



# ARCHIVES OF REHABILITATION RESEARCH AND CLINICAL TRANSLATION

## AUTHOR INFORMATION PACK

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### DESCRIPTION

The *Archives of Rehabilitation Research and Clinical Translation* is an official journal of the [American Congress of Rehabilitation Medicine](#), an organization focused on improving lives through interdisciplinary rehabilitation research. Like its companion journal, the [Archives of Physical Medicine and Rehabilitation](#), it publishes original, peer-reviewed research and systematic and other reviews covering important trends and developments in rehabilitation with the goal of advancing the health of persons with chronic diseases and disability. It will also consider exceptional case reports as well as rehabilitation-related images for publication. In addition, its goal is, through its open access nature, to expedite the transfer of quality rehabilitation research to all members of our field.

### ABSTRACTING AND INDEXING

Directory of Open Access Journals (DOAJ)

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Physiotherapy, Chronic Pain, Fibromyalgia, Rehabilitation in Musculoskeletal disease

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Stroke

**Kristin D. Zhao**, Mayo Clinic Rochester, Rochester, Minnesota, United States

Spinal Cord Injury, Biomechanics, Imaging and novel methodologies

## GUIDE FOR AUTHORS

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### INTRODUCTION

The *Archives of Rehabilitation Research and Clinical Translation (ARRCT)* is an official journal of the American Congress of Rehabilitation Medicine, an organization focused on improving lives through interdisciplinary medical rehabilitation research. Like its companion journal, the *Archives of Physical Medicine and Rehabilitation*, it publishes original, peer-reviewed research and systematic and other reviews covering important trends and developments in rehabilitation with the goal of advancing the health and quality of care of persons with chronic diseases and disability. In addition, it will also consider rehabilitation-related protocols and methodological reports as well as exceptional quality improvement, animal studies, healthy subject, case reports and images for publication. Its goal is, through its open access nature, to expedite the transfer of quality rehabilitation research to all members of our field.

#### **Special Note for Archives Transfers**

ARRCT participates in article transfer with the *Archives of Physical Medicine and Rehabilitation*. Submissions not accepted for publication for one journal may be offered publication in the other. The authors will always have the choice on whether or not to accept an offer if one is made. The instructions for ARRCT are very similar to the Archives. As a result, papers transferred between these journals should require no, or at most, minimal changes.

If the transfer is approved by the author, submissions will be transferred along with their internal (editor) and external (peer review) reviews. ARRCT reserves the right to obtain additional reviews if necessary.

#### **Types of papers**

**Original Research:** Present new and important basic, clinical or translational 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.

**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 journal strongly prefers systematic reviews of the literature.

**Case Reports:** Exceptional case reports detailing the symptoms, diagnosis, treatment and follow-up of an individual with a chronic disease or disability will be considered for publication. Manuscripts are peer reviewed and should be limited to 2000 words of text, exclusive of references. A brief unstructured abstract should explain why this case is being reported, give a summary of the case and its outcome and discuss its clinical impact or implications for the field.

**Quality Improvement Reports:** Present new and important information on quality improvement initiatives along with an analysis of the results of the reported intervention. Manuscripts should be limited to 3000 words of text (Introduction through Conclusions) and should have a structured abstract. Figures, tables, and references should be limited to the number needed to clarify, amplify, or document the text.

**Research Methodologies and Protocols:** Rehabilitation-related protocols and methodological papers of potential interest to our readership may be submitted for review. Manuscripts should be limited to 5,000 words of text and should have a structured abstract. Figures, tables, and references should be limited to the number needed to clarify, amplify, or document the protocol.

**Images in Rehabilitation:** Images pertinent to the history and practice of rehabilitation such as, but not limited to, people important in the fields development and equipment will be considered. Abstracts are not required but Images should be submitted in the proper format as described elsewhere in these instructions and be accompanied by a 500 or less word description with fewer than 5 references. Videos are also encouraged. Authors are expected to have proper permission for the use of any images submitted.

**Special Communications:** Provide information or an objective analysis about advances in clinical care and research and other rehabilitation that do not qualify as a research or clinical paper. Papers on new directions in rehabilitation, including theory and hypothesis, are also encouraged. Manuscripts are peer reviewed and should be limited to 4000 words of text. Please provide an unstructured abstract.

**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.

## **BEFORE YOU BEGIN**

### **Ethics in publishing**

#### **Preprint Policy**

The *Archives of Rehabilitation Research and Clinical Translation* 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. *ARRCT* 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 *ARRCT's* copyright policy, and vice versa.

#### **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. *ARRCT* 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. *ARRCT* 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 2 to the Editorial Office (openaccess@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**

*ARRCT* requires that all authors fill out the ICMJE form. (ICMJE author responsibilities regarding conflicts of interest are available at: <http://www.icmje.org/recommendations/browse/roles-and-responsibilities/author-responsibilities--conflicts-of-interest>) 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:** *ARRCT* 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 ([openaccess@acrm.org](mailto:openaccess@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 *ARRCT* 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**

*ARRCT*, as a primary source periodical, does not consider for publication material that already has been reported in a published article (regardless of language or medium) 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. 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 *ARRCT* 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 submitted manuscript. Articles may be checked for duplication and plagiarism by originality detection services such as [Crossref Similarity Check](#).

**Duplicate 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 *ARRCT* 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 *ARRCT* 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 *ARRCT* but not yet published should be approved by the Editor-in-Chief. The EiC may approve advance release of data (e.g. to warn the public of health hazards) in certain situations. Authors should contact the Editorial Office ([openaccess@acrm.org](mailto:openaccess@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.

### **Informed Consent Statement**

Studies on patients or volunteers require ethics committee approval and informed consent, which should be documented in the paper. Appropriate consents, permissions and releases must be obtained where an author wishes to include case details or other personal information or images of patients and any other individuals in an Elsevier publication. Written consents must be retained by the author but copies should not be provided to the journal. Only if specifically requested by the journal in exceptional circumstances (for example if a legal issue arises) the author must provide copies of the consents or evidence that such consents have been obtained. For more information, please review the [Elsevier Policy on the Use of Images or Personal Information of Patients or other Individuals](#). Unless you have written permission from the patient (or, where applicable, the next of kin), the personal details of any patient included in any part of the article and in any supplementary materials (including all illustrations and videos) must be removed before submission.

### **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](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.

### *Submission declaration and verification*

#### **Use of inclusive language**

Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Content should make no assumptions about the beliefs or commitments of any reader; contain nothing which might imply that one individual is superior to another on the grounds of age, gender, race, ethnicity, culture, sexual orientation, disability or health condition; and use inclusive language throughout. Authors should ensure that writing is free from bias, stereotypes, slang, reference to dominant culture and/or cultural assumptions. We advise to seek gender neutrality by using plural nouns ("clinicians, patients/clients") as default/wherever possible to avoid using "he, she," or "he/she." We recommend avoiding the use of descriptors that refer to personal attributes such as age, gender, race, ethnicity, culture, sexual orientation, disability or health condition unless they are relevant and valid. These guidelines are meant as a point of reference to help identify appropriate language but are by no means exhaustive or definitive.

#### **Clinical trials**

While there may be occasional exceptions, the ARRCTs 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.

ARRCT 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.

## 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, ARRCT 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 ARRCT's 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](#).

## Role of the funding source

You are requested to identify who provided financial support for the conduct of the research and/or preparation of the article and to briefly describe the role of the sponsor(s), if any, in study design; in the collection, analysis and interpretation of data; in the writing of the report; and in the decision to submit the article for publication. If the funding source(s) had no such involvement then this should be stated.

## Open access

Please visit our [Open Access page](#) for more information.

## Open access fees

The following fees will be charged for publication in ARRCT:

Original Research, Special Communication, and Review papers: \$1500.00 for members of ACRM and \$2000.00 for non-members.

Methodology and Research Protocols. \$1500.00 for members of ACRM and \$2000.00 for non-members.

Quality Improvement. \$1000.00 for members of ACRM and \$1500.00 for non-members.

Case Reports and Images in Rehabilitation: \$375.00 for members of ACRM and \$500.00 for non-members.

Correspondence: No Charge.

Fees, in special situations (e.g., you are from a country that is eligible for the [Research for Life](#) program) may be reduced or waived after review by the *ARRCTs* Editor-in-Chief.

#### *Language (usage and editing services)*

Please write your text in good English (American or British usage is accepted, but not a mixture of these). Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use the [English Language Editing service](#) available from Elsevier's Author Services.

#### **Submission**

Manuscripts not transferred from the *Archives* must be submitted through the journal's online system at <https://ees.elsevier.com/arrct>. 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. *ARRCT* will follow the same double-blind peer review process as the *Archives*.

#### *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 two recognized experts in the particular subject matter. Biostatistical review may be obtained at the journal's discretion. 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 will be communicated as soon as possible 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.

*ARRCT* may publish official documents of ACRM. These documents are not peer reviewed by *ARRCT* 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.

Revisions should be received within the time specified in the decision e-mail. A revision received after the time specified may be handled as a new submission. A request for extension beyond the deadline may be granted at the Editorial Board's discretion.

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 rejection 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 is no guarantee of acceptance. The resubmission will be treated as new. Unless directed otherwise in the decision letter, authors should select the same paper type when they submit their revised manuscript.

To submit a resubmission authors should note the following:

1. Select the same article type as the original paper unless directed otherwise in the decision letter.
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*

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.

#### **Appeal process**

Authors may appeal final decisions to the Editor-in-Chief of *ARRCT*. 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 of an appeal is final.

## **PREPARATION**

### **Submission checklist**

*ARRCT* suggests that authors adhere to our submission checklist when preparing to submit your paper to ensure that all required manuscript elements are included with your submission. Please note that this submission checklist is NOT the same as a reporting guideline checklist. This is a separate item specific to the *Archives* and *ARRCT*.

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 have 1.5 to 2.0 spacing 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.**

### **References**

There are no strict requirements on reference formatting at initial 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.

#### *Peer review*

ARRCT 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.

Editors are not involved in decisions about papers which they written themselves or have been written by family members or colleagues or which relate to products or services in which the editor has an interest. Any such submission is subject to all of the journal's usual procedures, with peer review handled independently of the relevant editor and their research groups.

### **REVISED SUBMISSIONS**

#### *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, Methodological, Protocol and Quality Improvement 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 Special Communications do not require this format.

#### *Title page*

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### *References*

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