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.

Benefits to authors
We also provide many author benefits, such as free PDFs, a liberal copyright policy, special discounts on Elsevier publications and much more. Please click here for more information on our author services.

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You are also welcome to submit to Archives? open access companion title, Archives of Rehabilitation Research and Clinical Translation.

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ABSTRACTING AND INDEXING

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Leighton Chan
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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.

When submitting an invited commentary please select Editorial as your manuscript type and note the word limit of 2,000 in your cover letter.

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**

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The Archives will consider papers that are hosted on a preprint server. Authors should include the server name and a link to the preprint version of their manuscript in their cover letter. The Archives of PM&R reviews submissions on a double-blind basis; posting your work on a preprint server will disclose your identity to reviewers. Authors who have posted a manuscript on a preprint server should verify that the license required by the preprint platform is compatible with the Archives' copyright policy, and vice versa.

**Authorship**

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.

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Authors warrant the manuscript is original and its essential substance, tables, or figures have not been previously published in part or in whole. The manuscript or one with substantially similar content under declared authorship or the data within it has not been accepted for publication elsewhere and it is not presently under review by any other publisher. The manuscript will not be submitted for publication elsewhere until a decision has been made on its acceptability for publication in Archives. This restriction does not apply to brief abstracts or press reports published in connection with scientific meetings.

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.

Systematic Review Registration
Beginning January 2021 Archives encourages prospective registration of systematic reviews. The goal of systematic review registration is to avoid duplication of effort and reduce reporting bias by allowing comparison of the completed review with what authors planned in advance. Authors may register reviews through the International Prospective Register of Systematic Reviews (PROSPERO) or the Open Science Framework (OSF) Center for Open Science. Please see the editors guidance on this subject here.

Reporting Guidelines and Checklists
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The EQUATOR Network ([http://www.equator-network.org](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 Trials Observational Studies — STROBE — Strengthening the Reporting of Observational studies in Epidemiology Systematic Review of Controlled Trials — PRISMA — Preferred Reporting Items for Systematic Reviews and Meta-Analyses Study of Diagnostic accuracy/assessment scale — STARD — Standards for the Reporting of Diagnostic Accuracy Studies For 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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Manuscripts must be submitted through the journal's online system at https://www.editorialmanager.com/ARCHIVES-PMR/default.aspx. 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.

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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.

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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.
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PREPARATION
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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.
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