PAIN Instructions for Authors

1. Journal Information

PAIN® is the official publication of the International Association for the Study of Pain® (IASP®). *PAIN* publishes original research on the nature, mechanisms, and treatment of pain and provides a multidisciplinary forum for the dissemination of basic and applied pain research.

This PDF file includes bookmarks to assist navigation.

Last updated 19 December 2024

Editor-in-Chief

Karen D. Davis, Ph.D., FCAHS, FRSC
Canada Research Chair in Acute and Chronic Pain Research
Senior Scientist, Division of Brain, Imaging and Behaviour, Krembil Brain Institute,
Toronto Western Hospital, University Health Network; and
Professor, Department of Surgery and Institute of Medical Science
University of Toronto
Toronto, ON, Canada

Contact Details for Submission

All manuscripts must be submitted online at http://www.editorialmanager.com/pain.

All inquiries should be directed to the Managing Editor, Peter DelGobbo, at painj@iasp-pain.org.

2. Ethical and Legal Considerations

2.1 – Authorship

PAIN abides by the Authorship Criteria set by the International Committee of Medical Journal Editors (ICMJE). Please visit the ICMJE's website to review the criteria and determine whether contributors should be listed as authors or listed in the acknowledgements. All authors must meet the requirements set forth by the ICMJE, and any individual that meets the requirements must be listed as an author. Please note that the Editorial Board is not in a position to adjudicate disputed authorship issues. These must be resolved by the authors or by the institution responsible for the research. Should further

guidance be needed, authors should consult the Committee on Publication Ethics (COPE) guidelines for authorship disputes.

2.2 – Corresponding Author

In keeping with the ICMJE's recommendations, *PAIN* considers the corresponding author to be the individual who a) takes primary responsibility for communication with the journal during the manuscript submission, peer-review, and publication process; and b) makes themselves available to answer questions from the public upon the article's publication. We strongly recommend that the senior author serve as corresponding author.

Each article in *PAIN* has *only one* corresponding author. It is important to note that we do not consider the corresponding author designation to be a mark of seniority or indication of the author's contribution to the project – these aspects should be reflected in the order of authors. If you wish to indicate that multiple authors contributed equally or should be considered as co-senior authors, you may do so in a note on your title page.

2.3 – Conditions for Submission

The corresponding author:

1. Assures that the manuscript is an original work that has not been previously published
2. Assures that the manuscript is not under consideration by any other publication
3. Accepts full responsibility for the accuracy of all content, including findings, citations, quotations, and references contained within the manuscript
4. Releases and assigns all rights for the publication of the manuscript to the IASP and the Publisher
5. Discloses in the acknowledgement section any conflicts of interest related to the research or the manuscript
6. Assures that authorship has been granted only to those individuals who have contributed substantially to the research or manuscript
7. Discloses in the methods section of the manuscript that any investigation involving human subjects or the use of patient data for research purposes was approved by the committee on research ethics at the institution in which the research was conducted in accordance with the Declaration of the World Medical Association and that any informed consent from human subjects was obtained as required
8. Uploads documents showing all relevant permissions to publish quotations, text, tables, or illustrations from copyrighted sources
9. Discloses in the manuscript references and/or table/figure footnotes the full citation and permission of the copyright owner as required.

2.4 – Originality and Validity of Manuscript

PAIN only considers manuscripts that have neither been previously published (except as an abstract which must be noted on title page of submission) nor are under consideration for publication elsewhere. If you wish to republish material from an accepted article elsewhere in a similar form, in any language, please contact the journal office for permission.

Although the editors and referees make every effort to ensure the validity of published manuscripts, the final responsibility rests with the authors, not with *PAIN*, its editors, or the publisher.

2.5 – Changes to Authorship

After a manuscript has been submitted, authors must submit written approval to the journal office in order to add, remove, or change the order of authors. The corresponding author is responsible for collecting this information from their coauthors and should follow this procedure:

1. Ask each coauthor – *including any authors that are being added or removed* – to email you to confirm that they are aware of and approve of the change(s) to the author list.
2. Combine all co-author emails into a single PDF file.
3. Email the combined PDF to the editorial office, along with a brief explanation of why the change was made.

After an accepted manuscript is published in an online issue, any requests to add, remove, or change the order of author names will result in a corrigendum.

2.6 – Copyright

Each author must agree to transfer copyright of their article to the International Association for the Study of Pain. Upon submission, a link to the copyright transfer form will be emailed to each contributing author. A manuscript cannot be accepted until all authors have completed the form.

2.7 – Permissions

For manuscripts that reuse copyrighted material, such as previously-published tables or figures, authors must include with their submission files written permission from the copyright owner (usually the publisher). A detailed citation of the source of the copyrighted material should be included in the table/figure caption.

2.8 – Conflict of Interest

At the time of submission, a Conflict of Interest (COI) statement must be included in the Acknowledgments section of the main manuscript file. If there are no conflicts of interest, please explicitly state this. We recommend the wording, "The authors have no conflicts of interest to declare."

Conflicts of Interest disclosures are crucial to maintaining the objectivity, transparency, and integrity of scientific research. Therefore, at the time of submission, Conflict of Interest statements must be accurate and complete for all authors. Inaccurate or incomplete disclosures will interrupt the review process or result in rejection of the paper.

2.9 – Research Participant / Patient Anonymity and Informed Consent

It is the *author's responsibility* to ensure that all research participants' (including patients') anonymity is carefully protected. For photographs or videos, the author must obtain signed, written permission from the research participant if they would be recognizable. Authors must state in their manuscript that informed consent was sought and granted.

It is also the author's responsibility to verify that any experimental investigation with human subjects reported in the manuscript was performed with informed consent and following all the guidelines for experimental investigation with human subjects required by the institution(s) with which all the authors are affiliated.

2.10 – Citation of Retracted Articles

The ICJME states that authors are responsible for ensuring that none of the references cite retracted articles except in the context of referring to the retraction. We require authors to follow ICMJE recommendations to identify retractions during study screening and immediately prior to publication.

For articles published in journals indexed in MEDLINE, the ICMJE considers PubMed the authoritative source for information about retractions. Authors can identify retracted articles in MEDLINE by searching PubMed for "Retracted publication [pt]" (where the term "pt" in square brackets stands for publication type), or by going directly to the PubMed's list of retracted publications.

Authors are also encouraged to search the Retraction Watch Database to identify retractions during study screening and immediately prior to publication. EndNote, Zotero or Papers reference management software can be configured to enable automated alerts when referenced articles are listed as retracted in the Retraction Watch database

2.11 – Use of Generative AI

Any use of generative AI (such as ChatGPT) in the creation of a manuscript must be clearly disclosed by the authors in the Acknowledgements section. Please note that, per section 2.3 of this document, authors are responsible for ensuring the accuracy and appropriate attribution (i.e., citation) of all content contained within the manuscript. Authors are advised to make doubly sure that this provision is upheld in cases of content written with the assistance of generative AI.

2.12 Manuscripts with Preprints

PAIN allows submission of manuscripts with preprints. In the initial submission questionnaire, you will be asked to disclose the preprint's DOI. Should your paper be accepted for publication, you must update the information on the preprint server.

3. Clinical Trials and Data Sharing

3.1 – Data Transparency

If any original datasets were generated over the course of your research, please include a data availability statement (including a URL, if possible) in the Acknowledgments section of your manuscript file. If the data are not available publicly on the internet, we recommend including the phrase: "All data are available upon reasonable request to the corresponding author." If authors do not make the data available, *PAIN* requires that they include a statement in the submission's cover letter explaining their rationale.

3.2 – Data Citation

It is recommended that authors who are sharing the data and program code provide a citation in the text and reference section of their paper. The citation should include a persistent identifier, access to unique published data objects such as a text or data set. Persistent identifiers are assigned to data sets by digital archives such as institutional repositories and partners in the Data Preservation Alliance for the Social Sciences (Data-PASS), e.g.: https://doi.org/10.3886/ICPSR02744.v1

3.3 – Analytical Code Transparency and Research Materials Transparency

Authors must, in the Acknowledgements section of their paper, indicate if they will or will not make available both the data and program codes used in analysis to any researcher for purposes of reproducing the results or replicating the procedure. If an author agrees to make materials available, the author must specify how (e.g., data transfer agreement) and where that material will be available.

3.4 – Reporting Guidelines

Manuscripts reporting data from novel chemical probes will not be considered unless the structure and pharmacological characterization, including selectivity and relevant formulation, are reported or directly described in a prior peer-reviewed publication.

All manuscripts reporting human research must contain a statement that an appropriate institutional review board approved the study. Authors must identify the name of the local review board in their manuscript. All participants, or their surrogates, must have signed informed consent forms if required by the review board.

3.5 – Study Preregistration

A clinical trial is 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. Interventions include, but are not restricted to, drugs, cells and other biological products, surgical procedures, radiologic procedures, devices, behavioral treatments, process-of-care changes, preventive care, etc.

All clinical trials must be registered **at or before the time of first patient enrollment** in ClinicalTrials.gov or any other primary registry of the WHO International Clinical Trials Registry Platform (ICTRP).

Authors of manuscripts describing the results of clinical trials must adhere to the CONSORT reporting guidelines appropriate to their trial design, available on the EQUATOR Network site. Authors must:

1. Provide the registry name and registry number in the cover letter and Methods section.
2. Provide a completed CONSORT checklist and flow diagram as a figure, both of which can be found at www.consort-statement.org.

Our policies for clinical trial submissions are designed to promote transparency and reproducibility and ensure the integrity of the reporting of patient-centered trials. Editors and reviewers will carefully review trial protocols and registration details and assess manuscripts according to CONSORT or other relevant guidelines.

When a clinical trial is being reported, the TIDieR checklist should be used in conjunction with the SPIRIT statement as an extension of Item 11 of the SPIRIT 2013 Statement (www.spirit-statement.org). For alternate study designs, TIDieR can be used in conjunction with the appropriate checklist for that study design (www.equator-network.org).

When a non-pharmacological randomized trial is being reported, the TIDieR checklist should be used in conjunction with the CONSORT statement as an extension of Item 5 of the CONSORT 2010 Statement.

3.5.a – Registration of Other Studies

PAIN encourages, whenever possible, preregistration of animal and human research studies.

For studies that are not clinical trials, authors should indicate in the text of the paper if the conducted research was preregistered. If an author did preregister the research, the author must:

1. Confirm and report in the paper submitted that the study was registered prior to conducting the research and that the preregistration adheres to the disclosure requirements of the institutional registry.
2. Report all preregistered analyses in the text of the paper submitted, or, if there were changes in the analysis plan following preregistration, those changes must be disclosed in the paper submitted with explanation for the changes.
3. clearly distinguish in text in the paper, analyses that were preregistered from those that were not, such as having separate sections in the results for confirmatory and exploratory analyses.

3. 6 – Analysis Preregistration

If the conducted research was ***preregistered with an analysis plan*** in an independent, institutional registry, authors should indicate this in the Methods section of their manuscript file. Preregistration of studies should involve registering the study design, variables, and treatment conditions, and a description of the analysis plan that includes specification of the sequence of analyses or the statistical model(s) that will be reported.

3.7 – Replication

PAIN allows for submission of replication studies.

3.8 – Publication Bias

PAIN is open to publishing methodologically rigorous studies regardless of the statistical significance of the findings. Please see: Rowbotham, Michael C. The case for publishing “negative” clinical trials, PAIN: 2009;146(3):p 225-226. https://doi.org/10.1016/j.pain.2009.09.026

3.9 – Open Science Badges

PAIN does not provide Open Science Badges. Please see: Rowhani-Farid A, Aldcroft A, Barnett AG. 2020 Did awarding badges increase data sharing in BMJ Open? A randomized controlled trial. R. Soc. open sci. 7:191818. http://doi.org/10.1098/rsos/191818

4. Guidelines for Basic Science (Pre-Clinical) Studies

PAIN publishes high-quality basic science (pre-clinical) studies. All experiments involving animals must be approved by a local Animal Care Committee and must be in accordance with the guidelines of the

country where the research is being performed. If guidelines are not available in the country where the research is being performed, we recommend following the guidelines described by the National Institutes of Health, USA. We propose that the following general guidelines be followed to establish reliability and robustness of the data presented:

4.1 – Animals

The age, sex, species, and source of animals should be reported. The number of replicates and animals used per experiment and group should be clearly outlined in the methods. Sham controls for surgical and other interventions are recommended. Methods of randomization and blinding should be clearly described. We strongly recommend use of both male and female animals in experiments where appropriate and possible as well as powering studies to allow for disaggregated data analysis by sex (see section 4.2 below).

All manuscripts reporting animal studies must use protocols that conform to relevant animal care and use guidelines (e.g., the NIH Guide for the Care and Use of Laboratory Animals; or European or national guidelines). Descriptions of surgical procedures on animals should include the route of drug administration, generic drug name, and dose of anesthetic used. Paralytic agents are not acceptable alternatives to anesthetics.

All manuscripts reporting animal research must contain a statement that an appropriate national and/or institutional animal care and use committee approved the study. Authors must identify the name of the national /local review board in their manuscript.

4.2 – Sex and Gender

The National Institutes of Health (NIH) requires that sex be considered a biological factor in research design, analyses and reporting in vertebrate animal and human studies. *PAIN* strongly recommends that all studies comply with policies set out by the NIH and other national granting agencies (see below) regarding the inclusion of both sexes in research studies as well as encouraging disaggregated analysis by sex. Strong justification from the scientific literature, preliminary data, or other relevant considerations must be provided for applications proposing to study only one sex.

More information on the NIH policy is available on their website. See also policies from Canada, the European Union, and the United Kingdom.

4.3 – Blinding, Randomization, and Replicates

Regardless of technique used, blinding of data collection and analysis is essential to producing unbiased results. Similarly, randomization between groups and the number of replicates should be clearly reported.

4.4 – Immunohistochemistry Data and Use of Other Antibody Techniques

It is essential to perform appropriate controls for studies using antibodies. The gold standard is the use of knockout animals to test specificity of the antibody. If knockouts are not available alternative approaches such as RNAi knockdown of the target gene, addition of a peptide/protein to the antibody during the staining procedure, and removal of the primary antibody could be used.

4.5 – Pharmacological Studies

General pharmacological principles such as dose-response curves and testing an antagonist against its agonist, which indicate receptor-mediated interactions and specificity of the proposed drug, are recommended. In a few cases, there are well-established doses of pharmacological drugs that can be used but these should be justified by appropriate literature. Vehicle control data are needed.

4.6 – Behavioral Studies

To perform unbiased studies, it is essential that the following principles be used in behavioral studies: blinding of the behavioral tester (preferably to the condition, but essentially to the drug/genotype/manipulation or vehicle, phenotype, etc.) and randomization of animals to groups. It is also recommended that when possible behavioral studies should be performed by the same tester, or interrater reliability should be performed and reported between multiple testers. Details on the randomization procedures and blinding should be included in the methods.

4.7 – Genetic Studies or Usage of Gene Delivery Tools

Studies on genetically-modified mice should employ control mice of the corresponding genetic background as controls. When viral tools are used for gene delivery, virions expressing a functionally-neutral gene, such as GFP, should be included as controls. In RNAi experiments, scrambled/sense/functionally-neutral constructs should be included as controls.

4.8 – Drug Formulation

All drugs used in the study should be listed with the vendor for which it was purchased, dosing, how the drug was dissolved, site and route of administration.

4.9 – Studies Involving Molecular Profiling Data, i.e. “Omics”

Descriptive data from Omics approaches on animal models or clinical groups, such as transcriptomics, genomics, proteomics, microRNA profiling etc., should be accompanied by secondary validation of data sets, such as by quantitative PCR. The analysis of functional implications of the genes, proteins or microRNAs identified via such approaches is recommended.

4.10 – Statistics

Care should be taken that the statistical measures adopted are appropriate for the data sets being analyzed. For example, while comparing multiple groups or time points, application of a t-test is inappropriate. ANOVA and post-hoc tests that enable multiple comparisons (e.g., Bonferroni) should be used. The choice of one-way or two-way ANOVA is dependent upon the number of independent variables being tested. If the authors are unsure about which statistical measures to implement, receiving help from a statistician is recommended.

4.11 – Secondary Analyses of Data

PAIN abides by the ICMJE guidelines regarding manuscripts based on secondary analyses of data. Such manuscripts should address a novel, distinct, and impactful aspect of the data that could not be presented in the primary manuscript/analysis. A manuscript derived from secondary analyses must clearly cite the primary publication(s) (as well as additional secondary publications), and state that it contains secondary analyses/results. We strongly discourage unnecessary division of datasets into multiple manuscripts.

5. Manuscript Submission

All manuscripts must be submitted by the corresponding author online via Editorial Manager: http://www.editorialmanager.com/pain

If you have previously submitted a manuscript *or* completed a review for *PAIN,* you already have an account in the system and can use your same log in credentials. If you do not recall your credentials, click on "Send Login Details" to have them emailed to you. If you have never submitted to *PAIN,* see instructions for first-time users below.

5.1 – First-Time Users

Please click the Register button on the Editorial Manager home page. Enter the requested information to complete your registration. Upon successful registration, an email containing your username and password will be sent to you. Please be sure to enter your email address correctly; if an error has been made or an incorrect email address has been provided, you will not receive this notification.

Note: If you have already received an email containing your Username and password, or if you are already registered, do not register again.

5.2 – Authors

Click the "Login" button on the Editorial Manager home page, enter your username and password, and click on Author Login. Click on the Submit Manuscript link to begin the submission process. Be sure to

prepare your manuscript according to the requirements laid out in these author instructions. Following submission to the journal office, you will be able to track the progress of your manuscript through the system.

If you experience any problems with Editorial Manager or have any questions, please contact the Editorial Office by clicking on "About > Contact" on the navigation bar or by emailing painj@iasp-pain.org.

5.3 – Required Materials

The Editorial Manager submission portal will ask you to provide the following information:

1. Article type (see section 7 below for more details)
2. Files (see section 6 below for more details):
    a. Cover letter
    b. Title page
    c. Abstract
    d. Main manuscript file (DOCX only)
    e. Summary (Research Papers only)
    f. Consort/PRISMA flowchart and checklist (if relevant)
    g. Figures (optional, one figure per file)
    h. Tables (optional)
    i. Supplemental material (optional)
3. Selection of relevant keywords and classifications from a list
4. Three suggested reviewers
5. Authorship Agreement (includes questions about funding, copyright, and conflicts of interest)
6. Comments for the editorial office (optional)
7. Manuscript data:
    a. Title (200 character limit, capitalize only the first word and proper nouns)
    b. Abstract (if relevant)
    c. Keywords (free response, not chosen from a list)
    d. Author list (given name, family name, email address, and institutional affiliation required for each author)
    e. Funding information

Once you have entered the required information, the system will generate a PDF version of your submission. *Please note that you must approve the PDF once it has been generated*. The submission will not be sent to the editorial office until the PDF is approved.

6. Manuscript Preparation and Formatting

Different article types considered by *PAIN* may have additional requirements. Please be sure to check the Article Types section below.

6.1 – Basic Format

- The main manuscript file should include a title, the main text of your article, the reference list, and figure legends.
- All manuscripts must be uploaded in .DOCX or .DOC format only. PDF, LaTeX, and other file formats are not acceptable.
- All pages in the manuscript file must be numbered.
- Manuscripts should be formatted with a common typeface like Times New Roman or Calibri, 11 or 12 pt font, and double-spaced. Please ensure that font, color, spacing, paragraphs, and line breaks are consistent throughout the manuscript.
- All headings must be made clearly distinguishable from body text via font, size, capitalization, bolding, etc. First-, second-, and third-level headings should also be made visually distinct.

6.2 – Style

Pattern manuscript style after the American Medical Association Manual of Style (10th edition). Stedman's Medical Dictionary (27th edition) and Merriam Webster's Collegiate Dictionary (10th edition) should be used as standard references. Refer to drugs and therapeutic agents by their accepted generic or chemical names, and do not abbreviate them. Use code numbers only when a generic name is not yet available. In that case, supply the chemical name and a figure giving the chemical structure of the drug.

Capitalize the trade names of drugs and place them in parentheses after the generic names. To comply with trademark law, include the name and location of the manufacturer of any equipment mentioned in the manuscript. Use International System of Units (SI) for all measurements.

6.3 – References

If you use a reference manager compatible with Citation Style Language (CSL), such as Zotero, Mendeley, or RefWorks, you can download the *PAIN* CSL file from https://github.com/citation-style-language/styles/blob/master/pain.csl. For Endnote, please use: http://endnote.com/downloads/style/pain.

6.3.a – Reference List

- All references should be listed alphabetically by cited author's family name
- All references should be numbered consecutively based on their alphabetical order. Numbers should be in square brackets: [].
- All authors must be listed in each reference; the use of et al. is not acceptable.

- Author names should be written with the family name first followed by initial(s) without any punctuation, ex. Davis KD
- Journal titles should be abbreviated according to the National Library of Medicine's Index Medicus: www.nlm.nih.gov/services/aim.html
- Unpublished data, personal communications, abstracts that cannot be retrieved by casual readers (e.g., meeting abstracts that require logging into a members-only site), and other inaccessible materials should not be listed as references. Unpublished materials may be cited in parentheses within the text.
- For manuscripts citating works that are currently in press, authors must have electronic copies immediately available in case reviewers/editors request these materials.
- URLs should be included for all references that are publicly accessible via the Internet.

6.3.b – Reference Types

Citations of **journal articles** must include family names and initials of all authors, title of paper, journal, year of publication, volume, page numbers, and DOI (if available)

- [#] First AB, Second C. Title of the paper with no quotation marks. Journal abbrev Year;volume:pages. doi:xxxxxxxxx.

- [34] Raja SN, Carr DB, Cohen M, Finnerup NB, Flor H, Gibson S, Keefe F, Mogil JS, Ringkamp M, Sluka KA, Song XJ, Stevens B, Sullivan M, Tutelman P, Ushida T, Vader K. The revised International Association for the Study of Pain definition of pain: concepts, challenges, and compromises. Pain 2020;161:1976-1982. doi:10.1097/j.pain.0000000000001939

Citations of **book chapters** must include family names and initials of all authors, title of chapter, family names and initials of all editors, title of book, volume (if applicable) place of publication, publisher, year, and page numbers.

- [#] Author A. Title of the chapter. In: Editor C, editor. Title of the book, Vol. City: Publisher, Year. pp. #-##.

- [2] Turner JA. Coping and chronic pain. In: Bond MR, Charlton JE, Woolf CJ, editors. Pain research and clinical management. Proc. VIth World Congress on Pain, Vol. 4. Amsterdam: Elsevier, 1991. pp. 219-227.

6.3.c – In-Text Citations

In-text citations are based on the alphabetized reference list and *not* the order in which the reference is cited in the text.

To cite a reference within the text of your manuscript, use the reference number (from the alphabetized and numbered reference list) enclosed in square brackets. These bracketed numbers will be automatically converted to superscripts during the copyediting process. Example:

- The International Association for the Study of Pain defines pain as "An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage"**[34]**.

For multiple references at the same location in the text, please use the format [number,number] (with a comma and no spaces), for example:

- Pain perception is a complex process influenced by sensory, cognitive, and emotional dimensions **[72,4,22]**.

6.4 – Figures

PAIN has strict guidelines on image quality. Please ensure your figures follow the instructions below regarding acceptable figure formats. Otherwise, the submission will be returned to you for re-formatting, which will delay the review process.

6.4.a – Creating Digital Artwork

1. Learn about the publication requirements for Digital Artwork: http://links.lww.com/ES/A42
2. Create, Scan and Save your artwork and compare your final figure to the Digital Artwork Guideline Checklist (below).
3. Upload each figure to Editorial Manager in conjunction with your manuscript text and tables.

6.4.b – Guidelines and Checklist

- Figures should be saved as TIFF, PDF, DOCX, PPTX, or EPS files.
- Figures should be created as the actual size (or slightly larger) they will appear in the journal. It is highly recommended to look at previous articles in *PAIN* to become familiar with the size of typical figures.
- Crop out any white or black space surrounding the image.
- Diagrams, drawings, graphs, and other line art should be saved as vector graphics or at a resolution of at least 300 dpi.
- Photographs, radiographs and other halftone images must be saved at a resolution of at least 300 dpi.
- Do not include figure titles or captions in your figure files.

6.4.c – Referring to Figures in Your Manuscript

- Figures must be numbered according to the order in which they are mentioned in your manuscript. The first figure you mention should be named Figure 1, the second, Figure 2, etc.

- Do not cite figures out of order. For example, do not mention Figure 2 before Figure 1.
- This applies to figure components as well. For example, do not mention Figure 1B before Figure 1A.
- All figures must be uploaded as separate files on Editorial Manager, with one figure per file. *Do not* embed figures in your main manuscript DOCX file.
- A list of figure legends should be included at the end of the manuscript DOCX file (after the reference list). Each legend should begin with a brief statement that identifies the figure. (Examples: Magnetic resonance imaging, Case 1). Use scale markers in the image for electron micrographs and indicate the type of stain used for tissue.

6.4.d – Color Figures

There is no charge to authors for the publication of color figures in *PAIN*. Therefore, we encourage authors to use color in figures wherever possible. All figures will appear online and in print as submitted by the author, whether in color or black and white.

6.5 – Tables

Tables can be included at the end of the manuscript document or uploaded as separate files. All tables must be editable in Microsoft Word. An image of a table, such as a scan, is not acceptable for publication.

6.6 – Supplemental Digital Content (SDC)

Authors may submit Supplemental Digital Content – such as additional tables, figures, illustrations, graphics, datasets, audio, or video – to accompany their article online. SDC is not printed with the final version of the article, but the body text will contain permanent hyperlinks to the content where appropriate.

Please note that SDC files are not copyedited by the production staff and will be published online exactly as submitted. Therefore, please ensure that the file is formatted properly, with no extraneous highlighting or tracked changes.

6.6.a – Requirements

- **All SDC must be combined into a single PDF file** and uploaded to Editorial Manager along with the rest of your materials. The only permissible exceptions are files that cannot be converted to PDF, such as Excel spreadsheets, audio, and video files.
- Include a caption for each SDC item within the main SDC file. Use the format “Supplementary Figure 1” or “Figure S1,” to name each item.
- On Editorial Manager, upload SDC as the relevant submission item type: either “Supplementary Materials: figures, tables” or “Supplementary Materials: movies, audio”

- The maximum file size for "Supplementary Materials: figures, tables" is 10 MB. Files larger than that must be compressed, resized, or split into multiple files. If this is not possible, please contact the journal office for further guidance.
- The maximum file size for "Supplementary Materials: movies, audio" is 100 MB.
- Audio files should be submitted with the following file extensions: .MP3 or .WMA
- Video files should be submitted with the following file extensions: .WMV, .MOV, .QT, .MPG, .MPEG, or .MP4

6.7 – Cover Art

IASP invites submissions of cover artwork from authors of accepted articles. The illustration may be from a manuscript submitted for publication or material not published previously. Photographs of historical interest are also welcome.

All potential cover art should be in the highest possible resolution and at least 300 dpi. For vector graphics, please use the EPS file format. TIF, JPG, and Adobe project files are also acceptable. Images in landscape orientation (i.e., taller than they are wide) often lead to better results due to the shape of the printed journal (3:4 aspect ratio). Please also provide an appropriate figure legend/caption (no longer than 150 words), which will appear in the issue's front matter.

We are particularly interested in cover images that are visually interesting and have an artistic look to them. When creating potential cover art, bear in mind that it is not necessarily supposed to represent a perfect example of the science, but rather should blend science and art. The emphasis should be on artistic merit, but without sacrificing scientific integrity. You're welcome to browse our archive of past covers for examples.

Please note that your article will be published in the print issue that features its corresponding cover art. This could lead to additional delays in print publication if the first available cover slot is far in the future. The accepted article will still be published *online* ahead of print.

There is no fee required if your artwork is chosen for the cover.

7. Article Types

The journal will only consider publication of work that includes information that is sufficient to permit replication by other laboratories. Manuscripts reporting data from novel chemical probes will not be considered unless the structure and pharmacological characterization, including selectivity and relevant formulation, are reported or directly described in a prior peer-reviewed publication.

7.1 – Summary of Requirements

Research Papers	• Abstract (unstructured, 250 words max), Introduction (500 words max), Methods (no word limit), Results (no word limit), Discussion (including an optional Conclusion, 1,500 words max), Acknowledgments, and References. • Requires a Summary (25 words max).
Clinical Notes	• Abstract (unstructured, 250 words max), Introduction (500 words max), Methods (no word limit), Results (no word limit), Discussion (including an optional Conclusion, 1,500 words max total), Acknowledgments, and References
Comprehensive and Narrative Reviews	• No specific word limit, but reviews longer than 6,000-8,000 words* are discouraged. • Must contain an Abstract (unstructured, 250 words max) Introduction, Methods, Results, Discussion, Acknowledgments, and References
Systematic Reviews and Meta-Analyses	• No specific word limit, but reviews longer than 6,000-8,000 words* are discouraged. • Must contain an Abstract (unstructured, 250 words max) Introduction, Methods, Results, Discussion, Acknowledgments, and References. • Must include a PRISMA checklist and flow diagram, including any relevant extensions.
Topical Reviews	• 2,500 word* limit. • Abstract (unstructured, 250 words). Only required headings are Acknowledgments and References. • Limit of 3 figures and/or tables.
Pain Essays	• No specific word limit, but essays longer than 6,000 words* are discouraged • Abstract (unstructured, 250 words max). Only required headings are Acknowledgments and References.
Perspective	• 1,500 word* limit. • Abstract (250 words max). Only required headings are Acknowledgments and References. • Limit of 2 figures and/or tables.
Commentary	• 1,000 word* limit. • No abstract. Only required headings are Acknowledgments and References.
Letter to the Editor and Letter to the Editor Response	• 500-700 word* limit. • No abstract. Only required headings are Acknowledgments and References.

Plenary Lecture for Biennial Review	• 7,000 word* limit (including the references and figure legends). • Must contain an abstract of 250 words max, a cover letter, and title page. • Figures and tables are optional. Limit of 5 figures and/or tables.

* Applies to the main body text of the manuscript, not including the title page, abstract, acknowledgements, references, or figure legends.

7.2 – Research Papers

The following are mandatory elements for all research paper submissions:

1. Primary headings and word limits: Abstract (unstructured, 250 words max), Introduction (500 words max), Methods (no word limit), Results (no word limit), Discussion (1,500 words max, including an optional Conclusion), Acknowledgments, and References. Other headings may be nested within these but should be made visually distinct from top-level headings.
2. Manuscripts reporting results of randomized trials must include the Consort E-Flowchart and a checklist of items, both of which can be found at www.consort-statement.org.
3. A short summary of the manuscript. Summaries are strictly limited to 25 words. When uploading your manuscript, authors of Research papers will be required to upload a separate "Summary" file. This file should include a summary of one or two sentences (25 words max.) stating the conclusions of your study. This summary will be used in the Table of Contents. When writing the synopsis, please avoid use of the first person and statements that begin with, "This study..." Do not merely rephrase the title of the paper, but rather provide some information that will inform readers of the objective, methods, results, and/or conclusions.

7.3 – Clinical Notes

Brief reports on clinical cases that are particularly noteworthy and likely to be of interest to a wide range of readers.

Mandatory primary headings and word limits: Abstract (unstructured, 250 words max), Introduction (500 words max), Methods (no word limit), Results (no word limit), Discussion (1,500 words max, including an optional Conclusion), Acknowledgments, and References. Other headings may be nested within these but should be made visually distinct from top-level headings.

7.4 – Comprehensive Reviews

Comprehensive reviews offer an extensive summary of an important topic, field, discovery, or innovation. Comprehensive reviews should be well-illustrated with high-quality figures.

There is no specific word limit for Comprehensive Reviews, but reviews longer than 6,000-8,000 words are discouraged.

Recommended primary headings: Abstract (unstructured, 250 words max), Introduction, Methods, Results, Discussion, Conclusion (optional), Acknowledgments, and References. Other headings may be nested within these but should be made visually distinct from top-level headings.

7.5 – Narrative Reviews

The narrative review format is specifically designed to provide a broad overview and novel synthesis of the most important topics in basic and applied pain research.

The most important feature of a narrative review is that it offers new synthesis of a topic. The emphasis should be on synthesizing knowledge by identifying what is known, what inconsistencies are evident, and what we need to know. Such a synthesis, for example, might help readers understand the historical context of research. A discussion of how a field developed might identify early choices that were made as to the use of a particular methodology or concept that shaped subsequent research in ways that had both strengths and limitations. Through a synthesis of the literature, authors should identify key themes and new directions for research, and highlight the implications of findings for research, theory, practice, or policy.

Narrative reviews should not focus mainly on work done by the authors but should focus instead on the broader literature. A narrative review should be based on a formal literature search. The methods used for that search should be described in the review. Narrative reviews differ from systematic reviews and meta-analyses in that they do not present calculations of effect sizes that estimate the magnitude of effects and do not present statistical findings analyzing moderators of effect sizes. Narrative reviews, instead, are designed to provide an overview summary and synthesis of the key findings of the literature search based on a balanced, critical appraisal of studies. Criteria used to delineate high quality from low quality studies should be described and biases/limitations with regard to these criteria need to be described. Narrative reviews should be written in a style that is accessible to the broad readership of *PAIN*.

There is no specific word limit for Comprehensive or Narrative reviews, but reviews longer than 6,000-8,000 words are discouraged.

Recommended primary headings: Abstract (unstructured, 250 words), Introduction, Methods, Results, Discussion, Conclusion (optional), Acknowledgments, and References. Other headings may be nested within these but should be made visually distinct from top-level headings.

7.6 – Systematic Reviews and Meta-Analyses

These review papers rigorously evaluate the research evidence regarding a particular scientific question by systematically identifying all relevant studies, judging their quality, and providing a fair and balanced statement regarding their overall findings. Systematic Reviews and Meta-Analyses must include the PRISMA checklist and flow diagram, including any relevant extensions: http://prisma-statement.org/.

For more information about what constitutes a good systematic review, see also the PRISMA statement. Mandatory elements: The review should include a descriptive and succinct title; an unstructured abstract; an introduction that specifies the purpose of the review; a methods section that identifies the databases that were searched, search terms used, and inclusion/exclusion criteria for identified articles; an assessment of the validity of reviewed studies; and a summary that includes future directions for studies in this area. Each study mentioned in the review should include the study design, a description of the study population (age range, disease/severity), the dose and duration of each treatment administered, and the data and P values to accompany any valid comparisons). For further information on reviews, see CD Mulrow. The medical review article: State of the science. Ann Intern Med 1987;106:485-8 https://doi.org/10.7326/0003-4819-106-3-485 and AD Oxman et al. Users' guide to the medical literature. VI. How to use an overview. Evidence-based medicine working group. JAMA 1994;272:1367-71 https://doi.org/10.1001/jama.272.17.1367.

There is no specific word limit for Systematic Reviews and Meta-Analyses, but reviews longer than 6,000-8,000 words are discouraged.

Mandatory primary headings and word limits: Abstract (unstructured, 250 words), Introduction, Methods, Results, Discussion, Conclusion (optional), Acknowledgments, and References. Other headings may be nested within these but should be made visually distinct from top-level headings.

7.7 – Topical Reviews (Invited Only)

Topical Reviews are articles that summarize recent findings and highlight issues in basic or applied pain research. They often address topical, emerging, or controversial areas in a way that is appropriate for a broad readership, backed by a good review of the relevant evidence. They are solicited, but presubmission enquiries are welcome. If you are interested in submitting a Topical Review, please complete this form.

Mandatory elements: Topical Reviews are strictly limited to 2,500 words, have a short abstract, and can contain no more than 3 tables or figures; there is no limit to the number of references. Supplementary online materials, such as video or additional tables, are handled on a case-by-case basis.

7.8 – Pain Essays (Invited Only)

Pain Essays are substantial articles that delve deeper into pain, beyond research and clinical practice. They explore issues of pain as it arises in history, religion, culture, philosophy, ethics, and politics.

These articles are solicited, but presubmission enquiries are welcome. If you are interested in submitting a Pain Essay, please complete this form.

Essays should be no longer than 6,000 words and include an abstract of 250 words. We strongly encourage the inclusion of high-quality, engaging, impactful visual elements – i.e., figures, illustrations,

photographs, etc. Supplementary online materials, such as video or additional tables, are handled on a case-by-case basis.

7.9 – Perspectives (Invited Only)

Perspectives are invited articles that provide a forum for authors to offer a novel viewpoint on a wide range of issues relevant to pain science or treatment. Such articles may present novel concepts or theoretical formulations, may offer evidence supporting a new view on pain, and may focus on the possible implications of new findings, innovations, or programs. All Perspective articles should include a discussion of important future directions and recommendations for future research.

These articles are solicited, but presubmission enquiries are welcome. If you are interested in submitting a Perspective, please complete this form.

Perspectives are limited to 1,500 words, include an abstract shorter than 250 words, and can contain no more than two tables or figures. Supplementary online materials, such as video or additional tables, are handled on a case-by-case basis.

7.10 – Commentaries (Invited Only)

Commentaries highlight important and/or novel conceptual issues, methodological features, results, and/or conclusions of the target article. They are published simultaneously with the article upon which they comment. An important feature of many commentaries is that they underscore the implications of the target research paper for one or more of the following areas: basic science, applied research, clinical practice or public policy.

Please note that Commentaries are solicited by the Editor-in-Chief during the review stage of the target article, before publication. Responses to already-published articles should be submitted as Letters to the Editor.

No abstract is required, and the manuscript should be no longer than 1,000 words.

7.11 – Letters to the Editor

A Letter to the Editor raises issues of importance regarding an article recently published in *PAIN*. If the letter is accepted, the authors of the article will be given the opportunity to respond. The letter and its response will both be published in the same issue.

The title of a Letter to the Editor should reflect the content of the letter and not be the same as the targeted article. No abstract is required, and the entire letter should be 500-700 words in length.

8. Open Access

Authors of accepted peer-reviewed articles have the choice to pay a fee to allow perpetual unrestricted online access to their published article to readers globally, immediately upon publication. Authors may take advantage of the open access option at any point during the submission process. Please note that this choice has no influence on the peer review and acceptance process. These articles are subject to the journal's standard peer-review process and will be accepted or rejected based on their own merit.

The Article Processing Charge (APC) is charged on acceptance of the article and should be paid within 30 days by the author, funding agency or institution. Payment must be processed for the article to be published open access. For current pricing, please visit the Wolters Kluwer Hybrid Open Access Journals page.

8.1 – Authors Retain Copyright

Authors retain their copyright for all articles they opt to publish open access. Authors grant Wolters Kluwer an exclusive license to publish the article and the article is made available under the terms of a Creative Commons user license. Please visit our Open Access Publication Process page for more information.

8.2 – Creative Commons License

Open access articles are freely available to read, download and share from the time of publication under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 (CC BY-NC-ND) license. This license does not permit reuse for any commercial purposes, nor does it cover the reuse or modification of individual elements of the work (such as figures, tables, etc.) in the creation of derivative works without specific permission.

8.3 – Compliance with Funder-Mandated Open Access Policies

An author whose work is funded by an organization that mandates the use of the Creative Commons Attribution 4.0 (CC BY) license can meet that requirement through the available open access license for approved funders. Information about the approved funders can be found here.

8.4 – Read and Publish Agreements

Wolters Kluwer currently has read-and-publish agreements with institutional consortia listed here. Corresponding authors who are affiliated with the participating institution and who qualify as eligible authors* can publish their eligible articles open access in the eligible LWW journals at no direct cost to them. Please see your institution's individual policy for guidance on eligible article types and license choice. To qualify for the APC waiver, the corresponding author must provide their participating institution's name and institutional email address in the journal's submission system. On acceptance, the corresponding author will be asked to place an open access order in the publisher's payment portal

where they will be able to request the APC be funded in accordance with this agreement. A $0.00 APC will then be applied.

*Eligible authors: Corresponding authors who are teaching and research staff employed by or otherwise accredited to one of the participating institutions as well as students enrolled or accredited to one of the institutions and who want to publish open access articles.

8.5 – Compliance with National Institutes of Health Accessibility Requirements

The National Institutes of Health (NIH) requires authors to submit the "post-print" (the final manuscript, in Word format, after peer-review and acceptance for publication but prior to the publisher's copyediting, design, formatting, and other services) of research the NIH funds to a repository that is accessible online by all without charge. As a service to our authors, LWW will identify to the National Library of Medicine (NLM) articles that require deposit and will transmit the post-print of an article based on research funded in whole or in part by the NIH to PubMed Central.

8.6 – FAQ for Open Access

https://www.wolterskluwer.com/en/solutions/lippincott-journals/lippincott-open-access/faq

9. After Acceptance

9.1 – Page Proofs

Corresponding authors will receive electronic page proofs to check the copyedited and typeset article before publication. PDF files of the typeset pages and support documents (such as the reprint order form) will be sent to the corresponding author via email. Complete instructions will be provided with the email for downloading the file and returning corrected pages to the publisher.

It is the author's responsibility to ensure that there are no errors in the proofs. Changes that have been made to conform to Journal style should be allowed to stand if they do not alter meaning. Authors may be charged for alterations to the proofs beyond those required to correct errors or to answer queries. Electronic proofs must be checked carefully and corrections returned within 24 to 48 hours of receipt, as requested in the electronic cover letter accompanying the page proofs.

9.2 – Reprints

Authors will receive an email notification with a link to the order form soon after their article publishes in the journal (https://shop.lww.com/author-reprint). Reprints are normally shipped 6 to 8 weeks after publication of the issue in which the item appears. Contact the Reprint Department, Lippincott Williams & Wilkins, 351 W. Camden Street, Baltimore, MD 21201; Fax: 410.558.6234; E-mail: authorreprints@wolterskluwer.com with any questions.

X. Rights and Permissions

10.1 – Copyright

Authors retain copyright of their articles only if they publish with open access. All other material published in *PAIN* is © The International Association for the Study of Pain unless otherwise noted.

10.2 – Reusing Content Published in *PAIN*

To reuse any content that is © IASP, including text, tables, or illustrations, interested parties must request permission by navigating to the article in question on the journal's website and clicking the "© Permissions" link on the left side of the page. Depending on the nature of the reuse, additional fees may apply.

Reuse of content published with open access is subject to the terms of the relevant Creative Commons license.

10.3 – Reusing Author's Own Content Published in *PAIN*

In most cases, authors may reuse content from their own articles published in *PAIN* for no fee. To confirm if this is the case for your article, please navigate to the article in question on the journal's website and click the "© Permissions" link on the left side of the page.

10.4 – Use of Copyrighted Material in *PAIN* Articles

Authors must submit written permission from the copyright owner (usually the publisher) to use direct quotations, tables, or illustrations that have appeared in copyrighted form elsewhere, along with complete details about the source.

11. Additional Information

11.1 – Announcements

IASP does not publish announcements in the journal. For possible inclusion of announcements in the IASP Newsletter, please contact IASP, 712 H St NE #55, Washington, DC 20002, e-mail: iaspdesk@iasp-pain.org; www.iasp-pain.org.

Online access to PAIN® (members only) can be found at: www.iasp-pain.org/PAIN.

11.2 – IASP Staff

Peter DelGobbo, MA
Managing Editor, *PAIN*

Renee Chasse, PhD
Publications Manager

Gregory Carbonetti, PhD
Associate Director of Publications

painj@iasp-pain.org