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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.

Please see our Guide for Authors for information on article submission. If you require any further information or help, please visit our Support Center.

IMPACT FACTOR

2016: 3.289 © Thomson Reuters Journal Citation Reports 2017

ABSTRACTING AND INDEXING

Scopus

EDITORIAL BOARD

Editors-in-Chief
Leighton Chan
Allen W. Heinemann

Deputy Editor
Helen Hoenig
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, 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.

**Changes in authorship:** After a manuscript has been submitted, any addition, deletion, or change to the order of the authors must be submitted in writing to the Editorial Office (ArchivesMail@archives.acrm.org). This written statement, explaining the change and listing the old and new author orders, must be submitted with all authors copied (including those who have been removed, if applicable). The corresponding author should instruct all copied authors to respond with their approval of the change in author order. Failure to respond or failure of all authors to agree to the change may lead to suspension of review/publication of the article.

**ICMJE form**

*Archives* requires that all authors fill out the ICMJE form. For both new submissions and revisions, the peer-review process will not begin until these documents are completed correctly and submitted as per the instructions below.

**Step 1:** *Archives* requires the author submitting the manuscript to complete and upload an ICMJE Form for Disclosure of Potential Conflicts of Interest. By this act, the author submitting the manuscript will serve as the guarantor for all coauthors in presenting accurate disclosures for the author group.
The guarantor is expected to consult with all coauthors about the disclosures he/she provides. Any disclosure (i.e. actual or perceived conflict of interest) must be described on the title page of the manuscript.

**Step 2:** At the point an editor seeks revision of a manuscript, *Archives* will require, with submission of the revised manuscript, original copies from all coauthors of the ICMJE form. Review of the revision will not commence until the editors have fully and accurately received the completed ICMJE forms from all coauthors. The editors expect the guarantor's group disclosure at submission to be consistent with the individual disclosures received at the revision stage. A written explanation will be required if this is not the case. If it is not possible to provide ICMJE forms from all co-authors at the revision stage, please contact the Editorial Office (ArchivesMail@archives.acrm.org) for alternative instructions.

**Conflict of Interest:** Authors must reveal to the Editorial Board any conflicts of interest that the Editorial Board or the *Archives* readers would reasonably consider relevant to the research, analysis, or interpretation presented in the manuscript. The Board will hold this information in confidence, unless the study is accepted and, in the Board's judgment, readers need to be made aware of the general nature of this possible conflict. In this case, a general description of the conflict will be published with the article.

**Device Status:** The submitting author must include in the title page to the manuscript any applicable Device Status Statement, as selected in the submission checklist. The statement does not affect the decision to publish a manuscript; that decision is made solely on the basis of the article's content and its value to the journal's readers. The selected statement may be published with the article.

**Redundant or Duplicate Publication**

*Archives*, as a primary source periodical, does not consider for publication material that already has been reported in a published article or is described in a paper submitted or accepted for publication elsewhere, in any print or electronic media. Abstracts (250-300 words) of preliminary research findings that are published in conference proceedings are not considered previous publications (except for submissions to the Brief Reports category). This policy does not usually preclude consideration of a manuscript that has been rejected by another journal or of a complete report that follows publication of a preliminary report, usually in the form of an abstract (250-300 words). Press reports on papers presented at a meeting will not usually be considered prior publication, but such reports should not be amplified by additional data or copies of tables and illustrations. Authors submitting manuscripts to *Archives* must include in their cover letter an explanation of any prior publication (published article, article in press, manuscript under review, published abstract) of the same or substantially similar work, and should explain any circumstances that might cause the Editorial Board to believe that the manuscript may have been published elsewhere (e.g. similar titles). Authors must state whether the paper includes subjects about whom a previous report has been published. Authors must include an electronic copy (upload as Related (un)published manuscripts and/or meeting abstracts) of any published article or an electronic copy of any submitted manuscript that deals in any respect whatsoever with the same patients, same animals, same laboratory experiment, or same data—in part or in full—as are being reported in the manuscript they submit to *Archives*.

**Duplicate Publication:** Duplicate publication is the publication of the same paper or substantially similar papers in any medium. Publication more than once of the same study results, whether or not the wording is the same, is rarely justified. Articles previously published in another language will not be considered for publication. The Editorial Board will take appropriate disciplinary action against authors who engage in duplicate publication of the same or substantially similar data. The Editorial Board reserves the right to consult with other journals about the content of the papers in question. Further, the Editorial Board (1) may return manuscripts prior to the review process, (2) may decide not consider any manuscripts from the author(s) for a period of time, (3) may announce publicly in *Archives* that the authors have submitted a previously published article, or (4) may refer the incident to COPE (The Committee on Publication Ethics) for discussion or advice, or (5) may take any combination of these actions. If the paper is accepted and published before evidence of duplication is discovered, the Editorial Board will announce the duplication in *Archives* and/or will request that the authors write a letter acknowledging the duplicate publication. The Editorial Board will notify appropriate institutions, ranging from national databases to the authors' departments or university administrators, at its discretion.
**Preliminary Release:** Preliminary release, usually to the media, of scientific information described in a study that has been accepted by *Archives* but not yet published violates the copyright agreement between the authors and the journal. The Editorial Board may approve advance release of data (e.g. to warn the public of health hazards) in certain situations. Authors should contact the Editorial Office (ArchivesMail@archives.acrm.org) to discuss embargoes, as embargoes will preempt conditions of preliminary release.

**Simultaneous Submission:** Authors should not submit the same manuscript simultaneously to more than 1 journal. If the Editorial Board learns of possible simultaneous submission, it reserves the right to consult with the other journal that received the manuscript. Further, the Editorial Board may return the manuscript prior to the review process, or may reject it without regard to peer reviewer recommendations and may decide not to consider any studies from the author(s) for a period of time.

**Sex/Gender Reporting**
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.

**Human and Animal Rights**
If relevant, a statement must be included in the body of the manuscript that human experimentation was approved by the local institutional review board or conforms to the Helsinki Declaration 3, as stated in the section Manuscript Preparation, Methods. Also that guidelines for the care/use of nonhuman animals or other species, approved by the institution, were followed as indicated in the Methods. The species must be named in the Title, Abstract, and Methods section.

**Conflict of Interest**
The *Archives* utilizes the ICMJE Form for Disclosure of Potential Conflicts of Interest.

During original submission, the corresponding author completes and uploads an ICMJE form. If a revised paper is submitted, all authors must complete the ICMJE form.

If any of the authors do have a conflict of interest, this should be clearly explained on the title page of the manuscript.

Please see the ICMJE author responsibilities regarding conflicts of interest (http://www.icmje.org/recommendations/browse/roles-and-responsibilities/author-responsibilities--conflicts-of-interest.html).

It is important to note that a conflict of interest can be actual or perceived.

**Submission declaration and verification**
Submission of an article implies that the work described has not been published previously (except in the form of an abstract or as part of a published lecture or academic thesis or as an electronic preprint, see 'Multiple, redundant or concurrent publication' section of our ethics policy for more information), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright-holder. To verify originality, your article may be checked by the originality detection service CrossCheck.

**Authorship**
Authors have read the submitted manuscript and vouch for its accuracy. All authors have participated sufficiently in the conception and design of this work and the analysis of the data (where applicable), as well as the writing of the manuscript to take public responsibility for its content. If any author (or group of authors) listed cannot verify substantial contribution, the author’s name should be moved to the acknowledgment section. If requested, authors shall produce the data on which the manuscript is based for examination by *Archives* or its assignees.

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.

**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 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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Upon acceptance of an article, authors will be asked to complete a 'Journal Publishing Agreement' and copyright form (see more information on this). An e-mail will be sent to the corresponding author confirming receipt of the manuscript together with the appropriate forms or a link to the online versions of the forms.
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.

**All accepted manuscripts become the permanent property of Archives and may not be published elsewhere without written permission from the publisher.**

**Reprints**

Reprint order forms are provided to authors by e-mail in a downloadable PDF format. The reprint form is sent with an e-mail acknowledgment to the author from Elsevier confirming receipt of the accepted manuscript. Reprint orders should be submitted within 15 days to ensure delivery within 6 weeks after publication. Archives does not provide complimentary reprints.

**Appeal Process**

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 http://support.elsevier.com.

Authors should prepare manuscripts according to the "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals" 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.**

**Text Style:** Enter only 1 space between words and sentences. Leave 1 blank line between paragraphs. Leave 2 blank lines between headings and text.

**Your Paper Your Way**

As part of the Your Paper Your Way service, at initial submission you may choose to submit your new manuscript as a single file to be used in the refereeing process. This can be a PDF file or a Word document, in any format or lay-out that can be used by referees to evaluate your manuscript. It should contain high enough quality figures for refereeing. If you prefer to do so, you may still provide all or some of the source files at the initial submission. Please note that individual figure files larger than 10 MB must be uploaded separately. **If your paper is accepted, you will you be requested,**
at the revision stage, to put your paper in the correct format by supplying individual files for the manuscript, tables, figures, etc. and any other items required for the publication of your article. To find out more, please read the rest of the Preparation section.

**NEW SUBMISSIONS**

Submission to this journal proceeds totally online and you will be guided stepwise through the creation and uploading of your files. The system automatically converts your files to a single PDF file, which is used in the peer-review process.

**References**

There are no strict requirements on reference formatting at submission. References can be in any style or format as long as the style is consistent. Where applicable, author(s) name(s), journal title/book title, chapter title/article title, year of publication, volume number/book chapter and the pagination must be present. Use of DOI is highly encouraged. The reference style used by the journal will be applied to the accepted article by Elsevier at the proof stage. Note that missing data will be highlighted at proof stage for the author to correct.

**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.

**Figures and tables embedded in text - Your Paper Your Way**

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.

**REVISED SUBMISSIONS**

Please note if you submitted your original manuscript following the Your Paper Your Way format you will now need to put the paper in the correct format by supplying individual files for the manuscript, tables, figures, etc. and any other items required for the publication of your article.

**Use of word processing software**

Regardless of the file format of the original submission, at revision you must provide us with an editable file of the entire article. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the Guide to Publishing with Elsevier). See also the section on Electronic artwork.

To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

**Subdivision**

Manuscript files should be structured as follows: (1) Title page, including Disclosure of interest and Acknowledgments, etc.; (2) Manuscript file including Abstract, Keywords, Abbreviations, Main text, References, Legends of figures and tables; (3) Table files; (4) Figure files; (5) Supplementary files; (6) ICMJE forms.

**Manuscript Headings**
Original Article level 1 headings are: Methods, Results, Discussion, and Conclusions. Articles should include the level 2 subsection heading Study Limitations at the end of the Discussion section. Longer articles may need other level 2 and/or level 3 subsection headings to clarify their content, especially the Results and Discussion sections.

Other types of articles such as Commentaries and Special Communications do not require this format.

**Title Page**
Include these elements in the title page in the following sequence, double-spaced: (1) Running head of no more than 40 character spaces (no abbreviations); (2) Title (no abbreviations); (3) Author(s) full name(s) and highest academic degree(s); (4) The name(s) of the institution(s), section(s), division(s), and department(s) where the study was performed and the institutional affiliation(s) of the author(s) at the time of the study. An asterisk after an author's name and a footnote may indicate a change in affiliation; (5) Acknowledgment of any presentation of this material, to whom, when, and where; (6) Acknowledgment of financial support, including grant numbers and any other needed acknowledgments. Explanations of any conflicts of interest; (7) Name, address, business telephone number, and e-mail address of corresponding author; and (8) Clinical trial registration number, if applicable. Please note that clinical trial registration will now be required as of January 1, 2016. The grace period will end January 1, 2017 when registration will be mandatory.

**Abstract**
For articles reporting original data (Original Articles, Brief Reports) and Review Articles (including Meta-Analyses), a structured abstract is required (see the Instructions for Structured Abstracts). Authors should make sure the key elements from the Reporting Guideline (eg. CONSORT, PRISMA, etc.) they followed for their manuscript are included in the abstract as well as the body of the paper. For other manuscripts (e.g., Commentaries, Editorials and Special Communications), include a conventional, unstructured abstract of no more than 250 words.

**Keywords**
All abstracts must include provide 3 to 5 Keywords identified by the author. Keywords must be selected from the US National Library of Medicine's (NLM) Medical Subject Headings, which is available at http://www.nlm.nih.gov/mesh/MBrowser.html.

**Abbreviations**
Archives' editorial policy is to **minimize the use of abbreviations**. Fewer abbreviations make it easier for the multidisciplinary readership to follow the text. Authors should include a list of abbreviations in their manuscript file directly following the keywords (just above the introduction). Archives uses only standard abbreviations with Davis's and Dorland's as our guides. Abbreviations that are used only in tables, appendices, or figures are not included in the list and should be defined in the table, appendix, or figure legend. However, abbreviations that are in the list need not be re-defined in a table footnote or figure legend. All abbreviation lists must be alphabetized. All abbreviations must be defined upon first mention in the body of the manuscript. The abbreviations SD (standard deviation) and SE (standard error) require no definition in Archives.

**Main Manuscript**

**Introduction**
State the purpose of the article. Summarize the rationale for the study or observation. Give only pertinent references, and do not review the subject extensively. Do not include data or conclusions from the work being reported. Do not include a heading for this section.

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