DESCRIPTION

The Spine Journal, the official journal of the North American Spine Society, is an international and multidisciplinary journal that publishes original, peer-reviewed articles on research and treatment related to the spine and spine care, including basic science and clinical investigations. It is a condition of publication that manuscripts submitted to The Spine Journal have not been published, and will not be simultaneously submitted or published elsewhere. The Spine Journal also publishes major reviews of specific topics by acknowledged authorities, technical notes, teaching editorials, and other special features, Letters to the Editor-in-Chief are encouraged.

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Clinical studies should be between 1500 and 4500 words (approx. 6 to 12 double-spaced pages).

1. Controlled Trials (a) Randomized controlled trials (RCTs): a) Randomized controlled trials (RCTs): Complete CONSORT checklist and include flow diagram in article.


Website: http://www.consort-statement.org/

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ii. Cluster RCTs:
iii. Non-pharmacological treatment interventions:

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Manuscripts may be accompanied by a cover letter, to include information on the manuscript's prior publication or previous rejection by another journal. It is also meant to give the author(s) the chance to speak to the originality of the work being presented, as well as any other information the author(s) wish to convey to the editorial office staff and Editor-in-Chief. If the paper has been rejected previously by another journal, the author(s) should describe specifically how it has been improved since being rejected.

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The following separate components are required (except as noted when optional):

1. Abstract (structured as outlined below. Methods section must include detailed relevant disclosure)
2. Keywords (6-10)
3. Classifications
4. Title Page (separate from manuscript) with all authors, affiliations and corresponding author's full contact information
5. Revision notes (revision stage only)
6. Manuscript document (blinded - no author names, headers, acknowledgements)
7. Tables (optional)
8. Figures (optional)
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11. FDA drug/device approval status form
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13. Appropriate checklists and flow diagrams as specified below in ARTICLE TYPES.

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Divide your article into clearly defined sections. Each subsection is given a brief heading. Each heading should appear on its own separate line. Subsections should be used as much as possible when cross-referencing text: refer to the subsection by heading as opposed to simply 'the text'.

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State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

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**Theory/calculation**

A Theory section should extend, not repeat, the background to the article already dealt with in the Introduction and lay the foundation for further work. In contrast, a Calculation section represents a practical development from a theoretical basis.

**Results**

Results should be clear and concise.

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This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

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A structured abstract must be included with all article-types and must use the following subheadings in the order shown (Subheadings may not be combined):

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• Study Design/Setting
• Patient Sample (MUST be included in Clinical Studies)
• Outcome Measures (MUST be included in Clinical Studies)
• Methods
• Results
• Conclusions

* The METHODS section of the abstract MUST incorporate both study funding sources and a study-specific appraisal of potential conflict of interest-associated biases in the text of the manuscript. All applicable financial relationships will include magnitude of financial association - specific dollar amounts within ranges. It will be expected that authors will discuss these potential sources of study bias in the "Discussion" section of their article as a matter of routine, similar to discussions of other biases and limitations usually addressed. For more information, please see the editorial in the August 2011 issue of *The Spine Journal*, "Future directions for The Spine Journal: managing and reporting conflict of interest issues."

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  • Physiologic Measures, eg, imaging or electrodiagnostic tests, aerobic capacity, range of motion or strength, etc.
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Define abbreviations that are not standard in this field in a footnote to be placed on the first page of the article. Such abbreviations that are unavoidable in the abstract must be defined at their first mention there, as well as in the footnote. Ensure consistency of abbreviations throughout the article.

**Acknowledgements**

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Follow internationally accepted rules and conventions: use the international system of units (SI). If other units are mentioned, please give their equivalent in SI.

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