consider it important to use modern psychometric methods in treatment of ordinal scales, taking into account the rank-invariant properties of such data. There has also been an increasing interest in studies with qualitative methods, exploring phenomena for understanding rehabilitation problems from patient's and clinician's point of view that may not be possible to reach with traditional quantitative methods. Beside regular scientific reports, we also publish Short Communications, which is a way to present interesting and new results in a short form, when a full report is not appropriate and/or to get around the problem of a limited number of pages. We would also encourage more manuscripts with reports of interesting Case Reports in rehabilitation and of Letters to the Editor, either to debate current problems in rehabilitation or as a comment on articles already published.

In the journal we regularly publish review papers, both invited

– as will appear from the recent symposium on Measurement and evaluation of outcomes in rehabilitation – and submitted reviews. Manuscripts on topics of general clinical interest in rehabilitation medicine are especially welcome.

During the last two years we have been fortunate enough to publish some rather comprehensive supplements on special topics. In 2003, we published a supplement based on a symposium on Neurobiological background to rehabilitation; and this year we have published two supplements, "Best evidence synthesis on mild traumatic brain injury: results of the WHO Collaborating Centre for neurotrauma, management and rehabilitation task force on mild traumatic brain injury", and "ICF core sets for chronic conditions". They are both followed-up by a summary and by comments in ordinary issues.

Impact factor

The impact factor is often used as a criterion of the scientific quality of a journal and its articles. However, there are several limitations in this measure. It covers only a short period of the "life" of a paper, and especially in clinical areas it may take some time until a study, where a specific paper is appropriate for citation, is ready for publication. The calculation of the impact factor over such a short period as 2 years also has the risk of being affected by random factors, especially in a small journal with a limited number of published papers per year. Neither does it take the long life of papers for citations into account; this, however, is reported as the Cited Half-time.

For *Journal of Rehabilitation Medicine*, 2003 is the first year with a full report of the impact factor, based on publications in 2001 and 2002, after the change of name from Scandinavian Journal of Rehabilitation Medicine. For those interested you should for 2001 and earlier look at the impact factor under the former name. The impact factor for *Journal of Rehabilitation Medicine* reported for 2003 is 1.068, compared with a calculated average impact factor (one year each for the two names of the journal) of 1.133 in 2002. The impact factor is thus still relatively high, and it is the second highest for journals in rehabilitation medicine affiliated with organisations in that speciality. The cited half-time is rather short for *Journal of Rehabilitation Medicine* by definition, being a new name, whereas it was rather long for Scandinavian Journal of Rehabilitation Medicine, demonstrating the interest over a long period for the papers published in the journal.

We hope in the future to maintain the inflow of good manuscripts of high interest for rehabilitation research. With the increase in size of the journal there will be more space to print interesting manuscripts from different parts of the world, the journal being truly international with specific close contacts with many countries both within and outside Europe.

Gunnar Grimby, Editor-in-Chief