Headache is a quarterly journal that publishes scientifically sound articles of interest to practitioners and researchers in the field of pain, particularly orofacial pain and related conditions such as headache and temporomandibular disorders (TMD).

The journal has adopted the classification systems as below for the research and diagnosis of pain in the head, face, and neck. The journal requires that studies on headache, facial, and cervical pain and TMD to use the diagnostic entities, adhering to the terminology and criteria as in the ICOP, ICHD, and DCTMD when describing and analyzing their data.

A. The International Classification of Orofacial Pain (ICOP), published by the International Headache Society, specifically expands on dentoalveolar, oral, and facial pains and proposes some novel regional pains that may or may not be related to headache. ICOP is freely downloadable (https://doi.org/10.1177/0333102419893823). ICOP is aligned with the ICHD, ICD, and Diagnostic Criteria for Temporomandibular Disorders (DCTMD).

B. DCTMD. Studies on TMD are required to adhere to the methodology, terminology, and diagnostic criteria within the publications by Schiffman et al (2014) and Peck et al (2014), which describe the DCTMD. The journal discourages the use of painful TMD as a diagnostic entity. Please visit the INFORM website (www.informinternational.org) for patient examination guidelines, forms to use, and a number of invaluable resources needed to plan and perform research on TMD. All are freely downloadable.

C. The International Classification of Headache Disorders (ICHD, version 3, 2018), published by the International Headache Society, covers headaches and most facial and cervical pains. The classification is freely downloadable (www.ichd-3.org/).


Notwithstanding, diagnostic research that aims to test existing criteria and propose evidence-based revisions or suggestions on how to develop new criteria are invited, as long as a reference frame to existing classifications is included.

The journal publishes several types of peer-reviewed original articles:

1. Clinical and basic science research reports—based on original research in pain, especially orofacial pain and related conditions.
2. Case reports—provided they are based on important, uncommon, or special cases relevant to orofacial pain and related conditions. Must include a background, well-documented clinical features (history, diagnostic, and management approaches), and a concise and focused discussion. Accepted case reports are normally published online only.
3. Topical reviews—dealing with a subject of relevance to pain, in particular orofacial pain and related conditions. These articles are not intended for the presentation of original results. Authors are selected by the editorial board.
4a. Invited focus articles—presenting a position or hypothesis on a basic science or clinical subject of relevance to orofacial pain and related conditions. These articles are not intended for the presentation of original results. Authors are selected by the editorial board.
4b. Invited commentaries—critiquing a focus article by addressing the strong and weak points of the focus article. Authors of the commentaries are selected by the editorial board in consultation with the focus article author, and the focus article and the commentaries on it are published together in the journal.
5. Proceedings of symposia, workshops, or conferences—covering topics of relevance to orofacial pain and related conditions.

In addition, the journal publishes:

6. Literature abstracts—abstracts of selected journal articles.
7. Meeting reviews—highlights of selected scientific meetings.
8. Invited guest editorials—may periodically be solicited by the editorial board.
9. Letters to the Editor—may be submitted to the editor-in-chief; these should normally be no more than 500 words in length.
10. Poster abstracts—presented at the scientific meetings of the AAOP or other affiliated academies (online only).

Review/editing of manuscripts. Manuscripts will normally be reviewed by the editor-in-chief, one associate editor, and at least two reviewers with expertise in the article’s subject matter. The journal operates a conventional single-blind reviewing policy in which the reviewer’s name is always concealed from the submitting author. External peer review is not mandatory in the journal. After review by the editor-in-chief and/or an associate editor, a decision is made whether to reject the work or to continue the review process. Any works where the editor-in-chief is a contributor will be handled and decided upon by an associate editor. We attempt to begin the review process as rapidly as possible, and a decision is reached as soon as the reviewer’s comments are received, typically within 8 to 10 weeks.

Publication. Every effort is made to publish accepted articles expeditiously. Authors should address all inquiries regarding this process to the Managing Editor, Ms Hallie Koontz (hkoontz@quintbook.com).

The publisher reserves the right to edit accepted manuscripts to ensure conciseness, clarity, and stylistic consistency, subject to the author's final approval.

Online only. The journal reserves the right to publish any accepted article in the online version only as determined by the journal’s editorial board or staff.

Adherence to guidelines. Manuscripts not prepared in accordance with these guidelines or written in improper English will be returned with instructions to correct these problems prior to resubmission and review.

Manuscript Preparation

The Journal will follow as much as possible the recommendations of the International Committee of Medical Journal Editors regarding the preparation of manuscripts and authorship (Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals; www.icmje.org/recommendations).

In the submission letter, authors will be required to guarantee that the submission represents original work for first publication in the journal and that it is not being considered for publication elsewhere. The work cannot have been already published other than in abstract form (please acknowledge such), and permissions for reproduction of any data or reproduction owned by the author(s) must have been obtained. Submission to the journal explicitly implies that the author(s) own all rights to the work. The journal regards copyright infringement, plagiarism, and other related publication malpractice very seriously. Submitted articles are processed employing duplication-checking software.

• Title page. This should include the title of the article and the names, academic degrees, and professional affiliations for all authors. A fax number and email address must also be provided for the corresponding author. If the paper was presented before an organized group, the name of the organization, location, and date should be included. Please select titles that reflect the core aspects of the work, are easy to read, and describe the study design if relevant (i.e., randomized controlled trial, case-control study, cohort study, etc.). Concise titles are preferred.

• Abstract/keywords. Please include a maximum 250-word structured abstract (with headings Aims, Methods, Results, and Conclusion) and five keywords.

• Introduction. Summarize the rationale and purpose of the study and briefly present key references. Clearly state the working hypothesis or study objectives.

• Materials and Methods. Present materials and methods in sufficient detail to allow confirmation of the observations. Published methods should be referenced and discussed only briefly, unless modifications have been made. Studies involving human subjects must include statements regarding institutional review board approval (including approval number) and patient consent. In the section “Expanded Methodological and Reporting Requirements” a list of specific and relevant reporting methodologies are described. Authors must include the relevant document with the submitted work. Often, the use of a figure to show study design, progress, and processes is extremely useful. Report how many individuals were eligible, how many declined to participate, and how many were lost to follow-up. Animal research requires appropriate institutional approval (including approval number) and must use procedures that conform to the NIH guidelines (Guide for the Care and Use of Laboratory Animals, NIH Publication 86-23).

• Statistical Methods. Indicate the statistical methods used, if applicable, in a separate section. Describe all details of the statistical analyses. Use of one-tailed analyses requires clear justification. Indicate the alpha (cut-off) value for statistical significance. Report all P values as “<.001” and do not use “not significant” or its abbreviation. For P values between .001 and .10, report the value within three decimal places. For P values greater than .10, please report the value with two decimal places. For P values less than .001, report as “P < .001,” except for genome-wide association studies. For group differences, show the appropriate effect measure (e.g., relative risk, absolute risk, difference of means).