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SCANDINAVIAN JOURNAL OF PAIN

Information for Authors

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1. AIMS AND SCOPE

The Scandinavian countries have a long and distinguished tradition of excellent scientific and clinical contributions to pain research and pain management. The Scandinavian Journal of Pain (SJPAIN) was created out of this tradition. As the scientific journal of the Scandinavian Association for the Study of Pain (www.SASP.org), SJPAIN serves as a comprehensive forum for original research from international researchers on all aspects of pain. In order to bring pain-researchers and pain-clinicians up-to-date on important issues, the journal also encourages submissions of topical reviews.

The following research fields are included: Clinical Sciences: Acute Pain; Clinical Sciences: Cancer-related Pain; Clinical Sciences: Chronic Pain; Clinical Sciences: Neuropathic Pain; Epidemiology, Omics and Economics of Pain; Experimental Pain; Methods, Measurements, and Biostatistics; Neurobiology, Pharmacology and Basic Science; Nursing and Pain Management; Psychology of Pain and Pain Management.

2. EDITORIAL POLICY

All contributions will initially be assessed by the Editor-in-Chief for suitability and potential acceptability for the journal. The Editor-in-Chief will assign a Handling Editor or manage the peer-review process by himself. Manuscripts deemed suitable are typically forwarded to a minimum of two independent expert reviewers to assess the scientific quality of the paper. The Editor-in-Chief is responsible for the final decision regarding the acceptance or rejection of the manuscript. The Editor-in-Chief's decision is final.

The journal operates a single-blind peer-review process, i.e., reviewers are typically anonymous to the authors. However, a reviewer may wish at their own discretion to be un-blinded to the authors. The authors are not blinded to the reviewers.

2.1 ETHICAL CONDUCT OF RESEARCH

If the work involves the use of human subjects, the author should ensure that the work described has been carried out in accordance with the Code of Ethics of the World Medical Association (Declaration of Helsinki) for studies involving humans; see also the *Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals* by the ICMJE. Authors should include a statement in the manuscript that informed consent was obtained for trials, including human subjects. The privacy rights of human subjects must always be observed, e.g., stipulated for EU-citizens in the GDPR (General Data Protection Regulation).

The protocol for pain studies on human subjects must be approved by a local, regional or national (depending on the national legislation) Institutional Review Board (IRB)/Research Ethical Committee (REC), or a similar institutional board. The institutional approval (# number) should be indicated in the Abstract and in the Methods section of the manuscript. All interventional studies in human subjects should be registered in an official public database registry (cf. below).

All animal experiments should comply with the ARRIVE guidelines and should be carried out in accordance with the U.K. Animals (Scientific Procedures) Act, 1986 and associated guidelines, E.U. Directive 2010/63/EU for animal experiments, or the U.S. NIH (National Institutes of Health) guide for the care and use of laboratory animals (NIH Publications No. 8023, revised 1978). The authors should clearly indicate in the manuscript – both in the Methods part, and in the ethical statement at the

end of the manuscript – that such guidelines have been followed.

2.2 AUTHORSHIP

The ICMJE (International Committee of Medical Journal Editors) has defined authorship based on these four criteria:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

According to the ICMJE, "All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged in the manuscript. These authorship criteria are intended to acknowledge the status of authorship for those who deserve credit and can take responsibility for the work. The criteria are not intended for use as a means to disqualify colleagues from authorship who otherwise meet authorship criteria by denying them the opportunity to meet criterion **2** or **3**. Therefore, all individuals who meet criterion **1** should have the opportunity to participate in the review, drafting, and final approval of the manuscript."

Authors are expected to carefully consider the order of authors before submitting the manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion, or rearrangement of the order of author names in the authorship list should be made only before the manuscript has been accepted and only if approved by the Editor-in-Chief. To request such a change, the Editor must receive the following from the corresponding author: (**a**) the reason for the change in author list and (**b**) written confirmation (email, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed. During the proofing stage, no more changes of the author list will be possible.

If the manuscript has already been published online, any changes approved by the Editor will result in a corrigendum.

The authors are requested to supply information specifying the contributions of each author in a paragraph titled "Author contributions" in the Ethical statement subsection (cf. 3.9).

The corresponding author should ensure that all authors have approved the manuscript before its submission to SJPAIN.

2.3 DIVIDED OR PUBLICATE PUBLICATIONS

Submission of a manuscript to SJPAIN implies that the work described is not copyrighted, published (as a whole or in part), or submitted elsewhere, except in abstract form, or in a PhD thesis. Relevant abstracts of international scientific meetings are exempted, which should be disclosed on the title page.

The Editorial Office considers it inappropriate for authors to submit a manuscript describing essentially the same research simultaneously to more than one peer-reviewed research journal. In this regard, the ICMJE states:

"Readers of medical journals deserve to be able to trust that what they are reading is original … The bases of this position are international copyright laws, ethical conduct, and cost-effective use of resources. Duplicate publication of original research is particularly problematic because it can result in inadvertent double-counting of data or inappropriate weighting of the results of a single study, which distorts the available evidence."

Also, it should be noted that there is a high likelihood of valuable editorial, and reviewing time being overused. The authors should also be aware of the risk of being trapped in a duplicate publication, an act that may be considered scientific misconduct. Authors are kindly discouraged from dividing the results of a single study into multiple submissions. You can learn more about "Salami-slicing and duplicate publication" here directly from the journal's Editor-in-Chief.

Authors must clearly disclose at submission if another manuscript originated from the same study, has been published elsewhere, or has been submitted to another journal. The similarities and differences between the manuscripts must be explained in detail in the Cover Letter (cf. subsection 3.4). The manuscript submitted to another journal must accompany the submission to SJPAIN.

Please, note that every submission undergoes an automated check for potential plagiarism with the iThenticate software.

2.4 PREPRINT ISSUES

"A preprint is a complete scientific manuscript (often one also being submitted to a peer-reviewed journal) that is uploaded by the authors to a public server without a formal review."

The ICMJE 2021 in "Recommendations for the Conduct, Reporting, Editing, and

Publication of Scholarly Work in Medical Journals" states: "Authors who choose to post their work on a preprint server should choose one that clearly identifies preprints as not peer-reviewed work and includes disclosures of authors' relationships and activities*. It is the author's responsibility to inform a journal if the work has been previously posted on a preprint server. In addition, it is the author's (and not the journal editors') responsibility to ensure that preprints are amended to point readers to subsequent versions, including the final published article*."

In summary, a preprint procedure is allowed for manuscripts submitted to the SJPAIN. However, the procedure should clearly be stated and connotated by the appropriate URL, in the Cover Letter, at the end of the Abstract, and in the Ethical Statement.

- Berg JM, Bhalla N, Bourne PE, Chalfie M, Drubin DG, et al. SCIENTIFIC COMMUNITY. Preprints for the life sciences. Science. 2016;352(6288):899-901. Epub 2016/05/21. doi: 10.1126/science.aaf9133. PubMed PMID: 27199406.

2.5 REPORTING CLINICAL TRIALS

Randomized controlled trials should be presented according to the CONSORT (Consolidated Standards of Reporting Trials guidelines). During manuscript submission, authors must provide the CONSORT checklist and CONSORT 2010 Flow Diagram). A detailed description of the randomization procedure should be incorporated into the manuscript. You can learn more about CONSORT here:

- Schulz KF, Moher D, Altman DG. CONSORT 2010 comments. Lancet. 2010;376(9748):1222-3.
- Moher D, Schulz KF, Altman DG. The CONSORT statement: revised recommendations for improving the quality of reports of parallel-group randomized trials. Ann Intern Med. 2001;134(8):657-62.

All trials must be registered in a publicly accessible registry before the inclusion of the first study subject in accordance with ICMJE's recommendations. A clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (e.g., drugs, surgical procedures, devices, behavioral treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration.

Examples of acceptable registries are EudraCT (European Union Drug Regulating Authorities Clinical Trials) Database, ClinicalTrials.gov, and ISRCTN (International Standard Randomised Controlled Trial Number; recognized by WHO and ICMJE). The name of the registry and the registration number must be included in the Abstract and in the Methods section.

The Editor recommends registering of protocols for systematic reviews and meta-analysis, e.g. in PROSPERO. The Editor recommends visiting the EQUATOR (Enhancing the Quality and Transparency of Health Research) website for information on various guidelines depending on the main study type. The IMMPACT (Initiative on Methods, Measurement, and Pain Assessment in Clinical Trials) has recommended a set of core outcome domains, measures, methods, and strategies in chronic pain. You can learn more about IMMPACT here:

- Taylor AM, Phillips K, Patel KV, Turk DC, Dworkin RH, Beaton D, et al. Assessment of physical function and participation in chronic pain clinical trials: IMMPACT/OMERACT recommendations. Pain. 2016;157(9):1836-50.
- Dworkin RH, Turk DC, Wyrwich KW, Beaton D, Cleeland CS, Farrar JT, et al. Interpreting the clinical importance of treatment outcomes in chronic pain clinical trials: IMMPACT recommendations. J Pain. 2008;9(2):105-21.
- Dworkin RH, Turk DC, Peirce-Sandner S, Baron R, Bellamy N, Burke LB, et al. Research design considerations for confirmatory chronic pain clinical trials: IMMPACT recommendations. Pain. 2010;149(2):177-93.
- Dworkin RH, Turk DC, Farrar JT, Haythornthwaite JA, Jensen MP, Katz NP, et al. Core outcome measures for chronic pain clinical trials: IMMPACT recommendations. Pain. 2005;113(1-2):9-19.

2.6 REPORTING REVIEWS

Reviews are welcome in the SJPAIN. Reviews are divided into systematic and topical reviews (cf. 3.5 Article Types). Systematic reviews and meta-analyses comprehensively evaluate the research evidence regarding a specific scientific query by identification of all relevant studies, assessing quality, analyzing and summarizing content, and providing a balanced conclusion of the findings. Systematic reviews and meta-analyses should conform to the PRISMA ("The Preferred Reporting Items for Systematic reviews and Meta-Analyses") guidelines. Registration of the systematic review, e.g., PROSPERO, is recommended at an early stage. The manuscript submission must include the PRISMA 2020 checklist and the PRISMA 2020 flow diagram.

Topical reviews focus on recent research and development of essential issues in pain medicine.

2.7 COMPETING INTERESTS

Competing interests (e.g., bias or confounding of interest) for a given manuscript exist when a participant in the peer review and publication process – author, reviewer, or Editor – has ties to activities that could inappropriately influence the judgment, regardless of whether the judgment is, in fact, affected or not. Financial relationships with industry (e.g., employment, consultancies, stock ownership, honoraria, expert testimony), either directly or through immediate family members, are usually considered the most important conflicts of interest. However, conflicts can occur for other reasons, such as personal relationships, academic competition, and intellectual passion.

Excerpt from ICMJE 2019 "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals":

"*Individuals may disagree on whether an author's relationships or activities represent conflicts. Although the presence of a relationship or activity does not always indicate a problematic influence on a paper's content, perceptions of conflict may erode trust in science as much as actual conflicts of interest. Ultimately, readers must be able to make their own judgments regarding whether an author's relationships and activities are pertinent to a paper's content. These judgments require transparent disclosures. An author's complete disclosure demonstrates a commitment to transparency and helps to maintain trust in the scientific process.*

Financial relationships (such as employment, consultancies, stock ownership or options, honoraria, patents, and paid expert testimony) are the most easily identifiable, the ones most often judged to represent potential conflicts of interest and thus the most likely to undermine the credibility of the journal, the authors, and science itself. Other interests may also represent or be perceived as conflicts, such as personal relationships or rivalries, academic competition, and intellectual beliefs."

When authors submit a manuscript, they are responsible for recognizing and disclosing financial and/or other conflicts of interest that might bias their work, seen from the reader's perspective. The authors are requested to supply information specifying the bias or confounding of interest of each author in a paragraph titled "Competing interests" in the Ethical Statement (cf. subsection 3.9). Any financial support for and financial or personal connections associated with academic activities during the last *five years* have to be clearly disclosed in the manuscript in the subsection “Research funding”. If no specified concessions are given, it should be stated, “the authors declare no competing interests.”

2.8 COPYRIGHT

Manuscripts are accepted on the condition of transfer of copyright (for U.S. government employees: to the extent transferable) to the publisher on behalf of the Scandinavian Association for the Study of Pain (SASP). Once the manuscript is accepted, it may not be published elsewhere without the consent of the copyright holders. Copyright transfer is not required for Open Access publications.

2.9 OPEN ACCESS PUBLICATION

The Scandinavian Journal of Pain is a hybrid Open Access journal, which means that Open Access (OA) publication under the CC-BY 4.0 license is *optional*. No other publication fees are involved. If you decide for OA publication, the usual Article Processing Charge (APC) is 2,000€ per article, however, discounts may apply for your institution (learn more here). In addition, if you are a

member of the Scandinavian Association for the Study of Pain (SASP), you are eligible for a 50% OA publication discount. If applicable, please indicate during submission whether you are a SASP member and make a note in your cover letter if you consider publishing your article OA, if accepted.

3. PREPARATION OF MANUSCRIPT

3.1 MANUSCRIPT SUBMISSION

Manuscripts should be submitted in the electronic form to our online submission system via http://www.editorialmanager.com/sjpain. As stated above, no submission fee is required. You will be guided through all steps. Please, number the pages of your manuscript before you submit and check the automatically created PDF carefully before your final submission.

Please note that all co-authors will receive a notification e-mail after submission and be required to register and confirm their co-authorship.

3.2 LANGUAGE

Manuscripts must be written in clear and concise English, either consistent British or U.S. English, at the authors' discretion. Please, for non-native English speakers, consider having your manuscript proofread by an English native speaker knowledgeable in medical terms before the submission. The Editorial Office does not have the capacity to proofread manuscripts. The manuscripts will, therefore, early in the Editorial process be returned to the authors if linguistical or syntactical errors blemish the manuscript.

At the galley proof stage, only minor changes, e.g., corrections of typographical errors or essential contextual errors, are allowed.

3.3 UNITS OF MEASUREMENT, DRUG NAMES, EQUIPMENT NAMES AND ABBREVIATIONS

Units of measurement: Temperatures should be given in °C (K) and pressures in mm Hg (kPa) with the alternative unit in parentheses. All other measurements should be reported in the metric system in terms of the International System of Units (I.S.), with the seven base units; ampere (electric current, A); mole (amount of substance; mol); candela (luminous intensity; cd); kelvin (thermodynamic temperature; K); meter (length; m); kilogram (mass; kg), and the second (time; s). From these base units, 22 additional derived units are available. Unit of drug dose is given as mass or mol (e.g., mg or millimole) and drug concentration as mass or mol per unit of volume (e.g., mg/mL or nanomol/L). The prefixes; tera (10^{12}); giga (10^{9}); mega (10^{6}); kilo (10^{3}); milli (10^{-3}); micro (10^{-6}); nano (10^{-9}), and pico (10^{-12}), are used as appropriately.

Drug names: Generic names of drugs should be used in lowercase (e.g., clonidine, norepinephrine, remdesivir). When quoting from specific materials in proprietary drugs, authors must state in parentheses the pharmaceutical company (name, city, country).

Equipment names: Describing common medical devices or scientific instruments in the Methods section, e.g., ECG monitors and ultrasound equipment, or pressure algometers or “weighted pins”, the generic name should be used followed in parentheses by the manufacturing company (version, name, city, country).

Abbreviations: Judicious use of abbreviations is recommended. Abbreviations should be avoided in the Abstract (if at all possible). Abbreviations used in the Figures and Tables should be explained in the legends and captions, respectively. If multiple abbreviations are required in the main text (> 15 abbreviations), consider including a list of abbreviations in alphabetical order at the end of the manuscript.

3.4 COVER LETTER

Every manuscript should be accompanied by a cover letter to the Editor-in-Chief.

The cover letter should include the following:

- Title, authors, number of pages, word count, and number of tables and figures
- Specification of article type (see below)
- Summary of the study's contribution to the scientific literature (in short messaging style [SMS])
- Summary of how the study's findings relate to previous research (in SMS)
- Clear disclosure of any previous publications or parallel submission of the same study to another journal (cf. subsection 2.3: "Divided or duplicate publications") OR as a preprint (cf. subsection 2.4: "Preprint Issues").
- Information about any previous presentation of the data (e.g., at a specific international meeting or as part of a doctoral thesis)
- Confirmation that all authors have read and approved the manuscript in the latest version
- Notice of any conflicts of interest that might be anticipated as influencing the research, as defined above, will be specified (cf. subsections 2.7 and 3.9: Competing interests)
- Suggestions for 2-4 appropriate and relevant reviewers with complete contact details and information about why you consider each reviewer relevant. The objective is to obtain independent reviews that are free from bias; please do not suggest individuals with whom you have worked, any previous co-authors or anyone working at your institution/department
- List of any reviewers you consider opposed (optional)
- Reference to any prior interactions with the Editorial Office regarding the submitted manuscript

The cover letter may include:

- Permissions granted to reproduce or adapt any copyrighted material from another source or notice that permissions are pending. Indicate the original source(s) in the legend of the illustration, or as appropriate in a footnote to the text.

3.5 ARTICLE TYPES

SJPAIN welcomes high-quality reports on original basic and clinical research; comprehensive systematic or topical reviews; hypothesis-generating or educational case-reports and observational studies; short communications and letters to the Editor. Open Access publication is possible. An overview of the article types, structure, sequence, and requirements can be found in the form of a quick checklist on the last page of this document.

- Systematic Review: Comprehensive systematic reviews can include meta-analyses when appropriate. Abstract (structured): 300 words; Introduction: 700 words; Methods: no limit; Results: no limits; Discussion: 1,500 words (references, tables, legends excluded).

- **Topical Review:** Topical reviews focus on recent research and development of important issues in pain medicine. Abstract (structured): 300 words; Introduction: 500 words; Methods: 500; Results: 750; Discussion: 1,000 words (references, tables, legends excluded).
- **Clinical Research**: Word limits; Abstract (structured): 300 words; Introduction: 700 words; Methods: 1,000; Results: 1,000; Discussion: 1,500 words (references, tables, legends excluded).
- **Observational Study:** Should describe new and important observations that may generate hypotheses that can subsequently be tested in proper clinical and/or basic research. Word limits: Abstract (structured): 300 words; Introduction: 500 words; Methods: 500 words; Results: 1,000 words; Discussion: 1,000 words (references, tables, legends excluded).
- **Original Experimental:** Word limits; Abstract (structured): 300 words; Introduction: 700 words; Methods: 1,000; Results: 1,000; Discussion: 1,500 words (references, tables, legends excluded).
- **Short Communication:** Short communications report novel research findings of timely importance. Word limits; Abstract (structured): 200 words; Introduction: 500 words; Methods: 500; Results: 500; Discussion: 750 words (references, tables, legends excluded).
- **Case report**: Case reports that clearly have educational value may also be accepted. Abstract (structured): 200 words, maximum: 1,000 words (references, tables, legends excluded).
- **Letter to the Editor:** Letters containing a critical assessment of papers recently published in the Scandinavian Journal of Pain will be considered for publication in the correspondence section. Letters should not exceed 1,000 words, including references as necessary, one table or one figure. Letters should have a heading and no abbreviations. If related to a previously published article, the article should be identified by title, author(s), and volume/page numbers or DOI. All letters are subject to Editorial review. At the Editor's discretion, a letter may be sent to authors of the original paper for comment, and both the letter and reply may be published together.
- **Editorial Comment**: Invited comments on published papers, contemporary topics of interest, and Editorial issues. Word limits 1,250 (references, tables, legends excluded).

Please refer to our quick checklist at the end of this document, which gives you an overview of structure, sequence, and word limits for the different article types.

3.6 TITLE PAGE

The title page should contain the title, author names, authors affiliation (including email addresses), corresponding author's contact information, previous presentation of study data at scientific meetings (name of the meeting, venue of the meeting (city, country/state), date (DD-MM-YYYY), abstract (URL or DOI if available), and word count for the manuscript (per section [Introduction, Methods, Results, and Discussion] and total).

3.7 STRUCTURED ABSTRACT AND KEYWORDS

Use the following subheadings in the structured Abstract for original articles:

- Objectives
- Methods
- Results
- Conclusions

For reviews, structuring the abstract is not mandatory but highly recommended:

- Objectives
- Content
- Summary
- Outlook

Immediately below the Abstract, please give the Ethical committee number (IRB #/REC#) and, if required, the Trial registry number. Finally, provide 4-6 keywords as MESH-terms. These keywords are essential for scientific indexing purposes.

3.8 STRUCTURED MAIN TEXT

The structure of the main text in most article types (subsection 3.4 and 3.10) conforms to the classical IMRaD (Introduction, Methods, Results, and Discussion). The IMRaD model is propagated by ICMJE in "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals." Numbered headings are allowed, e.g., manuscript sections: 1. Introduction, 2. Methods, 3. Results, 4. Discussion. Up to three levels of subheadings are allowed (e.g., manuscript subsections: 2.1, 2.1.1, 2.1.1.1). Please, start each manuscript section on a new page. Also, please, remember the pagination of the manuscript (adding page numbers facilitates the communication process between the reviewers and the authors).

3.9 ETHICAL STATEMENT

After the main text, before the References, the manuscript should include an ethical declaration with the following paragraphs:

Acknowledgments (optional)**:** Individuals contributing significantly to the research, however, not fulfilling the criteria for authorship (cf. subsection 2.2), should be acknowledged. Since acknowledgment may imply endorsement by acknowledged individuals of a study's data and conclusions, it is recommended that the corresponding author obtains written permission to be acknowledged from all individuals mentioned.

Research funding: This section should describe funding sources that have financially supported the work (including grant numbers if applicable.) If you do not have obtained any research funding, the following or a similar statement should be included: *"Research funding: Authors state no funding involved."*

Author contributions: It should be verified that all authors critically revised the manuscript, gave final approval for publication, and agree to be accountable for all aspects of the work. This could be expressed as in the following statement: *"All authors have accepted responsibility for the entire content of this manuscript and approved its submission."* The specific contributions of each author may be presented (optional) regarding: inception and design of the study, drafting the protocol, data acquisition, data analyses, data interpretation, and drafting of the manuscript.

Competing interests: Please find detailed information regarding potential conflicts of interest in subsection 2.5. If no competing interests are present, the following or a similar statement should be included: *"Competing interests: Authors state no conflict of interest".*

Informed consent: The protection of privacy is a legal right that must not be breached without individual informed consent. In cases where the identification of personal information is necessary for scientific reasons, authors should obtain full documentation of informed consent, including

written permission from the patient prior to inclusion in the study. The following or a similar statement should be included: *"Informed Consent: Informed consent has been obtained from all individuals included in this study."*

Ethical approval: Please indicate compliance with ethical guidelines (see 2.1 for more information). For studies on humans, the following or a similar statement should be included: *"Research involving human subjects complied with all relevant national regulations, institutional policies and is in accordance with the tenets of the Helsinki Declaration (as amended in 2013), and has been approved by the authors' Institutional Review Board (IRB #xxxx) or equivalent research ethical committee (REC# xxx-Nr.: xx/x)."*

For studies on animals, the following or a similar statement should be included: "Research involving animals complied with all relevant national regulations and institutional policies (xxxx) for the care and use of animals. (xxx-Nr.: xx/x)."

3.10 FIGURES

Illustrations will be reduced in size to fit, whenever possible, the width of a single column. Lettering in all figures within the article should be uniform in style, preferably a *sans serif* typeface (Arial or Calibri), and of sufficient size so that it is readable. Uppercase letters A, B, C, etc. should be used to identify parts of multi-panel figures. Cite all figures in the text in numerical order. Indicate the approximate position of each figure in the text. Refer to figures in the text (Fig. 1, Fig. 2 etc.) and in the figure legends as **Fig. 1**, **Fig. 2** etc. Figures should have a minimum resolution of 300 dpi (halftone figures) and 1,200 dpi (line drawings) and be of good contrast. The format compressions JPEG, PNG and TIFF are preferred.

Please, note that if any of the figures you used are copyrighted, you need to obtain permission from the copyright owners to reproduce these figures in SJPAIN. You also need to document the copyright permission in the respective figure legend.

Line drawings and photographs must be of high quality. Please, note that subtle shading nuances may be lost upon reproduction. The number of figures allowed for each article type is indicated in quick checklist (appendix).

Figure legends: Figure legends are inserted below the appropriate figure, after the Ethical Statement and before the tables (cf. appendix). Provide a short descriptive title for each figure. Explain all symbols and abbreviations used in the figures. Remember to use the same abbreviations as in the body-text. Figure legends should be self-explanatory. Please, in the manuscript, indicate the approximate position of each figure.

3.11 TABLES

Submit tables on separate pages and number them consecutively using Arabic numerals. Provide a short descriptive title, column headings, and below the table a short caption with essential information, and footnotes to make each table self-explanatory. Abbreviations should be explained in the captions. Refer to tables in the text as Table 1, etc. Use **Table 1**, etc. in the table captions. Please, in the manuscript, indicate the approximate position of each table.

Please note that if any of the tables you used are copyrighted, you need to obtain permission from the copyright owners to reproduce these tables in SJPAIN. You also need to document the copyright permission in the respective table caption. The number of tables allowed for each article type is

indicated in the quick checklist (appendix).

3.12 SUPPLEMENTARY FILES

Supplementary files to be published online only, are welcome in SJPAIN. We encourage the submission of underlying data sets, appendices, additional figures or tables, video files, or animations as needed. The auxiliary files should be relevant information for the manuscript, but which due to space restrictions do not or cannot appear in the printed edition of the journal. Supplementary files should be uploaded during manuscript submission.

During uploading use the filenames:

- figureS1, figureS2 etc. for figures
- tableS1, tableS2 etc. for tables
- appendixS1, appendixS2 etc. for appendices (e.g., additional text for the Methods or Results sections).

The supplementary files should be cited at the appropriate sites in-text using the above-mentioned acronyms. A list of supplementary files should be placed immediately after the Tables' section (cf. appendix). SJP encourages storing research data for public access in data repositories.

3.13 REFERENCES

- Use an updated reference managing program (e.g., EndNote, Mendeley)
- References have to be written in Vancouver style.
- Bibliometric abbreviations of journal names can be found in the NLM Catalog.
- References are listed in numerical order, and in the same order in which they are cited in the text. The reference list appears at the end of the paper.
- Use Arabic numerals (1, 2, 3, 4, 5, 6, 7, 8, 9) in parentheses [8].
- The reference list should include all and only those references you have cited in the text.
- Begin your reference list on a new page titled "References."
- In references with more than six authors, only the first six authors are included, followed by "et al".
- Check the reference details against the actual source - indicating that you have read the source when you cite it.
- Be consistent with your referencing style across the document and the list.
- Please, observe that the DOI (Digital Object Identifier) system should be included (facilitating electronic retrieval).

Adhere strictly to the reference style of the Journal (Vancouver; recommendations of the “International Committee of Medical Journals Editors"; see Reference Style). All references mentioned in the Reference list must be mentioned in the text, and vice versa. List and number the references consecutively in the order that they appear in the text, including Tables and Figures. In the text, identify references by Arabic numerals in [parentheses]. *Italic* and **bold** font type in the Reference section is not allowed. List all authors; if the number is 7 or more, list the first 6 names followed by et al. Identify authors by last name first, followed by up to 2 initials, without periods, indicating the authors’ first name. Only the first name of the title is capitalized, as well as proper

names within the title. Journal names are abbreviated as indicated in PubMed and in the Web of Knowledge (NIH.Linkout.Journals; Web of Knowledge), without periods. After the abbreviated journal name, give the year of publication, followed by a semicolon, volume number (but no issue number), followed by a colon, and the page numbers, with the last page number in shortened format. Meeting abstracts may be cited only if published in journals. Unpublished observations and personal communications are cited only in the text. Correct linking of the references depends on strict adherence to Journal style.

Examples:

Print Journal article: Nuwailati R, Curatolo M, LeResche L, Ramsay DS, Spiekerman C, Drangsholt M. Reliability of the conditioned pain modulation paradigm across three anatomical sites. Scand J Pain 2020;20:283-96.

Print Journal article with more than six authors: Papathanasiou T, Springborg AD, Kongstad KT, Staerk D, Møller K, Taylor BK, et al. High-dose naloxone, an experimental tool uncovering latent sensitisation: pharmacokinetics in humans. Br J Anaesth 2019;123:e204-e14.

Ahead-of-print article: Flink IK, Reme S, Jacobsen HB, Glombiewski J, Vlaeyen JWS, Nicholas MK, et al. Pain psychology in the 21st century: lessons learned and moving forward. Scand J Pain 2020 Apr 28. DOI: 10.1515/sjpain-2019-0180 [Epub ahead of print].

Online-only journal article: Gavanda S, Isenmann E, Schlöder Y, Roth R, Freiwald J, Schiffer T, et al. Low-intensity blood flow restriction calf muscle training leads to similar functional and structural adaptations than conventional low-load strength training: A randomized controlled trial. PLoS One 2020;15(6):e0235377. DOI: 10.1371/journal.pone.0235377.

Books and monographs: Ballantyne JC, Fishman SM, Rathmell JP, editors. Bonica's Management of Pain. Fifth ed: Wolters Kluwer 2019.

Chapter in a book: Massey MT, Harden RN. Complex Regional Pain Syndrome. In: Ballantyne JC, Fishman SM, Rathmell JP, editors. Bonica's Management of Pain. Fifth ed: Wolters Kluwer 2019:341-62.

Website: World Health Organization. Laboratory testing for 2019 novel coronavirus (2019-nCoV) in suspected human cases. Interim guidance. 19 March 2020 | COVID-19: Laboratory and diagnosis. Available at: https://www.who.int/publications/i/item/10665-331501. Accessed 8 February 2021.

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SECTIONS	SYSTEMATIC REVIEW§	TOPICAL REVIEW	CLINICAL RESEARCH	OBSERVATIONAL STUDY	ORIGINAL EXPERIMENTAL	SHORT COMMUNICATION	CASE REPORT
Cover letter	✓	✓	✓	✓	✓	✓	✓
Title page	✓	✓	✓	✓	✓	✓	✓
Abstract	✓ (300 words)	✓ (300 words)	✓ (300 words)	✓ (300 words)	✓ (300 words)	✓ (200 words)	✓ (200 words)
Ethical committee #			✓	✓	✓	✓	
Trial registry #	✓	✓	✓	✓	✓	✓	
Keywords & word count	✓	✓	✓	✓	✓	✓	✓
Introduction	✓ (700 words)	✓ (500 words)	✓ (700 words)	✓ (500 words)	✓ (700 words)	✓ (500 words)	
Methods	✓ (no limit)	✓ (500 words)	✓ (1000 words)	✓ (500 words)	✓ (1000 words)	✓ (500 words)	
Results	✓ (no limit)	✓ (750 words)	✓ (1000 words)	✓ (1000 words)	✓ (1000 words)	✓ (1000 words)	
Discussion	✓ (1500 words)	✓ (1000 words)	✓ (1500 words)	✓ (1000 words)	✓ (1500 words)	✓ (750 words)	TOTAL 1250 WORDS*
Ethical Statement							
- Acknowledgments	✓	✓	✓	✓	✓	✓	✓
- Research funding	✓	✓	✓	✓	✓	✓	✓
- Author contributions	✓	✓	✓	✓	✓	✓	✓
- Competing interests	✓	✓	✓	✓	✓	✓	✓
- Informed consent			✓	✓	✓	✓	✓
- Ethical approval			✓	✓	✓	✓	✓
Figures (+ legends)	✓ (max. 4)	✓ (max. 2)	✓ (max. 4)	✓ (max. 4)	✓ (max. 4)	✓ (max. 1)	✓ (max. 1)
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Supplementary files	✓	✓	✓	✓	✓	✓	✓
References	✓ (no limit)	✓ (max. 45 refs)	✓ (max. 60 refs)	✓ (max. 45 refs)	✓ (max. 60 refs)	✓ (max. 30 refs)	✓ (max. 10 refs)

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§ Meta-analysis
* Abstract included