

EDITORIAL

Journal of Rehabilitation Medicine – Impact Factor and Current Situation

In terms of the impact factor for this journal, it is only a short time since we changed its name from *Scandinavian Journal of Rehabilitation Medicine* (SJRM) to *Journal of Rehabilitation Medicine* (JRM). The impact factor for 2002 for SJRM is based on the papers published during 2000 (the last year the journal had that name) and for JRM on the papers published during 2001 (the first year with the new name). The impact factor is usually calculated by dividing the number of citations in a particular year (e.g. 2002) of papers published during the previous *two* years (e.g. 2000 and 2001) by the total number of papers published during those two years. Thus the impact factor for SJRM is based on 40 citations during 2002 of a total of 30 papers published during 2000 (40/30) giving an impact factor of 1.333 and for JRM on 45 citations during 2002 of a total of 45 papers published during 2001 (45/45) giving an impact factor of 1.000. The average for SJRM and JRM, which would be the correct way to present the impact factor, is (85/75) 1.133.

Comparing the averaged impact factor for SJRM and JRM with that of other officially connected journals in rehabilitation medicine (physical and rehabilitation medicine) for 2001 and 2002, we are listed as number 2, as seen below:

Journal	2001	2002
<i>Arch Phys Med Rehab</i>	1.371	1.327
<i>Scand J Rehabil Med + J Rehabil Med</i>	1.101	1.133
<i>Disabil Rehabil</i>	0.683	0.889
<i>Clin Rehabil</i>	1.000	0.881
<i>Am J Phys Med Rehab</i>	1.006	0.877

The impact factor for our journal has increased from 0.808 in 2000, to 1.101 in 2001 and to 1.133 in 2002. It is promising that publications in JRM have already been cited as much in 2002; on average 1 citation per paper. We hope that over the coming years our journal will become even more interesting and result in more citations.

By calculating the impact factor over such a short period there is naturally a risk that it will be affected by random factors, especially for a small journal publishing a limited number of papers per year. Furthermore the calculation does not take into account the long life of papers for citations. It is possible to include this factor in calculations, however, and for *Scandinavian Journal of Rehabilitation Medicine* it has been shown that some papers are cited for many years after publication; more than for most journals in our category.

We have received manuscripts on a range of central subject areas in rehabilitation medicine, for example, brain injury, including stroke, pain conditions and cardio-respiratory disorders as well as papers on methodological issues, from assessment and outcome measures to treatment modalities. Randomized con-

trolled studies seem to appear more frequently, which is highly promising; such studies are badly needed in rehabilitation, especially in areas such as the effects of the natural course of disorders over time and those of confounding factors. Studies using qualitative methodology are, however, also of importance in rehabilitation, especially in exploring individual problems for a specific patient or intervention and we are happy that these types of papers are submitted to the journal. Manuscripts have been submitted in from different parts of Europe, but also from other parts of the world. We appreciate the increasing collaboration with scientists in the USA, Asia and Australia.

The journal has published a large number of supplements over the years and this year we have published a supplement entitled “Neurobiological background to rehabilitation”, which includes most of the lectures from a symposium held in 2002 on this topic, which was arranged by the journal. Another supplement is being produced this year based on the work of a WHO-supported taskforce on mild traumatic brain injury, and we expect further supplements next year.

In May this year the Second World Congress of the International Society of Physical and Rehabilitation Medicine was held in Prague. At this congress, there was a special session entitled “Meet the Editor”; chaired by the President of the Congress, Haim Ring. It was a highly successful and stimulating session, during which representatives of 9 international journals gave presentations about their publications. Unfortunately, a few rehabilitation medicine journals were not present, but it was still a valuable initiative and further contact between the journals in our field would be fruitful. It appeared that *Journal of Rehabilitation Medicine* has a reasonably short publication time, with an average time from acceptance to publication of 6 months (range 3–8 months). We would like, however, to reduce this further. Our rejection rate is rather high for this type of journal, being at present 65%.

Without the valuable work carried out by our reviewers (144 reviewers helped us during the years 2001 and 2002) and the members of our Editorial Board, it would not be possible to achieve a journal of its present standard. I would like to thank them all for their contribution to and their support for the journal. We have recently created a special Editorial Committee, who are now highlighted in the list of Editorial Board members. This provides an opportunity for more detailed and on-going discussion about the journal and allows more people to participate in the editorial work.

Together we are working towards an even better journal, which will be of benefit to the development of our field, in which there are opportunities for basic research to interact with clinical research and practice more fruitfully than before.

Gunnar Grimby, Editor-in-Chief
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