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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](#).

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.

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

Journal Details

Editor-in-Chief: Professor Lisa Harvey, The University of Sydney, Australia, spinalcord@iscos.org.uk

Editorial Office: Sally Halsall, spinalcord@iscos.org.uk

Impact factor: 1.870 (2016 Journal Citation Reports, Thomson Reuters, 2017)

Frequency: 12 issues a year

Abstracted in:

EBSCO Discovery Service

Google Scholar

Medline

OCLC

Scopus

Summon by ProQuest

BIOSIS

Current Contents/Clinical Medicine

Science Citation Index Expanded (SciSearch)

EBSCO Academic Search

EBSCO Advanced Placement Source

EBSCO Biomedical Reference Collection

EBSCO CINAHL

EBSCO SPORTDiscus

EBSCO STM Source

EBSCO Rehabilitation & Sports Medicine Science

EBSCO TOC Premier

Patient consent

If a patient or participant of a study can be identified in any way through information or clinical photographs presented in a paper, the patient or participant must provide written and signed consent. The consent needs to be emailed or posted to the editorial office. Alternatively, please indicate where a photograph can be cropped to remove identifiable features. If consent has not been obtained, then any recognizable features must be masked so that the individual is 'officially unrecognizable'.

ARTICLE TYPE SPECIFICATIONS

| ARTICLE DESCRIPTION | SPECIFICATION |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Article Please see 'Preparation of Articles' below for further details. <i>Spinal Cord</i> prioritises original research that contains prospectively collected data driven by clear a priori hypothesis. This includes but is not limited to:</p> <ul style="list-style-type: none"> • 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 <p>The following types of studies are a low publication priority:</p> <ul style="list-style-type: none"> • 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 <p>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.</p> | <p>Structured abstract max 250 words; Main body of text (excluding abstract, references, figures/tables) not to exceed 3,500 words*; Max of 4 tables and 3 figures</p> |
| <p>Review Article <i>Spinal Cord</i> prioritises systematic reviews about treatment effectiveness which have clearly stated PICO's 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.</p> | <p>(Optional) Structured abstract max 250 words; Main body of text (excluding abstract, references, figures/tables) not to exceed 4,500 words*; Max of 2 tables and 3 figures</p> |
| <p>Protocol Protocols of large cohorts or clinical trials may be published from time-to-time. However, the studies need to be of high importance with a strong likelihood of completion (evident by sufficient funding) The headings for the Structured Abstract and within the article text should be the same as for Articles as outlined below with the following exception:</p> <ul style="list-style-type: none"> • the Results and Discussion sections should be replaced with one section titled 'Ethics and Dissemination' <p>Additional subheadings within these sections are allowed</p> | <p>Structured abstract, max 250 words; Main body of text (excluding abstract, references, figures/tables) not to exceed 3,500 words*; Max of 1 tables and 2 figures</p> |
| <p>Correspondence Correspondences (less than 800 words and 5 references) will be considered if they relate to a previously published manuscript in <i>Spinal Cord</i> or a current controversial issue. Correspondences that highlight an important weakness with the methodology or interpretation of the results of a published paper will be prioritised.</p> | <p>No abstract or subheadings required; Main body of text (excluding references, figures/tables) not to exceed 800 words; No tables or figures unless essential</p> |

* Unless these restrictions prevent authors from conveying key messages. If these restrictions are exceeded then authors need to provide an explanation in their covering letter and be aware that they may be asked to reduce the number of Figures, Tables and length of the manuscript. Authors can put extensive descriptions of particular methods or statistical techniques, and extra Figures or Tables in Supplementary Files.

PREPARATION OF ARTICLE

House Style: Authors should adhere to the following formatting guidelines:

- We accept UK English or American English, however authors should be consistent in their use of either within the manuscript
- Text should be double spaced with margins of between 1cm and 3cm wide.
- All pages and lines to be numbered continuously (do not restart line numbering at the beginning of each page). To add page numbers in MS Word, go to Insert > Page Numbers. To add line numbers go to File, Page Setup, Layout tab. In the Apply to box select Whole document, click Line Numbers then select the Add line numbering check box, followed by Continuous.
- Do not make rules thinner than 1pt (0.36mm).
- Use a coarse hatching pattern rather than shading for tints in graphs.
- Colour should be distinct when being used as an identifying tool.
- Spaces, not commas should be used to separate thousands.
- At first mention of a manufacturer, the town (and state if USA) and country should be provided.
- Normally distributed data should be expressed as mean (SD). Skewed data should be expressed as median (25% to 75% percentiles).
- Sole reliance on statistical significance (and p values) is discouraged. Instead, we encourage reporting of effect sizes preferably in the units of the original scale. For example, we encourage authors to write "people with tetraplegia are twice as likely to experience respiratory problems than people with paraplegia (OR 0.47, 95% CI 0.32 to 0.69)" or "people with spinal cord injury walked 0.45 m/s (95% CI 0.35 to 0.55) slower than

their age matched healthy counterparts". We discourage statements such as "*people with spinal cord injury had a significant decrease in psychological distress after counselling (p = 0.02)*".

- 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".
- Express all means and standard deviations in this format – "the mean (SD) was xx (xx)."
- Abbreviations: On first using an abbreviation place it in parentheses after the full item. Note these abbreviations: gram **g**; litre **l**; milligram **mg**; kilogram **kg**; kilojoule **kJ**; megajoule **MJ**; weight **wt**; seconds **s**; minutes **min**; hours **h**. Do not add s for plural units.
- Use person centered terminology throughout e.g. "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

Please note that Articles must contain the below components (if the authors wish Reviews can also be split under these headings). All sections of the article text where noted (*) must be included in a single article file and uploaded in Word format.

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

Cover Letter

Authors should provide a cover letter that includes the affiliation and contact information for the corresponding author. Authors should briefly discuss the importance of the work and explain why it is considered appropriate for the diverse readership of the journal. The cover letter should confirm 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 include the previous reviewer comments, to help expedite the decision by the Editorial team. Please also include a Conflict of Interest statement, see [Editorial Policies](#) for more details.

Title Page

The title page should contain:

- Title of the paper - brief, informative, of 150 characters or less and should not make a statement or conclusion but where possible reflect the study design
E.g. 1. Effectiveness of robotic gait training: a clinical trial
E.g. 2. The need for ventilator support following recent spinal cord injury: a retrospective chart audit
- Running title – should convey the essential message of the paper in no more than 50 characters. Should not contain any abbreviations
Please note – the running head for a manuscript on all pages after the title page will be the shortened manuscript title followed by an ellipsis.
- Full names of all the authors and their affiliations, as well as the e-mail address of the corresponding author. 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.
Group Authorship/Collaborations - Please note that if in the list of authors you wish to include additional authors/collaborators/ groups/consortiums that aren't part of the core list of authors as 'on behalf of', 'for the' or 'representing the' you need to ensure you list the authors correctly within the paper to ensure these are deposited correctly in PubMed.
 - Groups where there is an 'on behalf of', or 'representing the', or 'for the' will appear in the HTML/PDF as follows: Author A, Author B, Author C and Author D on behalf of...
The list of individual members should then appear in the Acknowledgements section and not under Notes or Appendix
 - A Group name who is an author in its own right should have the list of authors as usual and then all the individual authors of the group listed in their own section at the end of the article, NOT in Acknowledgement/Appendix or Notes

Reporting of demographic and neurological details

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 e.g. age should be grouped in 15

¹ Biering-Sørensen 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.

year increments: 0–15, 16–30, 31–45... to 76+. The reporting of the paediatric SCI population was updated as age groups 0–5, 6–12, 13–14, 15–17 and 18–21. When time since injury is grouped, 5 year increments should be used: <1 year, 1–5 years, 6–10 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.

Structured Abstract

Articles must be prepared with a structured abstract designed to summarise the essential features of the paper in a logical and concise sequence under the following mandatory headings. Authors can also apply this layout to Review Articles if they wish to do so.

- **Study Design** (eg. Retrospective chart audit; cohort study; clinical trial; Systematic Review: Narrative Review – see “Article Description” for other examples)
- **Objectives**
- **Setting** (e.g. hospital in Gothenburg, Sweden; University-based laboratory in Chicago, 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)

Please note: As with all Springer Nature titles, *Spinal Cord* does not collect keywords. Keywords that are provided to us will not be published. If a term is important in the discoverability of the paper, it should be in the title or abstract of the paper.

Introduction

The Introduction should assume that the reader is knowledgeable in the field and should therefore be as brief as possible but can include a short historical review where desirable.

Methods

This section should contain sufficient detail, so that all experimental procedures can be reproduced, and include references. Methods, that have been published in detail elsewhere can be summarised with a reference to the full methodology. Authors should provide the name of the manufacturer and their location for any specifically named medical equipment or instrument. All drugs should be identified by their pharmaceutical names, and by their trade name if relevant.

Statement of Ethics

Where a manuscript concerns animal experimentation or the use of human volunteers, the authors should include a statement at the end of the Methods section stating: "I/we certify that all applicable institutional and governmental regulations concerning the ethical use of human volunteers/animals were followed during the course of this research" (delete inappropriate words).

Results

The Results section should briefly present the experimental data in text, Tables or Figures. Tables and Figures should not be described extensively in the text. All results comparing groups should be presented as point estimates with measures of precision (eg. mean between-group differences, odds ratios or hazard ratios with 95% confidence intervals).

Discussion

The Discussion section should focus on the interpretation and the significance of the findings with concise objective comments that describe the authors' work in relation to the work of others in the area. It should not repeat information presented in the Results section. The final paragraph should highlight the main conclusion(s), and provide some indication of the direction of future research.

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.

Conflicts of Interest

Authors must declare whether or not there are any competing financial interests in relation to the work described. This information must be included at this stage and will be published as part of the paper. Conflicts of interest should also be noted in the covering letter. Please see the Conflicts of Interest documentation in the [Editorial Policies](#) section for detailed information.

Authors' Contributions

Authors must include a statement about the contribution of each author to the manuscript (see section on [Authorship](#)). The initials of each author may be used. This is an example for a systematic review:

MAJ was responsible for designing the review protocol, writing the protocol and report, conducting the search, screening potentially eligible studies, extracting and analysing data, interpreting results, updating reference lists and creating 'Summary of findings' tables.
SBM was responsible for designing the review protocol and screening potentially eligible studies. She contributed to writing the report, extracting and analysing data, interpreting results and creating 'Summary of findings' tables.
DIH conducted the meta-regression analyses and contributed to the design of the review protocol, writing the report, arbitrating potentially eligible studies, extracting and analysing data and interpreting results.
NAL contributed to data extraction and provided feedback on the report.
FRT and RAL provided feedback on the report.

Funding

The funding section is mandatory. Authors must declare sources of study funding including sponsorship (e.g. university, charity, commercial organization) and sources of material (e.g. novel drugs) not available commercially.

References

Only papers directly related to the article should be cited. Exhaustive lists should be avoided. References should follow the Vancouver format. In the text they should appear as numbers in square brackets placed before punctuations and starting at one. Example "...the scale maintains adequate construct validity and measures the attributes it purports to measure [15,16]."

The full details of the References should appear at the end of the paper (double-spaced) in numerical order corresponding to the order of citation in the text. Where a reference is to appear next to a number in the text, for example following an equation, chemical formula or biological acronym, citations should be written as (ref. X) and not as superscript. Example "detectable levels of endogenous Bcl-2 (ref. 3), as confirmed by western blot".

All authors should be listed for papers with up to six authors; for papers with more than six authors, only the first six authors should be listed, followed by *et al.* Abbreviations for titles of medical periodicals should conform to those used in the latest edition of Index Medicus. The first and last page numbers for each reference should be provided. Abstracts and letters must be identified as such. Papers in press may be included in the list of references.

Personal communications can be allocated a number and included in the list of references in the usual way or simply referred to in the text. In either case authors must obtain permission from the individual concerned to quote his/her unpublished work.

Examples:

Journal article, up to six authors:

Belkaid Y, Rouse BT. Natural regulatory T cells in infectious disease. *Nat Immunology*. 2005; 6: 353–360.

Journal article, e-pub ahead of print:

Bonin M, Pursche S, Bergeman T, Leopold T, Illmer T, Ehninger G *et al.* F-ara-A pharmacokinetics during reduced-intensity conditioning therapy with fludarabine and busulfan. *Bone Marrow Transplant*. 2007; e-pub ahead of print 8 January 2007; doi:10.1038/sj.bmt.1705565

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, 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, 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).

Correspondence:

Caocci G, Pisu S. Overcoming scientific barriers and human prudence [letter]. *Bone Marrow Transplant*. 2006; 38: 829–830.

Correspondence:

Caocci G, Pisu S. Overcoming scientific barriers and human prudence [letter]. *Bone Marrow Transplant*. 2006; 38: 829–830.

Figure Legends

These should be brief, specific and appear on a separate manuscript page after the References section titled 'Titles and legends to Figures'. All measures of variability should be defined either within the table, title or footnote.

Tables

Tables should only be used to present essential data; they should not duplicate what is written in the text. Reference to Table footnotes should be made alphabetically. Tables should consist of at least two columns; columns should always have headings. Ensure each Table is cited within the text and in the correct order, e.g. (Table 3). All measures of variability should be defined either within the table, title or footnote.

It is imperative that tables are editable and ideally submitted in Excel format although Word format is acceptable. **If uploading in Excel, each table must be uploaded as a separate workbook with a title or caption and be clearly labelled, sequentially.** Files for Tables need to be saved with one of the following file extensions: .xls / .xlsx / .ods / .doc / .docx. Please ensure that you provide a 'flat' file, with single values in each cell with no macros or links to other workbooks or worksheets and no calculations or functions.

Tables should not include bold formatting unless there is a clear scientific significance of the bolding which is explained in the table legend. If not, all bold formatting will be removed at the copy editing stage to ensure the Table adheres to the journal style.

Figures

Figures and images should be labelled sequentially and cited in the text (e.g. Fig.1). **Figures should not be embedded within the text but uploaded as separate files.** The use of three-dimensional histograms is strongly discouraged unless the addition of the third dimension is important for conveying the results. Composite figures containing more than three individual figures will count as two figures. All parts of a figure should be grouped together. Where possible large figures and tables should be included as supplementary material.

Detailed guidelines for submitting artwork can be found by downloading [Artwork Guidelines](#). Using the guidelines, please submit production quality artwork with your initial online submission. If you have followed the guidelines, we will not require the artwork to be resubmitted following the peer-review process, if your paper is accepted for publication.

Colour Charges

There is a charge if authors choose to publish their figures in colour in print publication (which includes the online PDF):

| Number of colour illustrations | | 1 | 2 | 3 | 4 | 5 | 6 | 7+ | |
|--------------------------------|---------------|-------|---------|---------|---------|---------|---------|-------|------------------------------|
| Cost | Rest of world | £573 | £852 | £1,132 | £1,303 | £1,473 | £1,619 | £146 | per additional colour figure |
| | USA | \$883 | \$1,313 | \$1,745 | \$2,007 | \$2,270 | \$2,496 | \$226 | |

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Colour charges will NOT apply to authors who choose to pay an article processing charge to make their paper Open Access.

Standard abbreviations

Abbreviations should be defined in full at their first usage in the Abstract, and again at their first usage in the body of the manuscript, in the conventional manner. Terms used less than four times should not be abbreviated. It is not advised to use more than five abbreviations in total unless they are extremely common abbreviations.

Supplementary Information

Supplementary Information is material directly relevant to the conclusion of an article that cannot be included in the printed version owing to space or format constraints. The article must be complete and self-explanatory without the Supplementary Information, which is posted on the journal's website and linked to the article. Supplementary Information may consist of data files, graphics, movies or extensive tables. Please see the [Artwork Guidelines](#) for information on accepted file types.

Authors should submit Supplementary Information files in a FINAL format as they are not edited, typeset or changed, and will appear online exactly as submitted. When submitting Supplementary Information, authors are required to:

- Include a text summary (no more than 50 words) to describe the contents of each file.
- Identify the types of files (file formats) submitted.

Please note: We do not allow the resupplying of Supplementary Information files for style reasons after a paper has been exported in production, unless there is a serious error that affects the science and, if by not replacing, it would lead to a formal correction once the paper has been published. In these cases we would make an exception and replace the file; however there are very few instances where a Supplementary Information file would be corrected post publication.

Subject Ontology

Choosing the most relevant and specific subject terms from our subject ontology will ensure that your article will be more discoverable and will appear on appropriate subject specific pages on nature.com, in addition to the journal's own pages. Your article should be indexed with at least one, and up to four unique subject terms that describe the key subjects and concepts in your manuscript. Click [here](#) for help with this.

Language Editing

Spinal Cord is read by scientists from diverse backgrounds and many are not native English speakers. In addition, the readership of *Spinal Cord* is multidisciplinary; therefore authors need to ensure their findings are clearly communicated. Language and concepts that are well known in one subfield may not be well known in another. Thus, technical jargon should be avoided as far as possible and clearly explained where its use is unavoidable. Abbreviations, particularly those that are not standard, should also be kept to a minimum. The background, rationale and main conclusions of the study should be clearly explained and understandable by all working in the area of spinal cord injuries. Titles and abstracts in particular should be written in language that will be readily understood by all readers.

Authors who are not native speakers of English sometimes receive negative comments from reviewers about the language and grammar in their manuscripts, which can contribute to a paper being rejected. To reduce the possibility of such problems, we strongly encourage authors to take at least one of the following steps.

- Have your manuscript reviewed for clarity by a colleague in whom English is his/her first language.
- Visit the [English language tutorial](#) which covers the common mistakes when writing in English.
- Using a professional language editing service where editors will improve the English to ensure that your meaning is clear and identify problems that require your attention. Two such services are provided by our affiliates [Nature Research Editing Service](#) and [American Journal Experts](#).

Please note that the use of a language editing service is at the authors' own expense and does not guarantee that the article will be selected for peer review or accepted.

HOW TO SUBMIT

Pre-submission Enquiries

The Editors encourage authors to submit manuscripts in full and aim to provide an efficient time to decision which, if the manuscript is deemed unacceptable for the journal, allows authors to submit elsewhere without delay. Pre-submission enquiries should be sent to the editorial office:

E-mail spinalcord@iscos.org.uk

Online Submission

We only accept manuscript submissions via [our online manuscript submission system](#). Before submitting a manuscript, authors are encouraged to consult both our [Editorial Policies](#) and the [Submission Instructions](#) for our online manuscript submission system. Authors need to [register for an account](#) with our online manuscript system if they have not already done so. Authors will be able to monitor the status of their manuscripts online throughout the editorial process.

Initial Quality Check –Corresponding Author Responsibility

The Corresponding Author is responsible for responding to emails sent from the manuscript tracking system starting with the Initial Quality Check as follows:

1. One the author clicks 'Approve Submission' the manuscript is queued for an initial quality check
2. The Editorial Office will then carry out the checks and if any changes need to be made the Corresponding Author (only) receives an email* with instructions to make technical amendments (e.g. layout, references) and a link to access their manuscript
3. Having made the required changes to their manuscript the Author should then click the link to access their submission and upload the amended manuscript.
4. The manuscript is checked again by the Editorial Office but may be returned at least once more before it is ready to be sent to review.

***IMPORTANT:** A common error occurs when the Corresponding Author doesn't receive the email but instead logs onto the system to see the progress of their submission and sees the following:

Author Tasks

Author Instructions
Submit Manuscript

➔ Awaiting Author Approval # SC-2017-

If the author clicks on the link above they see the following prompt:

There are action items pending. Please click on the links next to the arrows ➔ .

Manuscript Workflow Tasks

➔ Continue Halted Submission

As a result the Author then resubmits without making the required changes. This means that the file will be returned to them again. If the Author continues to do this without making the changes their submission will be withdrawn. In order to avoid this it is essential that the Corresponding Author receives and follows the instructions in the Quality Check email. It is advisable that authors check their institution does not block our system generated emails and they should always check their junk/spam folders.

Summary of the Editorial Process

- The author submits a manuscript and receives a tracking number
- The editorial office performs an initial quality check on the manuscript to ensure that the paper is formatted correctly
- An Editor-in-Chief is assigned to the manuscript and decides whether to send out to review. If the decision is not to send out the manuscript for review, the Editor-in-Chief contacts the author with the decision
- If the Editor-in-chief decides the paper is within the Journal's remit, the Editor-in-Chief will select and assigns reviewers. This can take some time dependant on the responsiveness and availability of the reviewers selected
- Reviewers are given 14 days from acceptance to submit their reports. Once the required reports are submitted the Editor-in-Chief will make a final decision based on the comments received

Authors are able to monitor the status of their paper throughout the peer review process

Peer Review

To expedite the review process, only papers that seem most likely to meet editorial criteria are sent for external review. Papers judged by the editors to be of insufficient general interest or otherwise inappropriate are rejected promptly without external review.

Manuscripts sent out for peer review are evaluated by at least one independent reviewer (often two or more). Authors are welcome to suggest independent reviewers to evaluate their manuscript. By policy, referees are not identified to the authors, except at the request of the referee.

Reviewer selection is critical to the publication process, and we base our choice on many factors, based on expertise, reputation, and specific recommendations. A reviewer may decline the invitation to evaluate a manuscript where there is a perceived conflict of interest (financial or otherwise). Once a sufficient number of reviews are received, the editors then make a decision based on the reviewers' evaluations:

- **Accept** – The manuscript is appropriate to be accepted as it stands
- **Minor or Major revision** – In cases where the editor determines that the authors should be able to address the referees' concerns in six months or less the editor may request a revised manuscript that addresses these concerns. The revised version is normally sent back to the original referees for re-review. The decision letter will specify a deadline for receipt of the revised manuscript and link via which the author should upload to the online system

When submitting a revision authors are asked to upload (1) A rebuttal letter, indicating point-by-point how the comments raised by the reviewers have been addressed. If you disagree with any of the points raised, please provide adequate justification in your letter. (2) A marked-up version of the manuscript that highlights changes made in response to the reviewers' comments in order to aid the Editors and reviewers. (3) A 'clean' (non-highlighted) version of the manuscript.

- **Reject with the option to resubmit** – In cases where the referees' concerns are very serious and appear unlikely to be addressed within six months, the editor will normally reject the manuscript. If the editor feels the work is of potential interest to the journal, however, they may express interest in seeing a future resubmission. The resubmitted manuscript may be sent back to the original referees or to new referees, at the editor's discretion. If the author decides to resubmit, the updated version of the manuscript must be submitted online as a new manuscript and

should be accompanied by a cover letter that includes a point-by-point response to referees' comments and an explanation of how the manuscript has been changed.

- **Reject outright** – Typically on grounds of specialist interest, lack of novelty, insufficient conceptual advance or major technical and/or interpretational problems.

POST-ACCEPTANCE

Once a manuscript is accepted, the corresponding author must complete and sign a Licence to Publish form on behalf of all authors and return it to the editorial office. Failure to promptly return the form will delay publication.

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