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Neurosurgical Clinics of North America

ISSN: 1042-3680 **Publisher**: Elsevier **Frequency**: Quarterly **Scope**: Thematic reviews in neurosurgery **Impact Factor**: Moderate (typically between 2–3) **Audience**: Neurosurgeons, neurologists, intensivists, trainees, and allied neurosciences professionals

☐ Mission and Strengths

Neurosurgical Clinics of North America is a long-established, peer-reviewed journal focused exclusively on **comprehensive, theme-based review articles** in neurosurgery. Each issue is curated around a specific clinical or subspecialty area (e.g., neurotrauma, spine, vascular, pediatric, functional, neurocritical care), often edited by a guest expert.

Key strengths:

* Thematic cohesion: Each issue offers a deep dive into one topic, ideal for rapid immersion or teaching. * High editorial standards: Contributions are usually from respected clinicians and researchers. * Clinical orientation: Content is practical, often summarizing guidelines, surgical strategies, and current controversies. * Citable resource: Frequently used as a secondary source in educational materials and residency curricula.

Despite its usefulness, the journal has structural and academic limitations:

* Not original research: It does not publish original studies, trials, or novel data — limiting its influence on cutting-edge discoveries. * Low citation velocity: Articles are cited less frequently compared to research journals, affecting impact factor. * Conservative tone: Reviews are often descriptive and lack disruptive thinking or hypothesis-challenging positions. * Editorial echo chamber: The selection of authors often reinforces mainstream academic narratives, sidelining outsider or early-career voices. * Commercial publisher bias: As an Elsevier product, open access is limited, and institutional paywalls restrict dissemination.

□ Takeaway for the Critical Neurosurgeon

Neurosurgical Clinics of North America is a **solid, reputable, and clinically valuable** source for structured updates — but it is **not a journal of innovation**. For those seeking **controversial, disruptive, or high-impact evidence**, it plays a **supporting role**, not a leading one.

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It teaches well. It rarely surprises.

It clarifies what is known. It rarely challenges what is believed.

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☐ Recommendation

Use it to:

* Update clinical knowledge * Structure teaching modules * Anchor introductory literature reviews

Do **not** rely on it for:

* Cutting-edge research * Bold redefinitions of practice * Diverse or dissenting academic voices

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