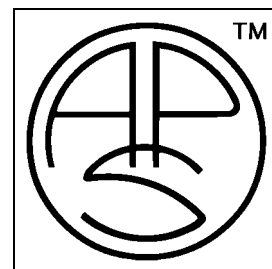


The Journal of Spinal Cord Medicine

Complete Information for Authors



Revised April 2009

The Journal of Spinal Cord Medicine (JSCM) is the peer-reviewed official journal of the American Paraplegia Society (APS). JSCM is published 5 times a year. Subscriptions are a member benefit of APS, American Spinal Injury Association and the American Association of Spinal Cord Injury (SCI) Psychologists and Social Workers. JSCM is included in the major medical and scientific indexes: Science Citation Index, NeuroScience Citation Index, ISI Alerting Services, Current Concepts/Clinical Medicine, EMBASE, CINAHL, REHABDATA, PubMed/MEDLINE/PubMed Central, and Index Copernicus.

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Note: Because JSCM releases its content to PubMed Central 5 months after publication, publication in this journal fulfills the requirements of the NLM Public Access Policy.

The Journal's most recent impact factor is 1.102.

JSCM invites contributions related to SCI research and the acute and long-term care of individuals with injuries and dysfunction of the spinal cord. Contributions include original research, reviews, clinical notes, case reports, technical perspectives, editorials, commentaries, historical perspectives, and letters to the Editor. Online submission and manuscript tracking via Editorial Manager can be accessed at <http://jscm.edmgr.com>.

EDITORIAL POLICIES

Requirements. JSCM requires all manuscripts (new submissions and revisions) to be submitted online via Editorial Manager at <http://jscm.edmgr.com>, the journal's online submission and manuscript tracking service. Each author and co-author must sign and submit the journal's author agreement form, which specifies exclusive submission, disclosure of conflicts of interest, and compliance with applicable permission and privacy regulations. Transfer of copyright is also required, except for federal employees publishing studies funded by the government or non-profit institutions. The required forms can be accessed at <http://jscm.edmgr.com>. The forms should be scanned and attached during the online submission process. Authors are responsible for securing permissions for publication of photos and any tables or figures that have been previously published. Authors of manuscripts based on data gathered from human or animal participants must document approval or waiver by the appropriate institutional review board or ethics committee.

Exclusive submission. Manuscripts are considered for publication with the understanding that they have not been previously published, are not being considered for publication elsewhere, and are therefore submitted exclusively for publication in *The Journal of Spinal Cord Medicine*. This should be stated in the required cover letter. Exempted from these policies are abstracts from the Congress on Spinal Cord Medicine and Rehabilitation that have been selected for presentation and subsequent publication in JSCM.

Conflict of interest. Authors must disclose potential conflicts of interest, financial or otherwise, on submission of the manuscript. This information is entered on the

required author agreement form and the details are elaborated in the cover letter. All sources of financial support (funding, grants, equipment, medication, supplies, or services) must be provided, as well as pertinent institutional, corporate, and commercial affiliations of the authors, eg, employment agreements, retainers, consultancies, stock holdings, honoraria, and licensing agreements. Should the editor decide that disclosure to the reader is warranted, the disclosure will appear on the proofs sent to the corresponding author for approval.

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Peer review process

Manuscripts are assigned to an Editor with expertise on the topic. Except as noted below, each manuscript is reviewed by at least 3 peer reviewers, including the Associate Editor. The peer review process is double-blinded, ie, the identities of the reviewers and authors are confidential. Following peer review, authors are notified of acceptance, acceptance

pending major/minor revision, need for revision and resubmission, or rejection. Average time to first decision is 6 weeks. Authors who wish to appeal a letter of rejection should address their request to the Editor in writing within 30 days of receipt. Such requests are handled at the discretion of the Editor. When additional review is deemed appropriate, this may be assigned to the original reviewers or to new reviewers, depending on the circumstance. Every effort will be made to render a final decision within 6 weeks.

The following types of submissions are not subject to peer review: the Donald Munro and G. Heiner Sell Memorial Invited Lectures; editorials, commentaries, transcripts of oral addresses, and various position and consensus papers originating from the APS Board of Directors, American Spinal Injury Association and other affiliated organizations. Manuscripts published in *JSCM* may not be reproduced in any manner, in part or as a whole, without the express permission of the publisher (American Paraplegia Society).

Revision Process

Revised manuscripts must be submitted at <http://jscm.edmgr.com>. Revised submissions are required to include a blinded response to reviewer file and two blinded manuscript files: one showing tracked changes and one with changes incorporated. When appropriate, revised table and figure files should be included; tables and figures not requiring revision must be designated for reattachment from the original submission. The response to reviewers should include satisfactory rebuttal to any disagreement with substantive changes as requested by the Editorial Board.

Accepted manuscripts are subject to final editing that may require the author to make deletions or additions or provide clarification. Manuscripts are copyedited according to the *American Medical Association (AMA) Manual of Style* (10th edition) (1).

Prior to publication, the corresponding author receives an eproof of the edited manuscript for approval. Delay in return of the eproof will delay publication.

PUBLICATION CATEGORIES

Original Contributions

Original contributions present new and important information on aspects of basic science, clinical care or assistive technology, extend existing studies, or provide a new approach to a traditional subject.

Review Articles

JSCM publishes both invited and unsolicited reviews and meta-analyses of scientific, clinical and technological topics related to spinal cord injury. All submitted reviews undergo peer review. Authors are encouraged to have review topics approved in advance to avoid duplicative efforts. Selection of review topics and authors is the purview of the Editorial Board. Two Associate Editors are charged with soliciting and reviewing reviews.

Special Articles

This category includes papers based on the Munro Memorial Lecture (APS) and the Sell Lecture (ASIA); consensus articles

and evidence-based documents generated by expert committees based in the model SCI system, academic consortiums, and other sources approved by the Editorial Board.

Clinical Notes/Case Reports/Technical Perspectives

These brief reports highlight interesting clinical or technical observations. Extensive review of the literature is unnecessary; tables and figures should be limited. Single-subject reports must add to the knowledge base of spinal cord medicine or provide a unique clinical or research perspective.

Historical Perspectives

These reports explore interesting historical aspects of SCI, the pioneers who advanced the care for individuals with SCI, and the roles of societies and associations that promote research and professional development.

Editorials and Commentaries

These short opinion pieces are solicited by the Editor. Content may not necessarily reflect the opinions of the APS Board of Directors or the APS. All editorials must be approved by the Editor or Associate Editor prior to publication.

Letters to the Editor

JSCM welcomes scientific and scholarly letters of comment about published articles. Readers are also encouraged to respond to the opinions expressed in *JSCM's* editorials. Letters should be limited to 500 words and a maximum of 5 references, and be submitted in a timely manner. Letters should be emailed directly to the Editor at info@JSCM@pva.org. The Editor and Editorial Board reserve all rights to determine which letters will be published.

Abstracts

JSCM publishes selected conference abstracts from the annual *Congress on Spinal Cord Medicine and Rehabilitation* and the Annual Scientific Meeting of the American Spinal Injury Association.

STYLE GUIDELINES

Prepare the manuscript using AMA style guidelines, as specified in the 10th edition of the *AMA Manual of Style*. Prepare the manuscript file for blinded review. Do not include headers, footers, bylines, affiliations, acknowledgments or other identifiers in the manuscript file. Submissions containing such material will be returned to the corresponding author for editing and resubmission. For technical and scientific terms, spell the name in full at first appearance. Acronyms or abbreviations should be introduced in parentheses following the first appearance of the full term. For medications, use generic terms; for devices, provide manufacturer and location. Cite references in the order of appearance in the text and style consistently using AMA style, including issue numbers (a change from the prior edition).

Abstract and Key Words

Enter the abstract in the abstract field provided. Abstracts must accurately reflect manuscript content. Structured

abstracts are required; organization varies according to type of submission. For original contributions, provide a structured abstract with a maximum of 250 words, using applicable subheads, ie, Context/Objective, Design, Setting, Participants, Interventions, Outcome Measures, Results, Conclusion, and for registered trials, Trial Registration). For systematic reviews and meta-analyses, the following subheads apply: Context, Objective, Methods (data sources, data extraction), Results, and Conclusion. Four subheads are required for clinical reviews: Context, Methods (evidence acquisition), Results (evidence synthesis) and Conclusion. For case reports, Context, Findings, and Conclusion/Clinical Relevance should be used.

In the Key Word field, enter 3 to 5 key words selected from the *NLM's Permuted Medical Subject Headings (MeSH)*, which can be accessed at www.nlm.nih.gov/mesh. Abstracts and key words are not required for editorials and commentaries.

MANUSCRIPT PREPARATION

Structure the text by major headings: Introduction, Methods, Results, Discussion, and Conclusion.

Introduction

State the purpose or hypothesis and summarize the rationale. Provide only strictly pertinent references, and avoid mention of data or conclusions.

Methods

Describe the setting, study design, outcome measures, and selection of subjects, and the materials, procedures/interventions, and statistical methods used. Neurological deficits and recovery must be fully described according to the most recent update of the *International Standards for Neurological Classification of Spinal Cord Injury*, a widely accepted detailed method of neurological assessment that includes determination of bilateral motor and sensory status, level of injury, and completeness of injury measured by the ASIA Impairment Scale (AIS) (A, complete to E, normal), and for complete injuries, the zone of partial preservation (ZPP) (2). Randomized trials should follow the recommendations of the CONSORT statement (Consolidated Standards of Reporting Trials) (3). For studies involving experiments with humans or animals, specify any IRB (Institutional Review Board) approvals/waivers and include a statement of the specific ethical parameters that were followed, eg, the Helsinki Declaration (4). Authors are encouraged to register their trials. Manuscripts based on registered trials should specify the registry and identifying number.

Results

Summarize the data in logical sequence, referring to tables and illustrations.* Do not repeat these data in the text. Laboratory data must include units of measure; these may be reported in either conventional or SI units.

Discussion

Review the significance of the findings, relationship to other relevant studies, and implications for the future. New

hypotheses can be stated when warranted, but should be clearly labeled as such. Include any appropriate recommendations.

Conclusion

Briefly summarize the conclusion(s) in relationship to the study's purpose. Conclusions should be fully supported by the data.

Acknowledgments

Persons who have contributed intellectually to the paper but whose contributions do not justify authorship may be named and their contribution described. The author(s) are responsible for obtaining written permission from those acknowledged. For research studies, authors should acknowledge all sources of financial support.

References

It is the responsibility of the author(s) to ensure the accuracy and completeness of the references. References must be numbered consecutively in order of appearance in the text and formatted in AMA style (see Chapter 3) (1). Use the abbreviations for journal names in MEDLINE. When there are 6 or fewer authors, list them all. For more than 6, list the first 3 and add "et al." Note that the citation guidelines for the 10th edition differ from the previous, eg, issue numbers for journals and abstract numbers (as well as page numbers) for published abstracts are now required.

Examples

Print Sources:

Articles: Sheel WA, Reid WD, Townson AF, Ayas NT, Konnyu KJ; SCIRE Research Team. Effects of exercise training and inspiratory muscle training in SPINAL CORD INJURY: a systematic review. *J Spinal Cord Med.* 2008;31(5):500–508.

Abstracts: Ferris DP, Kinnaird CR. Robotic lower limb orthoses for gait rehabilitation after incomplete SCI. [ASIA abstract 4]. *J Spinal Cord Med.* 2008;32(2):223.

Book Chapter: Bodner DR, Perkasch I. Urologic management in spinal cord injury. In: Lin VW, ed. *Spinal Cord Medicine: Principles and Practice.* New York, NY: Demos Medical Publishing; 2003:299–306.

Electronic Documents: Bagnall AM, Jones L, Duffy S, Riemsma RP. Spinal fixation surgery for acute traumatic spinal cord injury. *Cochrane Database Syst Rev.* 2008; (1):CD004725. doi:10.1002/14651858.CD004725.pub2.

National Spinal Cord Injury Statistical Center. Spinal Cord Injury Facts & Figures at a Glance 2008. <http://www.spinalcord.uab.edu/show.asp?durki=116979>. Updated January 2008. Accessed January 5, 2009.

See the AMA Manual of Style, 10th edition for formatting of a variety of electronic sources. The above examples illustrate an online resource with doi (document identifier, no access date required) and one without doi, which requires an access date (5).

Tables and Figures

Cite tables and figures in the text and number them consecutively using Arabic numerals. Do not embed them in the text. Remove any identifiers such as names and dates. Label figures clearly and consistently using the same sans serif typeface (Arial or Helvetica). During online submission, attach each table and figure as a separate file. Editorial Manager will build a pdf file for approval (pdfs circulated for peer review do not contain author forms, cover letter, or acknowledgment.) Editorial Manager can accommodate a range of file formats; however, authors should take steps to ensure suitable and readable presentation in print and web-based appearances. Resolution should be 300 dpi or greater. Figures should be sized for column width (1 column: 3.5 inches; 2 column: 7.25 inches), and labels should be legible, clear and large enough to read when the figure is printed.

Legends

Number legends using Arabic numerals corresponding to the illustrations.

Any identifying marks, letters, or numbers should be clearly explained in the legend. Legends should be brief, reserving extended details for the text.

Reprinted Tables and Figures

Tables and Figures from other sources must be clearly identified and referenced. Modification of source material requires permission from the copyright holder (author or publisher) unless permission has been stated in the original publication. The authors are responsible for obtaining permission to reprint or modify such material. Copies of permission letters are required for *JSCM's* files.

Online Submission via Editorial Manager

Online submission requires entry of the full name, title and affiliation(s) for each author* and complete contact information for the designated corresponding author. Manuscript category and type are selected and the abstract and key words are entered in separate fields.

Required files for attachment include:

- Completed transfer of copyright and author agreement forms (download, collect signatures, scan and attach).
- Cover letter (include manuscript title, bylines, current institutional affiliations for all authors, as well as affiliations at the time the manuscript was written. Specify sources of funding and support, including any for equipment and medications, and detail any conflicts of interest among the authors.)
- Blinded manuscript file (without author names, affiliations, or acknowledgments).
- Optional attachments include:
- Table(s) and figure(s)* (each attached as separate file),

- Acknowledgment file (for recognition of other contributors, data collectors, etc.)

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CORRECTIONS

Report any errors in published articles to the managing editor, jscm@kesslerfoundation.net. Errata are published in the next issue. Indexing services correct their databases after the erratum is published.

REFERENCES

1. Iverson CL, Christiansen S, Flanagan A, et al. *AMA Manual of Style: A Guide for Authors and Editors*. 10th ed. New York, NY: Oxford University Press, 2007.
2. ASIA Neurological Standards Committee. *International Standards for Neurological Classification of Spinal Cord Injury*. 6th ed. Chicago, IL, American Spinal Injury Association, 2002.
3. Moher D, Schulz KF, Altman DG. The CONSORT statement: Revised recommendations for improving the quality of reports of parallel-group randomized trials. *Ann Intern Med*. 2001;134(8):657–662.
4. World Medical Association. Declaration of Helsinki: ethical principles for medical research involving human subjects. <http://www.wma.net/e/policy/pdf/17c.pdf>. Updated October 2008. Accessed January 2, 2009.
5. International DOI Foundation. The DOI system. www.doi.org. Accessed January 16, 2009.

RESOURCES

1. International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals. <http://www.icmje.org> Updated October 2008. Accessed January 15, 2009.

REMINDER

Authors of original research papers who are medical students, residents or fellows may be eligible for *JCSM's* Ernest Bors Award for Scientific Development, an annual award that recognizes excellence in research. Contact the managing editor for an application after the manuscript is accepted.