

Neurorehabilitation and Neural Repair

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Article types

Themes

Neurorehabilitation and Neural Repair considers manuscripts addressing clinical or basic science questions relevant to understanding, promoting, or measuring recovery following neural injury or disease. The journal emphasizes the translation of discoveries from the basic sciences to human studies, clinical trials, and rehabilitation practice. As appropriate to the study design, manuscripts are expected to address underlying neural mechanisms, either as a primary focus or as part of the interpretation of results.

Appropriate topics include, but are not limited to:

- randomized controlled trials and well-designed clinical studies of rehabilitation-relevant interventions;
- rigorously designed pilot or feasibility studies with appropriate control conditions, particularly when addressing mechanisms, dose, feasibility, or signal detection;
- neural and physiological mechanisms underlying motor, sensory, cognitive, or behavioral change following neural injury or rehabilitation interventions;
- neural reorganization, plasticity, regeneration, and associated molecular or cellular processes induced by injury, biological interventions, or training paradigms;
- biological or neuromodulatory interventions studied in relation to learning, plasticity, or functional change, including preclinical or translational models with clear relevance to rehabilitation;
- neurophysiological and neuroimaging approaches used to probe activity-dependent plasticity, network organization, or learning during rehabilitation;
- longitudinal, epidemiologic, or trajectory-based studies that inform recovery, disability, participation, or response to rehabilitation;
- innovative research designs, analytical methods, outcome measures, or technologies that advance the study or delivery of neurorehabilitation;

- multidisciplinary approaches that integrate behavioral, technological, biological, and clinical perspectives to reduce disability and enhance participation in individuals with neurologic conditions;
- assistive, bioengineered, digital, or robotic technologies developed for rehabilitation training, assessment, or management of impairment and disability

Manuscripts that do not meet the journal's standards for scientific rigor or fall outside these themes may be returned without external peer review. Final decisions regarding acceptance or rejection are made by the Associate Editors and Editor. Due to the volume of submissions, pre-submission assessments are not provided.

Article Types

Authors should carefully review the article type descriptions and requirements below before submission. Manuscripts that do not conform to the specified criteria may be returned without external review or delayed in processing.

1. Full-Length Original Research Articles

These articles report hypothesis-driven clinical or basic science studies relevant to neurorehabilitation. Full-length original research articles should include an Abstract, Introduction, Methods, Results, and Discussion. The main text must not exceed 4,500 words. A combined maximum of six (6) tables and figures is permitted, and references should not exceed 60. Additional material may be included as online-only supplemental content. Formatting requirements are described below.

2. Methods & Technologies in Neurorehabilitation

These articles describe novel methods, technologies, analytical approaches, devices, or protocols that advance neurorehabilitation research or practice. Submissions should clearly articulate the innovation relative to existing approaches and demonstrate relevance to rehabilitation-related mechanisms, measurement, or intervention.

Methods & Technologies articles should include an Abstract, Introduction, Methods, Results, and Discussion. The main text must not exceed 3,500 words. A combined maximum of five (5) tables and figures is permitted, and references should not exceed 50. Additional material, including technical details, validation data, or code documentation, may be included as online-only supplemental content.

Submissions must include empirical data demonstrating feasibility, performance, reliability, or initial validation of the proposed method or technology. Studies primarily designed to test clinical efficacy or effectiveness should be submitted as Full-Length Original Research Articles and must meet applicable clinical trial registration requirements.

3. *Translational Mechanisms Reports*

These articles report mechanistic studies designed to elucidate neural, physiological, or learning-related processes relevant to neurorehabilitation. The primary aim of these studies is to advance understanding of mechanisms underlying recovery, plasticity, or response to rehabilitation-relevant perturbations, rather than to test clinical efficacy or effectiveness.

Translational Mechanisms Reports should include an Abstract, Introduction, Methods, Results, and Discussion. The main text must not exceed 2,500 words. A combined maximum of four (4) tables and figures is permitted, and references should not exceed 40. Additional material may be included as online-only supplemental content.

Primary outcomes should be mechanistic in nature (e.g., neurophysiological, neuroimaging, biomarker, kinematic, or learning-related measures). Studies submitted under this category are not intended to evaluate therapeutic effects on clinical or functional outcomes and therefore are generally not considered clinical trials under ICMJE definitions. Studies designed to assess clinical efficacy or effectiveness should be submitted as Full-Length Original Research Articles and must comply with the journal's clinical trial registration requirements.

Authors are encouraged to prospectively document study rationale, hypotheses, and analysis plans using appropriate platforms (e.g., OSF or similar repositories), particularly for confirmatory mechanistic studies. Such practices enhance transparency and rigor but are not currently required for consideration under this article type.

4. *Review Articles*

Review articles provide critical, integrative syntheses of the literature that advance understanding of neurorehabilitation and neural repair. Reviews, including systematic reviews, should go beyond descriptive summaries to offer conceptual insight, address underlying mechanisms where appropriate, and clarify implications for future research or clinical translation.

Review articles should include an Abstract; the organization of the main text is flexible. The main text must not exceed 4,500 words, and references should not exceed 75. Summary figures are encouraged. Reviews that do not provide sufficient novelty, conceptual advance, or mechanistic insight may be returned without external review.

5. *Point of View/Directions for Research*

Point of View / Directions for Research articles provide a forum for clinical and basic researchers to critically examine unresolved issues, controversies, or methodological challenges that influence the neurorehabilitation literature. These articles should present a clear, evidence-based perspective on a focused problem and articulate specific, justified recommendations for advancing research in that area.

Submissions may address conceptual, theoretical, or methodological issues and may include broader conceptual frameworks when they are directly tied to identifying problems and proposing directions for future work. These articles are not intended to provide comprehensive literature reviews.

Point of View / Directions for Research articles should include an Abstract. One acceptable structure is Introduction, The Problem, The Perspective or Proposed Framework, and Recommendations for Future Research, although alternative formats may be used. The main text must not exceed 5,000 words, and references should not exceed 75.

6. *Brief Communications*

Brief Communications report concise, focused findings that offer an important new observation relevant to neurorehabilitation. These submissions should present original data and are not intended as literature reviews or as abbreviated reports of intervention efficacy.

Brief Communications must not exceed 1,000 words, may include up to 10 references, and are limited to a combined maximum of two (2) figures or tables. An Abstract is required; subdivision into Introduction, Methods, Results, and Discussion is optional.

In rare instances, case reports may be considered under this article type, but only when the observation is extraordinarily novel and provides clear mechanistic or translational insight.

7. *Registered Reports*

Registered Reports are intended to promote transparency, methodological rigor, and reproducibility by evaluating study rationale, design, and analysis plans prior to data analysis and, when applicable, prior to data collection.

Registered Reports are reviewed in two stages. Stage 1 submissions are evaluated prior to data collection and/or analysis and must include a complete Introduction, Methods, and Proposed Analyses. The main text must not exceed 4,500 words. A combined maximum of six (6) tables and figures is permitted, and references should not exceed 60. Additional material may be included as online-only supplemental content. Submissions judged to be of high quality will receive in-principle acceptance.

Following completion of the study, authors submit the full manuscript, including Results and Discussion, as a Stage 2 submission.

Publication of the Stage 2 manuscript is guaranteed provided that the approved Stage 1 protocol is followed and the conclusions are appropriately supported by the results. Stage 2 submissions must conform to the journal's standard manuscript requirements. Additional details are available at the Registered Reports information page.

Article Type	Abstract	Main Text Word Limit*	References**	Figures/Tables
Full-length original research articles	250	4,500	Up to 60	Up to 6
Methods & Technologies in Neurorehabilitation	250	3,500	Up to 50	Up to 5
Translational Mechanisms Reports	250	2,500	Up to 40	Up to 4
Review Articles	250	4,500	Up to 75	As necessary
Point of View/Directions for Research	250	5,000	Up to 75	As necessary
Brief Communications	250	1,000	Up to 10	Up to 2

Registered Reports	250	4,500	Up to 60	Up to 6
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* Excludes abstract, references, tables and legends

** Please format references using AMA style

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Clinical trial registration

The journal conforms to the [ICMJE requirement](#) that clinical trials are registered in a [WHO-approved public trials registry](#) at or before the time of first participant enrollment as a condition of consideration for publication. The trial registry name and URL, and registration number must be included at the end of the abstract.

For this purpose, a [clinical trial](#) is defined as any research project that prospectively assigns human subjects to intervention or comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. Studies designed for other purposes, such as to study pharmacokinetics or major toxicity (e.g. phase I trials), would be exempt.

All randomized controlled trials submitted for publication in NNR must include a completed Consolidated Standards of Reporting Trials (CONSORT) flow chart.

Reporting guidelines

Your manuscript **must** follow the relevant [EQUATOR Network reporting guidelines](#), depending on the type of study. The [EQUATOR wizard](#) can help identify the appropriate guideline. You will need to upload the appropriate checklist with your submission.

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The preferred format for the text and tables of your manuscript is Word Doc and must be prepared following the formatting instructions below. Please ensure uploaded manuscript files can be edited.

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- double spaced, single column
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- 2.5 cm (1 inch) margins

Do not include line numbers or page numbers, as the system automatically adds these to the PDF generated for reviewers.

Please ensure that you submit editable source files only. The main text should be in Microsoft Word or RTF, the tables as separate Word files, and the figures as separate EPS, JPEG or TIF files. All correspondence, including notification of the Editor's decision and requests for revisions, will be by email.

An important goal of NNR is to foster communication between the basic and clinical research communities whose work is relevant to recovery from neural injury. Therefore, basic science articles should include sufficient explanatory information in the Introduction and elsewhere to permit reading by clinicians, and vice versa. All abbreviations and jargon terms should be defined and kept to a minimum. Other than very common measurement tools, such as the Fugl-Meyer Assessment (F-M), do not use more than 4 abbreviations for names and phrases in the text. Most non-experts cannot hold more than 4 unfamiliar terms in mind over the course of an article.

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Your manuscript's title should be concise, descriptive, unambiguous, accurate, and reflect the precise contents of the manuscript. A descriptive title that includes the topic of the manuscript makes an article more findable in the major indexing services.

Abstract

Please include a structured abstract of 250 words between the title and main body of your manuscript that concisely states the purpose of the research, major findings, and conclusions. Abstracts are not required for Images in Neurorehabilitation. If your

research includes clinical trials, the trial registry name and URL, and registration number must be included at the end of the abstract. Submissions that do not meet this requirement will not be considered.

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Tables:

All tables must have a title, be self-explanatory, and supplement (not duplicate) the text. All abbreviations should be defined. Tables should be placed at the end of the file, following text and references, with callouts for each in the text. Elements in tables should be separated by tabs, not cells or lines.

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All randomized clinical trials must include a CONSORT flow diagram of subject progress through the phases of the trial, as well as meet the CONSORT checklist of items to be included when reporting a randomized trial (<http://www.consort-statement.org/>).

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3. the name, mailing address, email address, and telephone number of the corresponding author to whom proofs and reprint requests should be addressed;
4. word count of the text and the number of figures and tables in the article; and
5. a running title that should not exceed 42 letters and spaces, in the upper right corner.

Abstract: Abstracts may contain up to 250 words and structured with the following subheadings: Background, Objective, Methods, Results, Conclusions. Do not simply repeat the Results in the Conclusions – state what was learned and what needs to be done next. If the study is a clinical trial, include the registry number at the end of the Abstract. It is not included in the word limit (see Section 2.7).

Key Words: Up to 6 key words or terms from MeSH terms in PubMed should be included for use by referencing sources. If you wish to have your paper cited, choose the best terms (<http://www.nlm.nih.gov/mesh/MBrowser.html>).

Headings in the text should appear as follows in bold and italics (please use subheadings as needed): Introduction, Methods, Results, Discussion, and Conclusions/Implications (if not repeating what has been stated).

The Introduction should briefly explain why you have undertaken the study/review. Explain how the study addresses an important problem. What is novel, what is incremental? State your objectives and the hypotheses that are to be tested. Use only the most critical and best studies as references.

The Methods should define the participants, how and why they were chosen, the tools you used, and their reliability and validity for your population, and how you examined your hypotheses. Include how the sample size was determined and how randomization was performed, when applicable. State your primary and secondary outcome measurements and why you chose these. Explain how anonymizing was carried out, when applicable. Justify your statistical methods for primary and secondary analyses. When relevant, the Methods must include a statement that the project was approved by an authorized institutional human research review board or institutional animal research authority.

The Results should include recruitment, baseline data, the number of participants that were in each analysis, the pre-specified statistical comparisons between groups before the analyses of pre- vs post-test results within groups, corrections for multiple comparisons, and adverse events.

The Discussion should interpret the Results, including adjusted analyses, within the hypotheses and potential biases and confounders of the Methods. What is the generalizability of the data? The rationale and significance of the reported research should be explained in terms of its relevance to recovery of neurologic function.

Implications or Conclusions may be added. Latitude to briefly consider the clinical implications of basic research findings is permitted here. Clinical researchers may use this section to suggest what clinical and basic science advances are needed to move the clinical research forward toward value for patients.

Acknowledgments: Acknowledgments should be made at the end of the text. List the agency and number for grant support. Limit personal acknowledgments. Disclosure of any commercial interest of the authors relevant to the subject of the manuscript should follow.

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A submitted manuscript will be considered for publication on the understanding that the work is original, that it is not under consideration for publication elsewhere, it is not previously published, and that if accepted it will not be published later in the same or similar form in any language without the consent of the publisher.

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Other information required for submission

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