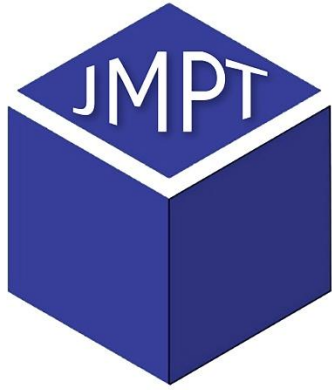




Journal of Manipulative and
Physiological Therapeutics

Journal of Manipulative and
Physiological Therapeutics
Policies and
Instructions for Authors

September 2026

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ABOUT THE JOURNAL

Aims and Scope

The *Journal of Manipulative and Physiological Therapeutics (JMPT)* advances scientific knowledge of conservative health care by publishing original, rigorous, peer-reviewed research relevant to clinical care, diagnosis, prevention, rehabilitation, health promotion, patient safety, health services, and the biological and physiological sciences that inform evidence-based health care practice. The journal publishes high-quality primary scientific research and systematic review articles from multiple disciplines.

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JOURNAL POLICIES

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Comments by	Response	Location or line numbers of revisions
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The figure callout for Figure 1 is missing. Please include it.	Thank you for your comment. We have included Figure 1 callout.	Line 101
Reviewer 1		
Methods: Page 5, Line 141: The authors take care to mention the exclusion of some items, but do not mention the exclusion of others	Thank you for pointing this out. We have moved all exclusion concepts to the methods section.	Lines 143 to 148

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Manuscript Organization: Original Research and Literature Reviews

Manuscripts for Original Research and Literature Reviews must follow the sections in the manuscript template: Title, Abstract, Keywords, Introduction, Methods, Results, Discussion, Future Studies, Strengths, Limitations, Conclusion, Acknowledgements, Funding, Competing Interests, Availability of Data, Artificial Intelligence, Supplementary File, Tables, Figure titles, and References. Some manuscripts may need additional subheadings within each section to clarify content. Please refer to the manuscript template file for specific instructions for each section of the manuscript.

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Title

The title should be a maximum of 25 words. Ensure the title reflects the core elements of the study and include the study design in the title. Do not phrase as a question or conclusion. Avoid the use of “catchy” or novel titles with questionable relevance to the contents or dramatic titles.

Structured Abstract

The structured abstract should be no more than 250 words. For Original Research and Literature Reviews, structured abstracts should consist of 4 paragraphs, labeled:

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Provide no more than 5 key indexing terms that will assist indexers in cross-indexing your manuscript. These terms must come from the Index Medicus Medical Subject Headings (MeSH) <http://www.ncbi.nlm.nih.gov/mesh>.

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For relevant study designs, include the URL and registration protocol number for systematic reviews or registration number for clinical trials. Include the date of registration and the date when data collection began.

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Clearly state the purpose of the study. Summarize the rationale for the study or observation. Give only pertinent references and do not review the subject extensively; the introduction should serve only to introduce what was done and why it was done. State the compelling gap in the literature that your paper fills. State the specific purpose, research objective, or hypothesis tested by the study (typically found at the end of the introduction section).

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The discussion should emphasize the important aspects of the study and include a summary that follows from these observations. Do not repeat data presented in the Results section and do not include information or work that is not directly relevant to the study. State new hypotheses when indicated but clearly label them as such. Statements that are unsupported, that generalize, or that over-interpret the findings must not be included. All statements made as fact require a supporting reference. Recommendations for further study and future research should be placed in the discussion section, not the conclusion.

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Include a short description of what future studies are recommended based on the findings of the current study.

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Include a short description of the strengths of the study.

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Limitations to the study, including various biases, must be clearly stated and explained how each is a limitation to the study or how each limits the use or interpretation of the findings.

Conclusions

Clearly state in one to two paragraphs the major findings of the study. The principal conclusions must be directly linked to the study's goals. Do not include in the conclusions unqualified statements that not supported by the study data Do not include information that belongs in the discussion section, such as author viewpoints or suggestions for future research.

Supplementary Files

Supplementary files may include additional information that supports the manuscript. Content that belongs in Supplementary files includes flow diagrams such as CONSORT and PRISMA, search strings for literature reviews, large data sets such as tables that flow over 2 pages, detailed descriptions of methods/procedures, photo series, survey questions, instructions for patients or clinicians, additional tables and figures, datasets, forms/surveys, foundational information, or other bulky content. Any content included in the supplementary file must comply with the requirements of the manuscript, in that all material must be original. Any content that has been published elsewhere must have permission to be reprinted. Supplemental files may be in the form of Word files, Excel spreadsheets, PowerPoint presentations, or videos. Videos are limited to MP4 files 499 MB or less. Note that supplementary content is not typeset, and it is the author's responsibility to ensure that all supplementary content is accurate.

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The Declarations section of the manuscript includes information relevant to the paper but not usually included within the body of the manuscript. Sections of Declarations are presented below.

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Use only standard abbreviations for units of measurement, statistical terms, biological references, journal names, etc. Do not use abbreviations in article titles and avoid them in abstracts. The full term should precede its abbreviation for the first use in the manuscript, unless it is a standard unit of measurement. For standard abbreviations, consult the following American Medical Association Manual of Style.

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