

Mission

To provide a forum for collaboration to inform, communicate, share experiences, and learn from the worldwide community of faculty, clinicians, or students interested in the further advancement of McKenzie Method® of Mechanical Diagnosis and Therapy® (MDT).

Format / Frequency

An international online newsletter; published four times annually.

2015 Calendar

2015	Submissions Deadline	Web Post
Vol. 4, No 1	3/6	3/20
Vol. 4, No 2	7/10	7/24
Vol. 4, No 3	10/30	11/13

Submission Types

The MDT World Press welcomes submissions directly from worldwide MII Branch members or affiliates of any newsworthy items that relate to clinical, research or business/marketing matters as well as personal interest stories for these standard columns:

- Feature Commentaries – current events, interviews, stories of interest etc.
- Branch/Member Spotlight – Worldwide branch updates, highlights or accomplishments from faculty and members; may be submitted or specifically requested from the Editor.
- Case Review: A Clinician's Perspective – The format for the newsletter is intended as a more informal clinical commentary on a great, unique case with a completed McKenzie Institute Assessment form using the MDT standardised terminology giving detail on History and physical examination, Classification and management, and Outcome/discussion
- Business-Marketing Matters – Views on best business practice and educating the public
- Literature Reviews – Editorial summaries of the latest research

Submission – Editorial Process

All submissions via email to: MDTWorldPress@gmail.com

MS-Word (.doc or .docx) format using 10pt Arial font. PDF files are also acceptable.

Word count between 600-900 words.

Provide title, author's name and credentials; and author's contact email. Do not use abbreviations. Do not use local acronyms unless these are initially fully spelled out.

Your submission will be considered by members of the Editorial Committee and you will be advised accordingly on edits necessary and acceptance.

The Editorial Committee:

Chris Chase, PT, Dip. MDT
Kim Greene, PT, Dip. MDT
Kristi Maguire, PT, Dip. MDT
Michelle Miller, PT, Dip. MDT
Yoav Suprun, PT, Dip. MDT

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Peer Review Material

The international initiative also strives to develop authors to submit to JMMT, the official MII membership peer review journal (<http://www.maneyonline.com/loi/jmt>). We offer the chance for new writers to gain expert feedback and experience in the following areas:

- Case Reports: Peer Reviewed
- Original Research Studies

In the instance of a submitted Case Report or Original Research paper, these will be reviewed by the Peer Review Committee and reviewers will be blind to the identity of the submitting author.

All work submitted will be reviewed for appropriateness to Mechanical Diagnosis and Therapy, relevance, clarity and presentation. The decision will be one of the following:

- Accept for MDT World Press as a *Special Issue Post*
- Revise
- Reject - resubmission possible with major edits
- Reject
- Refer to established peer review journal i.e., JMMT

Peer Review Committee:

Helen Clare PhD, FACP, MAppSc, Dip Physio, Dip. MDT
 Mark Werneke, PT, Dip. MDT
 Stuart Horton, PT, Dip. MDT, MPhty
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Case Reports Checklist for JMMT (QUIRCS) Quality Improvement in Reporting Case Studies

Use these guidelines to present a formalized Case Report for peer review.

Section of the Manuscript	Item	Description of the Criterion	Reported Yes or No
OVERALL	1	Word limit 3000	
TITLE	2	Description should appropriately reflect the study	
ABSTRACT	3	Word limit 200 words or less, non-structured, descriptive only	
	4	No implications of causality	
BACKGROUND	5	First paragraph should contain problem statement	
	6	Second paragraph should reflect missing information in the literature	
	7	Third paragraph should reflect supportive studies for the need of this case	
	8	Fourth paragraph should state the descriptive purpose of the study	
PATIENT CHARACTERISTICS	9	Demographic characteristics of the subject (occupation/vocation, gender,	
	10	Medical diagnosis if applicable	
	11	Co-morbidities	
	12	Previous care or treatment	
EXAMINATION	13	Patient History	
	14	Self Report Outcome Measures	
	15	Physical Performance Measures	
	16	Physical Examination Tests and Measures	
CLINICAL IMPRESSION	17	Summarization of Examination Findings	
	18	Working Diagnosis and Targeted Interventions	
INTERVENTION	19	Phases of Interventions (e.g. protective phase, mobility phase, etc.)	
	20	Dosage and Parameters	
	21	Rationale for Progression	
	22	Co-interventions if applicable (e.g. injection therapy, medications)	
OUTCOMES	23	Findings Over time	
	24	Maximum 3 Tables and 2 Figures	
	25	Comparison of Values to Baseline	
DISCUSSION	26	Summarization Statement	
	27	Related findings in the Literature	
	28	Speculate the findings potential impact on clinical practices	
	29	Avoid causality and generalizations	
	30	Suggestions for future research	

Original Research Guidelines:

- title page (title, author, author details)
- abstract / key words
- introduction
- methods
- results
- discussion
- conclusion
- references
- tables

References

Accuracy of references is the responsibility of the author. References within the text, state the authors name and year of publication as follows:

- (Smith 1998)
- (Smith and Jones 1998)
- (Smith et al. 1998)

References should be typed in alphabetical order: Authors surname and initial (year of publication). Full title of paper. Name of journal in full or accepted abbreviation volume. First and last page.

Examples –

Article:

Aina A, May S, Clare H (2004). The centralization phenomenon of spinal symptoms - a systematic review. *Manual Therapy* 9.134-143.

Book:

McKenzie RA, May S (2003). *The Lumbar Spine, Mechanical Diagnosis and Therapy* (2nd Edition). Spinal Publications Ltd, Waikanae.

Book chapter:

Twomey LT, Taylor JR (1994). Factors influencing ranges of movement in the spine. In: Boyling JD, Palastanga N (Eds). *Grieve's Modern Manual Therapy* (2nd Ed). Churchill Livingstone, Edinburgh.