DESCRIPTION

The Journal of Tissue Viability is the official publication of the Society of Tissue Viability and is a quarterly journal concerned with all aspects of the occurrence and treatment of wounds, ulcers and pressure sores including patient care, pain, nutrition, wound healing, research, prevention, mobility, social problems and management.

The Journal particularly encourages papers covering skin and skin wounds but will consider articles that discuss injury in any tissue. Articles that stress the multi-professional nature of tissue viability are especially welcome. We seek to encourage new authors as well as well-established contributors to the field - one aim of the journal is to enable all participants in tissue viability to share information with colleagues.

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To find out more, please visit the Preparation section below.

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Editorial policy
The originality of content of papers submitted and the quality of the work on which they are based is the prime consideration of the Editor. The paper should deal with original material, neither previously published nor being considered for publication elsewhere, except in special circumstances agreed with the Editor. All papers are sent for peer review by at least two independent reviewers and are judged on their accuracy, content, organisation, style, contribution to tissue viability and appearance, The final decision regarding publication is made by the Editor and will be communicated to authors usually within 8-10 weeks after submission.

The Journal of Tissue Viability welcomes the following articles and operates a word limit as follows:

Clinical studies (1500-3000 words)
Basic research studies (1500-3000 words)
Case reports (500-1500 words)
Reviews of clinical or scientific aspects of tissue viability (1500-4000 words)

Reports of either an individual or a series of case histories are acceptable if they are used to raise awareness of a particular aspect of tissue viability rather than to simply describe what happened to a patient(s) over a period of time. Authors should carefully consider what general points they would wish readers to take from their case report before starting to write.

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The editorial in each issue of the Journal is typically written by a guest editor rather than the Editor of the Journal. Typically guest editors will be invited to submit by the Editor and will be asked to provide 800-1000 words upon a topic of debate or controversy. Each editorial reflects the views of its author and may be supported by no more than five references. While the majority of editorials are commissioned, please do not hesitate to submit an outline idea or contact the Editor to discuss your proposal.

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Letters related to any topic covered in the previous issue of the Journal of Tissue Viability are welcomed, as are all letters relevant to any issue in tissue viability. We encourage the submission of letters as a strong vehicle for provoking discussion and debate within the Journal. Letters will not be subject to peer review but are published at the discretion of the Editor.

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to avoid offensive or exclusionary terms such as "master", "slave", "blacklist" and "whitelist". We suggest using alternatives that are more appropriate and (self-) explanatory such as "primary", "secondary", "blocklist" and "allowlist". These guidelines are meant as a point of reference to help identify appropriate language but are by no means exhaustive or definitive.

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All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.

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Registration in a public trials registry is a condition for publication of clinical trials in this journal in accordance with International Committee of Medical Journal Editors recommendations. Trials must register at or before the onset of patient enrolment. The clinical trial registration number should be included at the end of the abstract of the article. 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 of health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example drugs, surgical procedures, devices, behavioural treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration.

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