ARCHIVES OF PHYSICAL MEDICINE AND REHABILITATION
Official Journal of the American Congress of Rehabilitation Medicine

AUTHOR INFORMATION PACK

TABLE OF CONTENTS

- Description p.1
- Impact Factor p.1
- Abstracting and Indexing p.1
- Editorial Board p.1
- Guide for Authors p.3

DESCRIPTION

The Archives of Physical Medicine and Rehabilitation publishes original, peer-reviewed research and clinical reports on important trends and developments in physical medicine and rehabilitation and related fields. This international journal brings researchers and clinicians authoritative information on the therapeutic utilization of physical, behavioral and pharmaceutical agents in providing comprehensive care for individuals with chronic illness and disabilities.

Archives began publication in 1920, publishes monthly, and is the official journal of the American Congress of Rehabilitation Medicine. Its papers are cited more often than any other rehabilitation journal.

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ABSTRACTING AND INDEXING

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GUIDE FOR AUTHORS

INTRODUCTION

Archives of Physical Medicine and Rehabilitation publishes original articles that report on important trends and developments in physical medicine and rehabilitation and in the wider interdisciplinary field of rehabilitation. Archives of Physical Medicine and Rehabilitation brings readers authoritative information on the therapeutic utilization of physical and pharmaceutical agents in providing comprehensive care for persons with disabilities and for chronically ill individuals. Archives began publication in 1920, publishes monthly, and is the official journal of the ACRM | American Congress of Rehabilitation Medicine. Its content is cited more often than any other rehabilitation journal.

A steadily increasing rate of submissions has forced the Archives to adopt a policy of restricting its manuscripts to topics that proved new information that may alter clinical practice or represent influential advances in the research. Archives will not review studies involving animal models, healthy normal samples, or small case reports, except in unusual circumstances. We may make exceptions when the clinical implications for populations of persons with chronic illness or disability are compelling. In addition, we will not review studies that report psychometric information of well-established instruments for language-specific applications.

Types of papers

Original Research: Present new and important basic and clinical information, extend existing studies, or provide a new approach to a traditional subject. Manuscripts should be limited to 3000 words of text (Introduction through Conclusions). Figures, tables, and references should be limited to the number needed to clarify, amplify, or document the text.

Brief Reports: Provide preliminary communications of new data, research methods, new ideas, and techniques. Manuscripts should be limited to 1500 words of text (or 1200 words plus 1-2 figures or tables, Introduction through Conclusions), and no more than 10 references. Brief reports should be accompanied by the appropriate reporting guideline and checklist.

The Archives will not consider case reports or animal studies for publication. Please do not submit them.

Commentaries (by Invitation): Focus on issues in physical medicine and rehabilitation. Manuscripts should be limited to 2000 words of text (Introduction through Conclusions). The Editorial Board reserves the right to ensure that the author is qualified, through education and professional experience, to write knowledgeably and appropriately about a particular subject before accepting a Commentary for publication. The Editorial Board will choose the author(s) for Invited Commentaries and the author(s)' identity will be anonymous until publication. Authors of the subject article may submit a response for a subsequent issue.

Editorials: Editorials published in Archives may only be written by the elected officers of ACRM, or by members of the Editorial Board. Prior to publication, all editorials are approved by the Editorial Board's Executive Committee. Editorials do not represent the opinions or positions of ACRM or the Editorial Board. Editorials should be limited to 1000 words of text.

Information/Education: The ACRM Communications Committee has developed a new feature, Information/Education Pages, which appear in the Organization News section of Archives. These fact sheets are printed as tear-out pages. They are designed to provide consumer-friendly information on topics relevant to rehabilitation medicine, including basic background or overview, similar to a Wikipedia entry, or brief how-to suggestions. They are targeted toward people with disabilities, their caregivers, or clinicians; and are designed so that a practitioner can tear out and copy, or download the pages, to make them available to patients and caregivers.

Authors are invited to submit Information/Education Page manuscripts or proposals to the Archives' Editorial Office (ArchivesMail@archives.acrm.org). The ACRM Communications Committee will assess subject matter, content, and target reading level then provide feedback on suitability and instructions on how to proceed directly to the author. Note that this should not be considered an official peer review of the content. For more information go to http://www.acrm.org/publications/archives-of-pm-r/information-education-pages/.
**Letters to The Editor:** Letters are published at the discretion of the Editorial Board and should be directly related to the published article on which it comments. Letters may not reference unpublished studies or reference "in press" studies that are not publicly available. The Editorial Board reserves the right to solicit a response from the authors of the cited article. Letters must be limited to roughly 500 words of text, 1 table, and no more than 5 references.

**Measurement Tools:** These instrument summaries, which appear in the Organization News section of *Archives*, are designed to facilitate the selection of outcome measures by trained clinicians. The information contained in this summary represents a sample of the peer-reviewed research available at the time of the summary's publication. The information contained in these summaries does not constitute an endorsement of the instrument for clinical practice. The views expressed are those of the summary authors and do not represent those of authors' employers, instrument owner(s), the *Archives*, the Rehabilitation Measures Database or the United States Department of Health and Human Services. Authors are invited to submit proposals for new Measurement Tools to the *Archives*’ editorial office (Archivesmail@archives.acrm.org) and the office will coordinate with the ACRM Measurement Networking Group for the Rehabilitation Measures Database to determine if the proposal is suitable for publication in the *Archives*. The Networking Group can assist authors with formatting their article to meet the Measurement Tools requirements.

**Review Articles (Meta-Analyses):** The Editorial Board welcomes state-of-the-art review articles. Manuscripts should be limited to 5000 words of text (Introduction through Conclusions), exclusive of references. The *Archives* strongly prefers systematic reviews of the literature.

**Special Communications:** Provide information or an objective analysis of issues in physical medicine and rehabilitation that does not qualify as a research or clinical paper or commentary. Manuscripts are peer reviewed and should be limited to 5000 words of text, exclusive of references.

**BEFORE YOU BEGIN**

**Ethics in Publishing**

**Authorship**
Manuscripts should have no more than 8 authors; a greater number requires written justification. The order of authorship is a joint decision of the coauthors. *Archives* follows the *Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals* guidelines 1, which state authorship credit should be based only on substantial contributions to (1) conception and design, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, and (3) final approval of the version to be published. Conditions 1, 2, and 3 must all be met. Participation solely in the acquisition of data does not justify authorship, nor does general supervision of the research group. *Archives* may require authors to justify the assignment of authorship. Increasingly, multicenter trials are attributed to a corporate author. All members of the group who are named as authors, either in the authorship position below the title or in a footnote, must fully meet the criteria for authorship as defined above. Group members not meeting these criteria should be listed, with their permission, in the Acknowledgments. Acknowledgments to other investigators for advice or data must be documented by written authorization specifically granting permissions to the authors.

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**Redundant or Duplicate Publication**

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Authors are encouraged to provide gender-specific data, when appropriate, in describing outcomes of epidemiologic analyses or clinical trials; or specifically state that there were no gender-based differences. For more information please consult the Institute of Medicine's report on "SEX-SPECIFIC REPORTING OF SCIENTIFIC RESEARCH", which can be accessed at http://www.ncbi.nlm.nih.gov/books/NBK84192/pdf/Bookshelf_NBK84192.pdf.

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**Clinical trial**
While there may be occasional exceptions, the Archives is committed to the need for clinical trial reports to be accompanied by adequate periods of follow-up. A lack of sufficient follow-up may be detrimental to a paper's acceptance.

As of January 1, 2017 the Archives will only consider clinical trials that have been registered before the first patient is enrolled.

For our purposes, a clinical trial is defined as "any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes" (http://www.who.int/ictrp/en). Thus, cohort and retrospective studies without an intervention do not require registration, and neither do observational studies of clinical care. However, studies of human subjects with prospective assignment of an intervention by the investigators, regardless of the size of the trial or method of assignment, must be registered.

**NEW - Reporting Guidelines and Checklists**
To ensure a high and consistent quality of research reporting, original research articles, including brief reports, must contain sufficient information to allow readers to understand how a study was designed and conducted. For review articles, systematic or narrative, readers should be informed of the rationale and details behind the literature search strategy.

To achieve this goal, Archives requires that authors upload a completed checklist for the appropriate reporting guideline during original submission. Taking the time to ensure your manuscript addresses basic reporting prerequisites will greatly improve your manuscript, and enhance the likelihood of publication. These checklists serve as a guide for the editors and reviewers as they evaluate your paper.

The EQUATOR Network (http://www.equator-network.org) is an excellent resource for key reporting guidelines, checklists, and flow diagrams. These guidelines should be especially useful for Archives' authors.

Click on the checklist that applies to your manuscript, download it to your computer, fill it out electronically, "save as," and upload it with your manuscript when you submit. Links to mandatory flow diagrams also are provided. Below are the most commonly used checklists but please note that the Equator Network provides many others (e.g. TRIPOD, SRQR, etc.) and it is up to the authors to select the one most appropriate for their study.Randomized Controlled Trials — CONSORT — Consolidated Standards of Reporting TrialsObservational Studies — STROBE — Strengthening the Reporting of Observational studies in EpidemiologySystematic Review of Controlled Trials — PRISMA — Preferred Reporting Items for Systematic Reviews and Meta-AnalysesStudy of Diagnostic accuracy/assessment scale — STARD — Standards for the Reporting of Diagnostic Accuracy StudiesFor psychometric studies the editors recommend either the COSMIN or GRRAS guideline, though the final choice is up to the author.

During the submission process when you are prompted to state which checklist is needed please check the appropriate box for your manuscript or check Not Applicable if your paper is a Commentary, Letter to the Editor, etc. Then the system will allow you to select the file type and upload the appropriate
checklist and flow diagram. IT IS PERMISSIBLE TO ADD A COLUMN OR SPACE TO THE CHECKLIST THAT SPECIFIES WHERE IN THE MANUSCRIPT EACH COMPONENT HAS BEEN FOLLOWED AND USE THAT FOR YOUR UPLOAD. YOU MAY NEED TO DO THIS FOR STROBE AS WELL AS OTHERS. A MODIFIED STROBE FORM IS AVAILABLE HERE.

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This journal has an embargo period of 12 months.

Language (usage and editing services)
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Manuscripts must be submitted through the journal's online system at http://ees.elsevier.com/archives-pmr. The review process will not begin until authors have complied completely with the submission requirements. Compliance includes submission of separate documents in the following order: (1) cover letter; (2) title page, including acknowledgments and explanation of any conflicts of interest; (3) main text file (manuscript without author identifiers) including a structured or standard abstract, keywords, list of abbreviations, body of the text, suppliers' list, references, figure legends; (4) figures; (5) tables; (6) appendices; (7) supplementary files; (8) checklist; and (9) ICMJE Form for Disclosure of Potential Conflicts of Interest.

Referees
All submissions will be screened by editors to determine their suitability for further review. Manuscripts that are approved for review will be evaluated by at least one recognized expert in the particular subject matter. Biostatistical review may be obtained. Peer reviewers' assessments are referred to a member of the Editorial Board, who may also critique the manuscript. The assigned Editorial Board Member will then make a final decision and communicate with the corresponding author via e-mail. Decisions are typically communicated within 60 days after the manuscript has been approved for peer review. All reviews are conducted in a double-blind fashion.

Letters to the Editors and Editorials are generally evaluated by an editorial committee, however, external reviews may also be sought.

Published annually without peer review are the ACRM | American Congress of Rehabilitation Medicine presidential address and the John Stanley Coulter Lecture. The Editorial Board does not peer review the published abstracts of posters, platform presentations of scientific papers, or audiovisual materials presented at the ACRM annual meeting. Archives also publishes the official documents of ACRM. These documents are not peer reviewed by Archives and include position papers and other materials approved by the ACRM.

Revisions
When submitting your revised manuscript, at the request of the Editorial Board, please include a document, separate from your cover letter, itemizing your response to each of the suggested revisions and any other changes you have made. Use consecutive line numbering in the text and cite line numbers for each change. In addition, highlight each change in the revised manuscript. You will upload this document in the file upload step as the "Detailed Response to Reviewers." Please note that this file should be blinded and should not include author names or institutional letterhead.

If revisions are not received within the time specified in the decision e-mail, the manuscript file will be closed. A revision received after a file has been closed will be handled as a new submission. An extension beyond the deadline may be granted at the Editorial Board's discretion, but only in extenuating circumstances, given the editors' commitment to prompt publication.

Submission of a revised manuscript includes submission of separate documents in the following order: (1) cover letter; (2) title page, including acknowledgments and explanation of any conflicts of interest; (3) main text file with highlighted changes, including an appropriate (structured or standard) abstract, keywords, list of abbreviations, body of the text, suppliers' list, references, figure legends; (4) a clean copy of the main text file with no highlighted changes, including an appropriate abstract, keywords, list of abbreviations, body of the text, suppliers' list, references, figure legends; (5) figures; (6) tables; (7) appendices; (8) supplementary files; (9) checklist; and (10) ICMJE Form for Disclosure of Potential Conflicts of Interest for each author.

Resubmissions
From time to time an author may receive a decision of "Reject-Resubmit" on their original submission. This is a reject but grants the author the opportunity to revise and resubmit their work under a new manuscript number at any time. The resubmission will be linked to the original submission but there will be no expectation of acceptance. The resubmission will be treated as new.

To submit a resubmission authors should note the following:
1. Select RESUBMISSION as the article type.
2. In your cover letter, please 1) reference this manuscript ID number and include an itemized list of the revisions. 2) Use line numbering in the text and reference the revisions made by page and line number in the cover letter. 3) Highlight changes made in one copy of the manuscript text. Submit another copy with all changes accepted and not highlighted. Please add "marked copy" to the file name of the highlighted version and "clean copy" to the file name of the clean version. Submit both clean and highlighted copies under the category titled Manuscript without author identifiers. Both should remain blinded for the review process.

Additional information

Unless author(s) notify the Editorial Office of alternate preferences, all accepted articles are posted online within 5 business days of release to production. Author(s) should notify the Editorial Office immediately with any requests to delay posting. This posted version will include a fully citable PDF of the author’s accepted files, and will be submitted to PubMed. Supplementary material(s), such as raw data, videos, etc., will not be included. Supplementary materials will be included when the article is typeset and published on the Articles in Press platform or in the monthly print/online issue of the journal.

Manuscripts accepted for publication are subject to editing during the production process. Journal style is based on the current AMA Manual of Style. The manuscript will be typeset and the designated corresponding author will receive page proofs for approval. Proofs must be returned to Elsevier by the corresponding author within 48 hours of receipt, as outlined in the e-mail instructions accompanying the proofs.

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Authors may appeal final decisions to the Editor-in-Chief of Archives. This appeal must: (1) be submitted in writing, (2) rebut the negative decision, and (3) be submitted within 30 days after the decision is rendered. Consideration of the appeal will be based on the appeal letter and the version of the manuscript that was peer reviewed. The Editor-in-Chief will assign the appeal to an Editorial Board member for review. The decision from the appeal is final.

PREPARATION

NEW- Submission checklist

Archives requires the completion and upload of a checklist with each manuscript. Please follow the instructions on the checklist to ensure all required manuscript elements are included with your submission. Please note that this submission checklist is NOT the same as a reporting guideline checklist or form noted above. This is a separate item specific to the Archives.

THE SUBMISSION CHECKLIST CAN BE DOWNLOADED HERE.

For any further information please visit our customer support site at https://service.elsevier.com.

Authors should prepare manuscripts according to the "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals" 1 as developed by the International Committee of Medical Journal Editors. The Requirements are available at http://www.icmje.org.

Document Formatting

Manuscripts must be double-spaced throughout, including the title page, abstract, text, acknowledgments, references, individual tables, and legends. Use only standard 12-point type and spacing. Use unjustified, flush-left margins. Number the pages of the text consecutively. Put the page number in the upper or lower right-hand corner of each page. Number each line on each page of the text to facilitate peer review.
Authors should format manuscripts for specific attributes such as italics, superscripts/subscripts, and Greek letters. **The coding scheme for each such element must be consistent throughout the file.**

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**Formatting requirements**
There are no strict formatting requirements for articles at initial submission (for requirements for revised submissions, please see REVISED SUBMISSIONS section below) but all manuscripts must contain the essential elements needed to convey your manuscript, for example Abstract, Keywords, Introduction, Methods, Results, Conclusions, Artwork and Tables with Captions.
If your article includes any Videos and/or other Supplementary material, this should be included in your initial submission for peer review purposes.
Divide the article into clearly defined sections.
Please ensure the text of your paper is double-spaced — this is an essential peer review requirement.

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If you choose the Your Paper Your Way option when submitting your manuscript for the first time, please ensure the figures and the tables included in the single file are placed next to the relevant text in the manuscript, rather than at the bottom or the top of the file.

**NEW- Peer Review**
Archives uses a double-blind peer-review process. The blinded submission should be submitted in a word document and should begin with a **title** followed by the **abstract, keywords, list of abbreviations, body of the text, references, figure legends**, and any relevant **suppliers' list**.

The entire main body of text should be blinded as well including obvious references to institutions and names in the methods section, etc.

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