Spinal Cord

ABOUT THE JOURNAL

Aims and Scope

Spinal Cord is a specialised, international journal that has been publishing spinal cord related manuscripts since 1963. It appears monthly, online and in print, and accepts contributions on spinal cord anatomy, physiology and management of injury and disease. *Spinal Cord* is multi-disciplinary and publishes contributions across the entire spectrum of research ranging from basic science to applied clinical research. It focuses on high quality original research, systematic reviews and narrative reviews.

Spinal Cord's sister journal *Spinal Cord Series and Cases* publishes case reports, small case series and studies of regional interest. For more information, please see the aims and scope of *Spinal Cord Series and Cases*.

Journal Details

Editor-in-Chief:
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BIOBASE/Current Awareness in Biological Sciences
Biological Abstracts
BIOSIS
British Medicine
Current Contents
Current Contents/Clinical Medicine
EMBASE/*Excerpta Medica*
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Clinical Trials

IMPORTANT MESSAGE: Mandatory requirement starting 1st January 2018

From 2018: All clinical trials starting on or after January 1st 2018 **MUST** be registered **BEFORE** the first participant is randomised to be accepted for publication in *Spinal Cord*. A clinical trial is any study in which participants are allocated to a treatment.
See here for more details and see below section on Clinical Trials for more details.

ARTICLE TYPE SPECIFICATIONS

ARTICLE DESCRIPTION	ABSTRACT	WORD LIMIT	TABLES/ FIGURES
Original Articles Please see 'Preparation of Original Articles' below for further details. *Spinal Cord* prioritises original research that contains prospectively collected data driven by clear a priori hypothesis. This includes but is not limited to: • randomised controlled trials (please see requirement for trial registration above) • diagnostic studies • cohort studies (if the sample is representative of the target population) • case-control studies • psychometric studies • basic cellular studies • animal studies • qualitative studies • explanatory or mechanistic studies • economic evaluation studies The following types of studies are a low publication priority: • retrospective chart audits • studies of the demographics of patients presenting with onset of SCI • studies that are only of regional interest • studies examining the reliability of outcome measures translated into a non-english language • surveys Exceptions will be made if the authors can demonstrate that the study is particularly novel and would be of wide interest to an international readership.	Structured abstract, max 250 words	3,500 words max*	Up to 3 Figures and 4 Tables*
Reviews *Spinal Cord* prioritises systematic reviews about treatment effectiveness which have clearly stated PICOs with results presented in forest plots including meta-analyses as appropriate. Systematic reviews examining incidence or prevalence of SCI or of a secondary condition will also be prioritised. Narrative reviews will be considered but only if the topic is of wide interest to readers and has not already been extensively reviewed, or the authors can demonstrate that the review adds new insights to a previous review on the topic. Authors are encouraged to seek feedback about suitability for publication of narrative reviews from the Editorial Office before submitting.	Structured abstract, max 250 words	4,500 words max*	Up to 3 Figures and 2 Tables*

Editorials Editorials are by invitation only, although readers and authors are encouraged to submit suggestions for Editorials. The Editor-in-Chief may invite an author to write an editorial.	No abstract required		N/A
Letters to the Editor Letters to the editor (less than 800 words and 5 references) will be considered if they relate to a previously published manuscript in *Spinal Cord* or a current controversial issue. Letters that highlight an important weakness with the methodology or interpretation of the results of a published paper will be prioritised. Letters to the Editor do not need an abstract or headings.	No abstract required	800 words	No tables or figures unless essential

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- Cover letter
- Title page (excluding acknowledgements)*
- Structured Abstract*
- Keywords*
- Introduction*
- Methods*
- Results*
- Discussion*
- Acknowledgements*
- Conflicts of Interest*
- References*
- Figure legends*
- Tables
- Figures

Clinical trials must be prospectively registered if commenced after 1st Jan 2018, and reported according to CONSORT guidelines (see details in the Editorial Policies).

Cover Letter: The cover letter must state that the material is original research, has not been previously published and has not been submitted for publication elsewhere while under consideration. If the manuscript has been previously considered for publication in another journal, please consider including the previous reviewers' comments to help expedite the decision by the Editorial team. The cover letter must also include a statement about potential or real conflicts of interest (see Editorial Policy section).

Title Page: The title page need to contain the title of the paper, the full names of all the authors and their affiliations, together with the name, full postal address, telephone and fax numbers and e-mail address of the corresponding author (this information is also asked for on the electronic submission form). The title page must also contain a Conflicts of Interest statement (see Editorial Policy section). The following rules should be followed:

- The title should be brief, informative, of 150 characters or less.
- The title should were possible reflect the study design
  Eg 1. The effectiveness of robotic gait training: a clinical trial
  Eg 2. The need for ventilator support following recent spinal cord injury: a retrospective chart audit.
- The running title should consist of no more than 50 letters and spaces. It should be as brief as possible, convey the essential message of the paper and not contain abbreviations.
- Authors should disclose the sources of any support for the work, received in the form of grants and/or equipment and drugs.
- If authors regard it as essential to indicate that two or more co-authors are equal in status, they may be identified by an asterisk symbol with the caption 'These authors contributed equally to this work' immediately under the address list.

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Demographic data should be reported as mean and standard deviation, or median and interquartile range depending on whether the data are skewed or not. If data are to be grouped, then authors are encouraged to follow the recommendations of Biering-Sørensen *et al.*[1] For example, age should be grouped in 15 year increments: 0–15, 16–30, 31–45, 46–60, 61–75, 76+. For pediatric SCI the following increments are recommended: 0–5, 6–12, 13–15, 16–21. When time since injury is grouped, 5 year increments should be used: <1 year, 1–5 years, 6–10 years, 11–15 years, and 5-year increments thereafter. Calendar time (years during which the study is conducted) should be grouped by either 5 or 10 year increments with years ending in 4 or 9. The severity of injury should be grouped as C1-4 ASIA Impairment Scale grade (AIS) A, B, or C; C5-8 AIS A, B, or C; T1-S5 AIS A, B, or C; AIS D at any

injury level; Ventilator-dependent at any injury level or AIS grade. If data are limited, the above groups can be collapsed.

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- **Objectives**
- **Setting** (eg. hospital in Gothenburg, Sweden; University-based laboratory in Chicago, IL, USA; community in Sydney, Australia; hospitals from multiple countries in Asia.)
- **Methods**
- **Results**
- **Conclusions:** Framed with respect to the objectives and primary results
- **Sponsorship** (where applicable)

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Acknowledgements: These should be brief, and should include sources of support including sponsorship (e.g. university, charity, commercial organisation) and sources of material (e.g. novel drugs) not available commercially.

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Journal article, in press:
Gallardo RL, Juneja HS, Gardner FH. Normal human marrow stromal cells induce clonal growth of human malignant T-lymphoblasts. *Int J Cell Cloning* (in press)

Complete book:
Atkinson K, Champlin R, Ritz J, Fibbe W, Ljungman P, Brenner MK (eds). *Clinical Bone Marrow* and *Blood Stem Cell Transplantation*, 3rd edn. Cambridge University Press: Cambridge, UK, 2004.

Chapter in book:
Coccia PF. Hematopoietic cell transplantation for osteopetrosis. In: Blume KG, Forman SJ, Appelbaum FR (eds). *Thomas' Hematopoietic Cell Transplantation*, 3rd edn. Blackwell Publishing Ltd: Malden, MA, USA, 2004, pp 1443–1454.

Abstract:
Syrjala KL, Abrams JR, Storer B, Heiman JR. Prospective risk factors for five-year sexuality late effects in men and women after haematopoietic cell transplantation. *Bone Marrow Transplant* 2006; **37**(Suppl 1): S4 (abstract 107).

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- Identify the types of files (file formats) submitted.
- Include the text "Supplementary Information is available at *Spinal Cord*'s website" at the end of the article and before the references.

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- Units**:** Use metric units (SI units) as fully as possible. Preferably give measurements of energy in kiloJoules or MegaJoules with kilocalories in parentheses (1 kcal = 4.186kJ). Use % throughout.
- Express all 95% confidence intervals in this format – "95% CI, xx to xx".
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- Use person centered terminology throughout eg. "people with tetraplegia" (not "tetraplegics").
- Use the term "tetraplegia" (not "quadriplegia").
- Use the words "person/s", "people" or "individual/s" where ever possible (rather than "patient/s") unless this distracts from the readability or meaning.
- Use the word "participant/s", not "subject/s".
- Avoid spurious precision. As a general rule, report numbers between 0 and 1 to 2 decimal places, between 1 and 10 to 1 decimal place, and above 10 with no decimal place

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As defined by the International Committee of Medical Journal Editors (ICMJE), a clinical trial is any research project that prospectively assigns human participants to intervention with or without a comparison group to study the cause-and-effect relationship between a medical intervention and a health outcome. An intervention is any intervention used to modify a health outcome and includes but is not limited to drugs, surgical procedures, devices, behavioural treatments, and process-of-care changes. Nonrandomized trials are not exempt from the registration requirement if they meet the above criteria.

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- the International Standard Randomized Controlled Trial Number Registry (www.controlled-trials.com);
- the Australian and New Zealand Clinical Trials registry (http://www.anzctr.org.au);
- and the European Clinical Trials Database (https://eudract.ema.europa.eu/).

The trial registry number must be included in the manuscript and provided on submission.

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  Dr Caron's work has been funded by the NIH. He has received compensation as a member of the scientific advisory board of Acadia Pharmaceutical and owns stock in the company. He also has consulted for Lundbeck and received compensation. Dr Rothman and Dr Jensen declare no potential conflicts of interest.

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1. Biering-Sorensen F, DeVivo MJ, Charlifue S, Chen Y, New PW, Noonan V. et al. International Spinal Cord Injury Core Data Set (version 2.0) including standardization of reporting. Spinal Cord 2017; 55: 759-764.