

Journal of Parkinson's Disease

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Word count: There are no specific limits, but the Editors-in-Chief ask that all articles are as concise and succinct as possible. As a broad guideline, research articles are usually between 2000-4000 words.

Reviews

Reviews should be authoritative and topical and provide comprehensive and balanced coverage of a timely and/or controversial issue. Reviews should be prepared as detailed above for a Research Report omitting Introduction through Discussion, and include a Conclusion. There is no word count limit, but the Editors-in-Chief ask to keep the manuscript to the point and non-repetitive.

Short Communications

A short communication is an article of original scholarship of unusual interest of less than 1500 words (not including references). An abstract of 100 words or less should be included with no subdivision of text into sections. References should be formatted as above. A total of two tables and/or figures are allowed.

Case reports

The Journal of Parkinson's Disease infrequently publishes clinical descriptions of a single case or a very small case series. These case reports should describe a new or unexpected clinical observation that may have implications for daily clinical care, or that could inspire further research. Submissions for this category should include a brief introduction, a detailed description of the clinical case, followed by a succinct summary of the implications for either daily clinical care or for further research. We welcome the inclusion of videos that illustrate the clinical phenomenon that is being described, if applicable. Case reports should not exceed a maximum of 1500 words.

Global Parkinson's Disease Articles

This section is edited by Associate Editor Roongroj Bhidayasiri. This section aims to highlight the diverse challenges and unique features of PD in different geographical regions. We welcome original research in clinical medicine, translational research, and basic science from all members of the PD healthcare and research communities for this new section. The goal is to share effective solutions and celebrate successful strategies or efforts being made to overcome the challenges being faced in countries and regions around the world. This may include the pathophysiology of PD, impact of environmental factors, access to and availability of treatments, and use of new technologies to improve care provision. Articles should follow the format of a research article or short communication.

Editorial: [Tackling Parkinson's Disease as a Global Challenge](#)

Replication Studies

Authors who are interested in submitting a replication study should first send a short presubmission enquiry to the editors-in-chief indicating which experiment(s) they are attempting to replicate. Only those authors who receive a positive response to their presubmission enquiry should proceed to submitting their full manuscript. Replication studies should present previously unpublished results from experiments that attempt to replicate previously published high-impact publications within the Parkinson's disease field. These studies should present data resulting from direct replications or very close conceptual replications of one or more key experiments from other laboratories. They must have been performed by a group or groups independent of those that published the original study. Replication studies should have appropriate controls, sufficient statistical power, and adequate characterization of reagents, biosamples, and laboratory models. Whether the results are negative or positive, the authors should attempt to clarify any points of contention around original findings and/or provide reasonable explanations for deviations from the original findings. When submitting, select the article type "Replication Study". The publishing charge for Replication Studies is waived.

"How I Examine My Patient" Articles

The section "How I Examine My Patient" hosts short and clinical summaries of the application and results of standard diagnostic tests and therapies. These articles could concern history taking, physical examination or ancillary tests and the description should be concrete, for use in everyday clinical practice.

Articles should be a maximum of 750 words with a maximum of 8 references in the following format:

- Introduction of the clinical dilemma (5-10 sentences)
- Short description of the test or therapy (can be accompanied by a table, figure or supplemental film)
- Discussion (results in own practice)
- Conclusions

One illustrative figure or video, and a summary table may be included.

"Advice to People with Parkinson's in My Clinic" Articles

For this specific section of the journal, we are seeking submissions around clinically relevant questions that commonly arise in daily clinical practice, but for which there is at this point insufficient scientific evidence to make a definitive recommendation. The paper should always have the following structure for the title: "Advice to people with Parkinson's in my clinic: Exercise" or "Advice to people with Parkinson's in my clinic: Cannabis" (exercise and cannabis were just recent examples here).

For the structure of the text itself, we allow fair degree of flexibility, although we recommend that you start by describing why the clinical question that you discuss is actually a commonly occurring problem in clinical practice, and then focus on discussing whatever evidence is available, but also highlighting the lack thereof. Importantly, each paper should end with a dedicated section with the header "What we tell people with Parkinson's in our clinic?"

The typical word count for such a paper would be around 1500 words, although we are open to considering a motivated expansion to a longer paper.

"Hidden Gems" from The Literature of Parkinsonism

The goal of articles in this section is to provide the current generation of readers with significant clinical observations that were published years ago and might be neglected in current reviews or textbooks. Articles should provide an overview of up to 1,000 words, and can add up-to-date insights. Including a short abstract and keywords is recommended as it will help your article's discoverability. They can focus on a single paper, or cite more than one "hidden gem" dealing with the same disorder. This section is by invitation only. If you wish to write for this section, then please first discuss your idea with the Associate Editor for "Hidden Gems": [Peter LeWitt](#).

Opinion/Position Papers

Opinion or Position Papers provide readers with a snapshot update of a highly topical subject in which the author shares their perspective and thoughts on advances and critical issues in the field and speculates on potential outcomes and future developments. These articles are not intended to provide a comprehensive review of a subject area, rather the intention is to help foster debate and discussion around key areas of Parkinson's disease research and therapy. Position Papers present an arguable opinion about an issue and can be supported by reasonable preponderance of empirical evidence. Guidelines:

- Opinion papers should have a maximum of 1000 words (excluding the abstract and references) and Position papers a word count between 2000-4000 words. Both should have an abstract (max 250 words) and 3–5 key words
- Up to 4 figures or tables and 15 references may be included
- To include more words, figures, tables, and references, please get approval of one of the Editors-in-Chief or Associate Editors
- The format of the Title Page, Authorship, Abstract, Keywords, Figures, Tables, References, and Disclosures should follow that for Research Reports
- These article types must pay the required Article Processing Charges for open access unless they were invited.

Hypotheses

A hypothesis article should be a balanced and insightful consideration of a topic with novel hypotheses well presented and supported. The article should be prepared as a Research Report but without Methods or Results sections.

Book Reviews

Book reviews should be 750 words or less and without sections. Suggestions can be proposed to the Editors-in-Chief.

Letters to the Editor

These are short letters to JPD that are either: **A)** Relating to a specific issue/case history. Authors can submit a Letter to the Editor of 1000 words or less for possible inclusion. The Letter should include an abstract (100 words max) and a Plain Language Summary, but no other subdivisions, and should not include more than 15 references and one figure or table. **B)** Comments of 1000 words or less concerning prior articles published in JPD or elsewhere. These letters should have a title, include appropriate references, and include the corresponding author's e-mail address. Letters can be edited, sometimes extensively, to sharpen their focus. They will be accepted, or may be sent for peer review, at the discretion of the Editors. The author of the original paper will be offered to write a response.

Commentaries

Commentaries can be around 1000 words with an abstract, including a Plain Language Summary, and no other subdivisions. It should not include more than 15 references and one figure or table.

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The journal endorses the [ICMJE requirement](#) that clinical trials are registered in a [WHO-approved public trials registry](#) at or before the time of first participant enrollment. However, consistent with the [AllTrials campaign](#), retrospectively registered trials will be considered if the justification for late registration is acceptable. The trial registry name and URL, and registration number must be included at the end of the abstract.

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- All persons eligible for authorship must be included at the time of submission (please see the authorship section for more information).
- Contact information for the corresponding author: name, institutional address, phone, email

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. 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.

For clinical trials, the trial registry name and URL, and registration number must be included at the end of the abstract.

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Reporting on blots and gels results in the manuscript

Example images are found at the bottom of this document.

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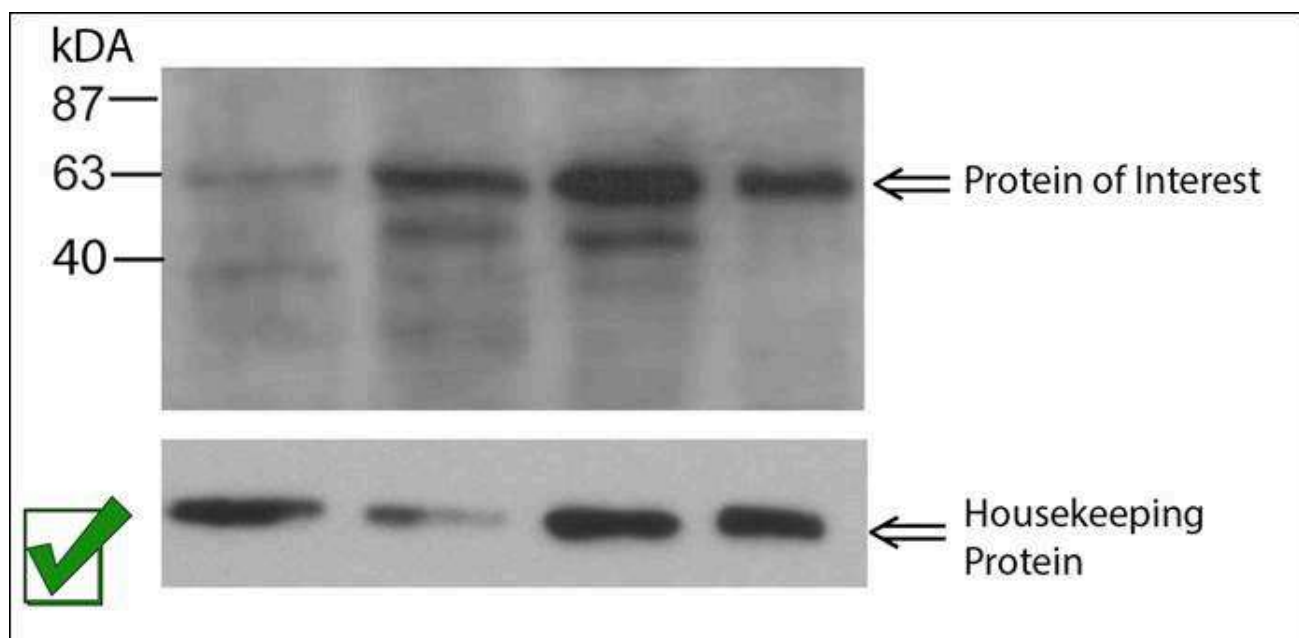
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Identity transparency: Single-anonymized

Reviewer interacts with: Editor

Review information published: None

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