

EDITORIAL

The First Year as *Journal of Rehabilitation Medicine*

The year 2001 was the first year of *Journal of Rehabilitation Medicine* (J Rehabil Med), leaving as it did its former name *Scandinavian Journal of Rehabilitation Medicine* but maintaining its general scope and type of content. As earlier it is a broad clinically oriented journal in rehabilitation medicine aiming to publish original research articles, reviews, short communications, special reports and letters to the editor. Its content includes papers on methodology in physical and rehabilitation medicine, functional assessment and intervention studies, clinical studies in various patient groups, epidemiological studies on disabling conditions and reports on vocational and sociomedical aspects of rehabilitation. Papers have been submitted from all continents, except Africa. Having been recognized as the official journal for the UEMS European Board of Physical and Rehabilitation Medicine (EBPRM), the journal has also received a proportionally larger number of submitted manuscripts from European countries outside Scandinavia (37% during 2001 compared with 28% of the total number of submitted papers during 2000). There is still, by tradition, a relatively large number of submitted papers (for 2002, 36%) from the Scandinavian countries (during 2001, 36%). The number of submitted papers from non-European countries remains the same and has for the last two years been around 30% of the total number. Thus, the journal has a truly international audience both with respect to contributors and subscribers; outside Europe, the latter are primarily to be found in the USA and Japan.

In the agreement with the European Board of Physical and Rehabilitation Medicine it has been decided that information and news from the Board are to be published regularly in *Journal of Rehabilitation Medicine*. This has been done in all issues during 2001. Furthermore, examples of questions and answers used in the European specialist examinations were shown in the 3rd issue in the 2001 volume. In the present issue this has been followed up in an extended form (see pp. 50–56: CME questions). We hope that such a special section will be of value for those preparing their examination but also of general interest to all our readers. It will be one of the contributions defining the content of knowledge for our speciality. European specialists and registered trainees are encouraged to take an individual subscription to *Journal of Rehabilitation Medicine* as part of their continuous medical education (CME) or specialist training. Therefore they have been offered a markedly reduced subscription rate. If this personal invitation has not reached all specialists and trainees, please contact our publishing company Taylor & Francis at journals@se.tandf.no (see the inner page of the cover).

The value of the impact factor has been widely discussed and also criticized. Its ability to characterize the scientific merits of

a journal is generally thought to be limited, and to compare impact factors between journals, not least from different areas, is of little value. Journals from purely clinical areas and especially with papers based on long-term studies cannot reach a high impact factor. Still, the impact factor cannot be neglected, and a few comments on the impact factor for our journal are appropriate. When changing the name of a journal, there will be some confusion about the impact factor for a few years to come. At present there is an impact factor available for Scand J Rehabil Med published in 2000, based on papers published in 1998 and 1999. No impact factor for *Journal of Rehabilitation Medicine* will appear until 2003 and will then only be based on the publications in the 2001 volume. Our 'full' impact factor will not be available until 2004 and is then based on papers published in 2001 and 2002 that are cited during 2003. The small reduction in impact factor for 1999 when it was 0.928 to 0.808 for 2000 might very well be within the random variation. Impact factors for journals with a limited audience and with relatively low number of published papers may easily be subjected to various reasons for variation. It should also be emphasised that the impact factor is an average number for all papers published during two years and among those may be papers of more common interest and more often cited whereas other papers only appeal to a limited audience, still hopefully being of value.

Anyhow, we will continue to work hard to make *Journal of Rehabilitation Medicine* of interest for different professions in rehabilitation medicine around the world and publish papers of high scientific quality, as was the case with Scand J Rehabil Med. For a peer-reviewed journal the work by the reviewers to critically review the papers and give constructive suggestions is of the utmost value for the quality of the journal. We are fortunate to have recruited a number of very qualified reviewers from both inside and outside the Editorial Board. In the last issue of 2001 we published the names of the reviewers during that year and expressed our sincere gratitude. We have discussed whether to disclose the names of the reviewers after each separate article, but have at present decided not to do so, specially as we are recruiting the reviewers within a rather small community of scientists.

We regularly use two reviewers for each paper, one of them often being a member of the Editorial Board. Sometimes we even use three reviewers, especially if the methodology needs special consideration. In addition, statistical consultants are consulted when needed. For about two thirds of all papers sent for peer review, the reviewers are in agreement about the need for revision or the verdict of rejection. Despite the fact that *Journal of Rehabilitation Medicine* is now published bi-monthly, the number of papers submitted is relatively large

compared with the volume of the journal, and the rejection rate is therefore rather high, for 2001 around 60%. In addition, a number of manuscripts are rejected without going through the full review process as they may not be within the scope of the journal.

We try to encourage our referees to complete their review within 3–5 weeks and, in fact, the time between submission and first reply to the authors is around 8 weeks. This also includes the handling time by the Editorial office and the Editor-in-Chief. Unfortunately, this time can for some papers be prolonged, which we regret very much as fast handling of the manuscripts is of vital importance both to the authors and the journal. The average time from acceptance to publication of a paper is now around 6 months, a significant reduction compared with 2000 when it was twice as much.

In the years to come we will continue to publish review papers, special reports on topics not directly based on scientific studies, and short communications in addition to the original scientific papers. To create a scientific debate based on published papers and other relevant material we also welcome Letters to the Editor and hope for a better response than has been the case so far. Hopefully we will be able to get more contributors both from European countries and from the rest of the world.

Göteborg in January 2002

Gunnar Grimby

Editor-in-Chief