

In the Active Voice

By now, you've noticed the Journal's new cover. It lists all of the articles contained in this issue instead of a selected few, and, as promised, the "old blue" is gone—each month the Journal will be a different color so that readers can differentiate issues at a glance.

In many ways, the cover epitomizes what we are trying to achieve through redesign and reconfiguration of content and through renewed commitment to our vision. What *is* that vision? We want the Journal to be accessible and reader friendly and to offer high-quality articles dealing with all aspects of physical therapy. Credibility and readability are not mutually exclusive. They enhance each other.

Our cover should reflect who and what we are. But the cover is only the packaging. We hope that when you examine our contents, you will not share the literary criticism once offered by Ambrose Bierce, who observed, "The covers of this book are too far apart." However, our covers *should* be far enough apart to allow for inclusion of all articles that relate to the mission statement we publish in each issue:

Physical Therapy, the official journal of the American Physical Therapy Association Inc (APTA), is a scholarly, refereed journal that contributes to and documents the evolution and expansion of the scientific and professional body of knowledge related to physical therapy.

As a scholarly, peer-reviewed journal, *Physical Therapy* depends primarily on the submissions of our authors. We are proud of the quality of the peer-review process we use. Through the dedicated efforts of both authors and reviewers, more than one third of all articles submitted to the Journal are published. Multiple revisions often are required, and sometimes resubmission is needed, but we believe the end product is worth the effort. In the future, we will commit ourselves to improving the speed of our review process. We will strive to return reviewed articles to authors within 2 months of receipt and to publish accepted articles within 4 months of acceptance. To assist authors, we will continue our policy of accessibility: Every author with a query is invited to call an Editorial Board member or me.

A journal should be more than a passive conduit, which means that the editors should help the authors *communicate* with readers. We will be working with authors more than ever before to improve the readability of articles, to make abstracts more concise, and to provide more information at a glance. Jargon will continue to be the enemy we seek to defeat. Our new Managing Editor, Jan Reynolds, formerly Editor—Clinical/Features for *PT Magazine*, will be working with our staff as part of this effort. We welcome her, and you will see her creativity and editorial expertise in the months ahead. Fortunately, as we welcome Jan, we do not have to say goodbye to our outgoing Managing Editor, Karin Quantrille, because as Director of Publications she will continue to skillfully oversee APTA's publishing program.

Journal staff, new and old, have contributed their expertise and enthusiasm to a new feature—monthly retrospectives of materials from the Journal's past, in which we will explore the *Journal's evolution as part of our celebration of the Association's Diamond Jubilee*. After examining this material, I can assure you

that we have come a long way, and I enthusiastically await your letters and reflections on what was published in the past.

Also debuting in this issue is Update. Michael Mueller, Associate Editor—Updates, has written the first one, not only to provide information on one way to identify patients with diabetes mellitus who are at risk for lower-extremity problems, but also to illustrate the intent of the feature. This is a place for a brief literature-based review of a topic of interest to practitioners. The emphasis is on a concise communication that brings readers up to date in a focused area. Through Updates, we offer outstanding science in a form useful for busy persons who need to keep informed in many areas. We welcome submissions, and Mike invites prospective authors to communicate with him (314/286-1400, or mueller@medicine.wustl.edu). Full-length, in-depth literature reviews also will continue to appear because they serve a different purpose, that is, to provide state-of-the-art summaries and exhaustive reference lists.

As we continue to welcome unsolicited articles, we are taking steps to increase the number and diversity of submissions. Under the leadership of Irene McEwen, Associate Editor—Case Reports, a task force is completing a handbook on how to write Case Reports. This manual, which will be available in the spring of this year, will describe not only how Case Reports can be written but also why they are useful to the profession. Our hope is that with this publication in hand, many more practitioners will submit Case Reports and that our goal of publishing one or two Case Reports each month will be met. Irene also will spearhead other efforts to increase the submission of Case Reports, and she welcomes your communications (405/271-2131, ext 141, or imcewen@rex.uokhsc.edu). Case Reports should be an important feature of any practitioner-oriented journal, and we welcome all submissions, whether they deal with a patient, a group of patients, or cases in management, education, clinical education, or administration.

We continue to solicit Perspective articles on clinical and professional issues (our goal is to have one in every issue) and Technical Reports. (See Information for Authors.) Technical Reports provide consumers with useful information about products, information that could guide selection of instruments used in treatment and assessment and that therefore should be available in a peer-reviewed format. This category of paper also provides a mechanism for researchers to report on properties of clinical modalities outside of an applied clinical context. We believe that there is a place for this information but that it should never masquerade as a clinical report relating to practice. Understanding the properties of a dynamometer, for example, is helpful *before* using the device with a patient.

Next month, you will see another new feature. Through Conferences, roundtable discussions that focus on the application of the contents of articles, readers will have a chance to see how experts interpret the practical implications of research. More often than not, these discussions will deal with clinical practice, but Conferences also will focus on articles dealing with administration, education, and other areas of practical interest. Conferences are discussions and will not replace the invited commentaries that follow some articles. Invited commentaries allow for in-depth discussion of an article by one or more commentators, providing a vehicle for dialogue on a broad range of issues.

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When I said that a journal should not be a passive conduit, I meant it! With the appearance of this issue, we are happy to announce that the Journal now has a home page on the Internet (www.apta.org/pt_journal), where you can get information about the Journal and even communicate through “hotlinks” directly with authors, the Editor, and Editorial Board members. (The Journal’s home page is accessible through APTA’s home page, www.apta.org.) Browsers of the Internet can see tables of contents and abstracts for the previous year, the current Editor’s Note, letters to the Editor, and Information for Authors. Letters to the Editor will appear on the Internet as soon as they are edited for publication, offering readers a chance to respond electronically to those letters even before they appear in print. This will help us publish responses more quickly. We want to be overwhelmed with dialogue, and in the future we hope to offer a “chat room” where you and I can have online discussions.

Going online also is part of APTA’s effort to make the Journal—and thereby the profession—more accessible to non-physical therapists such as orthopedic surgeons and neurologists, who may benefit from articles that address issues in impairment, disability, and function.

A recent readership survey indicated that an overwhelming majority of APTA members thought the Journal was meeting their needs, but for us that is not enough. Just as health care in general, and physical therapy in particular, must evolve to meet the changing needs of society, so must this journal. *Physical Therapy* is taking on a more active voice—and encourages its readers to do the same.

It is a wonderful irony that as we introduce a new look with new content, we also inaugurate a feature that looks back at what has appeared in the Journal during its first 75 years. Our changes do not repudiate the past but instead build upon foundations. If the Journal is doing better than it did in the past, it is because we are lucky enough to have come along after the pioneers set us on our course. With that in mind, this new Journal is dedicated to all who have contributed their efforts to our publication’s glorious 75-year history.

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Editor