

Editorial

From Policy to Publication: Editorial Integrity and Scientific Relevance

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The publication of the present issue of *Balneo and PRM Research Journal* provides an appropriate opportunity to explain how the journal's editorial policies were applied in practice to articles selected for publication. Editorial policies have value only when they influence concrete decisions: which manuscripts enter peer review, which claims must be revised, which methodological limitations must be disclosed, which references are retained, and which ethical, authorship, data, copyright, and artificial-intelligence declarations must accompany the final scholarly record. The present issue should therefore be read not merely as a collection of accepted manuscripts, but as the outcome of an integrated process of scope screening, scientific review, methodological correction, citation assessment, ethical verification, and final editorial accountability.

The first principle applied to this issue was **scope integrity**. The journal accepts research across balneology, physical and rehabilitation medicine, physiotherapy, neurorehabilitation, musculoskeletal rehabilitation, sports medicine, lifestyle medicine, healthy ageing, functional assessment, and evidence-based health promotion. This breadth does not imply unlimited thematic inclusion. Manuscripts situated at the interface of physical education, sport, or lifestyle research were considered only when their primary scientific question concerned health, functional capacity, disability prevention, injury prevention, therapeutic exercise, recovery, or clinically meaningful adaptation. Educational or performance-oriented content alone was not considered sufficient. This distinction was particularly important for studies concerning university students, rural physical literacy, sports injury risk, adaptive physical activity, and postural assessment. Their inclusion was based on explicit health-related, preventive, physiological, or functional relevance rather than on a broad interpretation of sport or education.

The thirteen contributions illustrate the resulting scientific diversity while remaining connected by a common concern with function, adaptation, recovery, or risk reduction. The issue includes a comparative intervention study examining aerobic exercise combined with cinnamon or *Moringa oleifera* in adults with type 2 diabetes; a meta-analysis of three-dimensional virtual-reality rehabilitation in Alzheimer's disease; and a systems-based proof-of-concept framework for individualized injury-risk assessment in situational sports.

Two evidence syntheses examine physical activity as a potential protective factor against academic burnout and opportunities for developing physical literacy in rural communities. A preclinical study evaluates myocardial histopathology after overtraining and chia-seed administration, while two prospective studies assess anthropometric changes after contextualized exercise and postural-alignment changes after core strengthening in university students.

The more directly rehabilitation-oriented section of the issue includes a randomized comparative study of neurobic and multicomponent exercise in individuals with paraplegia, an adaptive physical-education intervention for children with intellectual and developmental disabilities, a lesion-referenced electric-source-imaging analysis in temporal encephalocele epilepsy, a retrospective cohort study of predictors and longitudinal progression of limb loss in peripheral arterial disease, and a case report describing functional rehabilitation after a complex subtrochanteric fracture treated with locked intramedullary fixation. Taken together, these articles connect molecular and preclinical observations, preventive interventions, evidence synthesis, digital assessment, neurological and musculoskeletal rehabilitation, vascular risk, and patient-centred functional recovery.

A second governing principle was **proportionality between study design and scientific claim**. Acceptance did not imply that every initial interpretation was retained. Several manuscripts required substantial reframing so that their titles, abstracts, results, and conclusions reflected what their designs could genuinely establish. The diabetes study was presented as a comparative intervention study rather than a randomized controlled trial because the available records did not adequately document sequence generation or allocation concealment. Its conclusions therefore distinguish comparison of two combined programmes from proof of independent botanical effects. Similarly, the six-week exercise study in overweight students reports lower post-intervention body mass index and waist circumference but does not attribute these changes causally to the programme, given the absence of a control group, incomplete intervention-fidelity documentation, and unmonitored behavioral influences.

The same principle was applied to digital and modelling studies. Changes in APECS-derived postural variables after core strengthening were reported as statistically detectable application-defined changes, not as proof of clinical normalization or correction. The non-linear injury-risk framework was retained as a conceptual architecture with an internal proof-of-feasibility illustration, not presented as a clinically validated prediction instrument. The electric-source-imaging study demonstrates that lesion-source distance depends on the temporal component selected for reconstruction, but does not claim a universally optimal sampling point. These distinctions are not semantic refinements. They protect the scientific record by separating observation from causation, exploratory performance from external validation, and technical measurement from clinical meaning. Proportional interpretation was equally important in the evidence syntheses and the pre-clinical contribution. The virtual-reality meta-analysis supports a possible cognitive benefit in mild-to-moderate Alzheimer's disease, while acknowledging that evidence for functional mobility remains limited and heterogeneous. The review of physical activity and academic burnout identifies a consistent inverse association but does not convert

predominantly observational evidence into a definitive causal effect or an exact exercise prescription. The rural physical-literacy review presents a conceptual map of a developing field and explicitly distinguishes the small subset of studies directly testing Self-Determination Theory from the larger group in which that framework was applied interpretively. The animal study of *Salvia hispanica* reports preliminary histomorphometric findings and appropriately avoids presenting them as definitive evidence of cardioprotection. In each case, editorial revision sought not to weaken the manuscript, but to make its contribution more credible by defining the boundary between evidence and hypothesis.

A third principle was **methodological transparency**. Systematic reviews, meta-analyses, and scoping reviews were required to describe databases, eligibility criteria, screening procedures, and evidence-synthesis methods. The distinction among systematic, scoping, and narrative approaches was preserved rather than allowing the terminology of systematic review to be used for an incompletely reproducible synthesis. Primary studies were expected to identify their design accurately, describe participant selection and interventions, report statistical methods, and distinguish prespecified outcomes from exploratory analyses. Where multiple outcomes were assessed, multiplicity correction, effect sizes, confidence intervals, and cautious interpretation were encouraged. Missing records, unavailable reliability data, incomplete follow-up, small subgroups, lack of external validation, and retrospective ascertainment were treated as limitations requiring explicit disclosure rather than details to be minimized.

The accepted articles also demonstrate that methodological value is not restricted to one study hierarchy. Randomized intervention research in paraplegia can contribute evidence on neuromuscular activation, reaction time, and self-concept. A retrospective vascular registry can identify diabetes, previous amputation, and advanced tissue loss as clinically important predictors of limb loss and can reconstruct progression across repeated admissions. A carefully delimited case report can document the staged interaction between surgical stabilization, biological healing, progressive weight bearing, physiotherapy, and restoration of functional independence. A secondary neurophysiological analysis can reveal how a methodological decision—temporal sampling—changes lesion-directed interpretation. The relevant editorial question is therefore not whether all manuscripts employ the same design, but whether each design is appropriate to its question and whether its conclusions remain within the evidential boundaries of that design. A fourth principle was the protection of **research participants, data, and ethical accountability**. Human-intervention studies were required to document ethics approval and informed consent where applicable. Research involving children, people with intellectual disabilities, individuals with paraplegia, and other potentially vulnerable populations required particular attention to consent, confidentiality, proportionality of risk, and appropriate safeguards. The animal experiment required formal bioethics approval and transparent reporting of the experimental model. Evidence syntheses based exclusively on published literature appropriately stated that direct participant approval was not applicable.

Secondary analyses and registry-based studies were expected to explain their data source, de-identification procedures, linkage methods, and access limitations. Data-availability statements were assessed in relation to privacy, consent, institutional authorization, and the reproducibility requirements appropriate to each design.

The journal's **Artificial Intelligence Policy** was applied as a framework of human accountability rather than technological prohibition. Artificial-intelligence tools may support language editing, coding, visualization, reference checking, or technical quality control, but they cannot be authors and cannot assume scientific or ethical responsibility. Authors remain accountable for every factual statement, reference, analysis, table, image, interpretation, and conclusion. Any substantive use of AI must be disclosed and independently verified. In evidence syntheses, AI cannot replace human eligibility decisions, risk-of-bias assessment, evidence grading, or final interpretation. In research involving patients or confidential datasets, protected information must not be uploaded to unauthorized external systems. Editors and reviewers are subject to the same confidentiality requirements. The governing principle is clear: AI may assist scholarly work, but it cannot replace the accountable human judgment on which trustworthy publication depends. The fifth principle was **citation integrity**. No author, reviewer, editor, or guest editor was required or encouraged to cite *Balneo and PRM Research Journal*. References were evaluated according to scientific relevance, methodological necessity, and adequate representation of the external literature. Quantitative thresholds for citations to the journal functioned as audit triggers rather than automatic grounds for rejection. Where a manuscript exceeded a threshold, the relevant references had to be justified, retained, removed, reduced, or replaced according to the scientific claim they supported. Review articles and evidence syntheses received particular attention because their reference architecture can influence both interpretation of the field and journal-level citation patterns. The objective was not to eliminate legitimate continuity with previously published work, but to ensure that every retained citation contributed to scientific accuracy rather than metric-related behavior.

The final publication process also implemented the journal's revised **copyright and authorship framework**. Authors retain copyright and grant the Romanian Association of Balneology a non-exclusive licence to publish, disseminate, archive, preserve, and identify the Version of Record. The articles are published under the Creative Commons Attribution 4.0 International Licence, allowing broad reuse, adaptation, and redistribution with appropriate attribution. Corresponding authors confirm, on behalf of all contributors, the originality of the work, the legitimacy of authorship, the accuracy of contribution statements, the disclosure of funding and competing interests, the lawful use of third-party materials, and responsibility for the published content. Open access is therefore not treated merely as free access to a PDF, but as a structured relationship among author rights, public reuse, attribution, accountability, and preservation of the scholarly record. The publication of an article does not certify that its findings are definitive, universally generalizable, or exempt from future correction. It certifies that, following the editorial process, the work was judged sufficiently original, relevant, methodologically transpar-

ent, ethically acceptable, and appropriately interpreted to enter the scientific record. Several contributions in this issue are explicitly exploratory, preliminary, hypothesis-generating, or limited by design. Their value lies partly in stating those limitations clearly. Scientific maturity is demonstrated not by eliminating uncertainty from the language of an article, but by making uncertainty visible, bounded, and useful for subsequent research. Volume 17, Issue 3 therefore represents more than thematic diversity. It reflects an editorial commitment to match claims to evidence, to distinguish prevention from performance enhancement, to recognize functional relevance across different populations, and to preserve methodological plurality without relaxing standards. It also demonstrates that editorial policies must operate before, during, and after peer review: at scope screening, in reviewer selection, in revision requests, during citation and declaration audits, in production, and, when necessary, through post-publication correction.

We thank the authors who engaged constructively with substantial editorial and reviewer recommendations, the reviewers who contributed specialist and independent assessments, and the editorial and production teams responsible for transforming revised manuscripts into an accountable Version of Record. Their work supports the central principle underlying this issue: scholarly publishing should not merely increase the number of available articles; it should improve the clarity, reliability, traceability, and scientific usefulness of every contribution that is published.

The journal will continue to evaluate its procedures, document the application of its policies, and strengthen the relationship between scientific relevance, editorial independence, research integrity, and transparent open-access publication. Policies are not static declarations displayed on a website. They are operational commitments whose credibility is determined by their consistent application to every manuscript.