

Instructions for Authors

Medicine® is an open access publication, providing authors with continuous publication of original research across a broad spectrum of medical scientific disciplines and sub-specialties. The *Medicine*® review process emphasizes the scientific, technical and ethical validity of submissions. Novelty or potential for impact are not considered during the manuscript's evaluation or adjudication.

What is Open Access?

Open access (OA) is the practice of providing unrestricted access via online to peer-reviewed scholarly research. Open access journals provide 'gold' open access, meaning immediate open access to all of their articles on the publisher's website. 'Gold' open access for individual articles is funded by authors (or their author's institution or funders) who pay an open access publishing fee (APC).

The APC for *Medicine*® is \$1550 (USD) for the Creative Commons 4.0 International licenses listed on page 17 of the *Medicine*® Instructions for Authors, with the exception of the CCBY license which is \$1950. The APC for a Study Protocol is \$1050.

Scope

Medicine® will publish original research across a broad scope of medical disciplines, including:

Anesthesiology	Nephrology
Cardiovascular	Neurology
Complementary and alternative medicine	Nutrition
Critical care and emergency medicine	Obstetrics and gynecology
Dermatology	Oncology
Endocrinology	Ophthalmology
Epidemiology	Oral medicine
Gastroenterology and hepatology	Otorhinolaryngology
Genetics	Pediatrics
Geriatrics	Public Health
Hematology	Pulmonology
Immunology	Radiology
Infectious diseases	Rheumatology
Mental health	Sports and exercise medicine
Metabolic disorders	Surgery
	Toxicology
	Urology

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Online Submission

All manuscripts must be submitted online at: <http://www.editorialmanager.com/md>

First-time Users

Please click the *Register* button at <http://www.editorialmanager.com/md>. Upon successful registration, you will be sent an email providing your username and password. Save this information for future reference. Note: If you have received an email from us with an assigned username and password, or if you are a repeat user, do not register again. Once you have an assigned username and password, you do not have to re-register.

Authors

Please click the *Login* button from the menu at the top of the page and login to the system as an author. Submit your manuscript according to the author instructions. You will be able to track the progress of your manuscript through the system.

Manuscript Preparation

Necessary Files

- **Manuscript.** A single word processing file, including title, authors, abstract, main text, references and figure legends.
- **Figure(s).** Optional
- **Table(s).** Optional
- **Reporting Guidelines Checklist.** Per article type, the corresponding Reporting Guidelines Checklist (and Flow Diagram if applicable). We ask that you use the templates available at <http://www.editorialmanager.com/md> in the “Files & Resources” section of the home page. For more information on Reporting Guidelines, please visit <http://www.equator-network.org>.

Plagiarism

As defined by the World Association of Medical Editors (<http://www.wame.org/resources/publication-ethics-policies-for-medical-journals>):

Plagiarism is the use of others' published and unpublished ideas or words (or other intellectual property) without attribution or permission, and presenting them as new and original rather than derived from an existing source. The intent and effect of plagiarism is to mislead the reader as to the contributions of the plagiarizer. This applies whether the ideas or words are taken from abstracts, research grant applications, Institutional Review Board applications, or unpublished or published manuscripts in any publication format (print or electronic).

Medicine[®] is a member of CrossCheck by CrossRef and iThenticate. iThenticate is a plagiarism screening service that verifies the originality of content submitted before publication. iThenticate checks submissions against millions of published research papers, and billions of web content. Authors, researchers and freelancers can also use iThenticate to screen their work before submission by visiting <http://www.ithenticate.com>.

Plagiarism is scientific misconduct and will be addressed as such. When plagiarism is detected at any time before publication, the *Medicine*[®] editorial office will take appropriate action as directed by the standards set forth by the Committee on Publication Ethics (COPE). For additional information, please visit <http://www.publicationethics.org>.

Ethical Experimentation

The report of any research involving human beings or experimental subjects must be accompanied by a statement to be included in the Additional Information section of the submission process, indicating the mechanism used for reviewing the ethics of the research conducted.

Non-native Speakers of English

Authors who are not native speakers of English who submit manuscripts to international journals often receive negative comments from referees or editors about the English–language usage in their manuscripts, and these problems can contribute to a decision to reject a paper. To help reduce the possibility of such problems, we strongly encourage such authors consider using Wolters Kluwer Author Services***.

Wolters Kluwer Author Services

Wolters Kluwer, in partnership with Editage, offers a unique range of editorial services to help you prepare a submission-ready manuscript:

- **Premium Editing:** Intensive language and structural editing of academic papers to increase chances of journal acceptance.
- **Advanced Editing:** A complete language, grammar, and terminology check to give you a publication-ready manuscript.
- **Translation with Editing:** Write your paper in your native language and Wolters Kluwer Author Services will translate it into English, as well as edit it to ensure that it meets international publication standards.
- **Plagiarism Check:** Helps ensure that your manuscript contains no instances of unintentional plagiarism.
- **Artwork Preparation:** Save precious time and effort by ensuring that your artwork is viewed favorably by the journal without you having to incur the additional cost of purchasing special graphics software.

For more information regarding Wolters Kluwer Author Services, please visit <http://wkauthorservices.editage.com>.

***Note that the use of such a service is at the author's own expense and risk, and does not guarantee that the article will be accepted.

Statistical Analysis

For manuscripts that report statistics, the Editor requires that the authors provide evidence of statistical consultation (or at least expertise) by either the inclusion of a statistician/epidemiologist among the authors, or in the acknowledgements; a biostatistician may review such manuscripts during the review process.

In the Methods section:

- Identify the statistical tests used to analyze the data.
- Indicate the prospectively determined P value that was taken to indicate a significant difference.
- Cite only textbook and published article references to support your choices of tests.
- Identify any statistics software used. (List software name, version, and company in parentheses in the text, not in the reference list.)

In the Results section:

- Note that following the American Medical Association style manual (*AMA Manual of Style: A Guide for Authors and Editors*, 10th Edition. New York: Oxford University Press; 2007, page 889), the Journal does not use a zero to the left of the decimal point, because "...statistically it is not possible to prove or disprove the null hypothesis completely when only a sample of the population is tested (P cannot equal 0 or 1, except by rounding)."
- Report actual P values rather than thresholds: not just whether the P value was above or below the significant-difference threshold. Example: write " $P = .18$ ", not " $P > .05$ " or " $P = NS$."
- P should be expressed to 2 digits for $P \geq .01$, because expressing P to more than 3 digits does not add useful information. If $P < .001$, it should be expressed as $P < .001$, rather than $P < .0001$ or $P = .00001$ for example. In certain types of studies, it may be important to express P values to more significant digits. Please consult the *AMA Manual of Style* for further direction.

- If $P > .99$, $P = .999$ for example, it should be expressed as $P > .99$.

Abbreviations, Nomenclature and Symbols

Abbreviations, nomenclature and symbols should conform to those found in the *AMA Manual of Style*. The use of standard international units is encouraged. Abbreviations should be used sparingly and should be spelled out the first time they are used. A list of abbreviations should be included as part of the manuscript following the title page.

Statement of Non-duplication

During the Additional Information section of the submission process, all authors must certify that their manuscript is a unique submission and is not being considered for publication by any other source in any medium. Further, the manuscript has not been published, in part or in full, in any form. Work published or presented as an abstract at a professional meeting will be considered.

Translations

Some previously published translated work may be considered for publication in *Medicine*[®].

- Authors must receive approval from the original publication and *Medicine*[®] for the translated article to be published.
- Authors should indicate in the article that it is a translated article and cite the primary reference.
- The translated article should be intended for different group of readers than the primary publication.

Ownership/Permissions

All figures submitted must be owned solely by the author(s). For Figures not meeting this requirement, authors must obtain permission for the use of the figure by *Medicine*[®]. Obtaining this permission is the sole responsibility of the author(s). Credit must be included in the figure legend for all figures being printed with permission.

These requirements apply to the following materials:

- Previously published materials such as figures and adapted tables or direct quotations of more than 50 words; these require permission from copyright holder (usually the original publisher).
- Unpublished data (ie, from a personal conversation or a manuscript in preparation); these require permission from the appropriate investigator.
- Photographs revealing unmasked faces; these require permission from the subject(s) of the photograph.

Product Information

Medications, materials, and devices must be identified by full nonproprietary name as well as brand name if appropriate and the manufacturer's name. Place this information in parentheses in the text, not in a footnote.

Patient Consent

As per the CARE guidelines, the patient or guardian must provide a written informed consent for inclusion of their clinical and imaging details in the manuscript for the purpose of publication. The submitted manuscript needs to contain a statement that informed consent was obtained from the patient for the purpose of publication. If the patient is deceased, the authors must seek permission from the patient's relatives which must be stated in the submitted manuscript. In cases where permission could not be obtained from the patient or the relatives, the head

of the medical team or the institutional review board must take responsibility for the anonymization of the patient and this must be stated in the submitted manuscript. If the informed consent has been waived by the IRB, the same must be included in the manuscript.

Medicine[®] provides a patient consent form on the Editorial Manager homepage under 'Files and Resources.'

Authorship

Medicine[®] adheres to the Authorship Requirements as defined by the International Committee of Medical Journal Editors (ICMJE). For more information, please visit <http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>.

Everyone who is listed as an author should have made a substantial, direct, intellectual contribution to the work. For example (in the case of a research report) they should have contributed to the conception, design, analysis and/or interpretation of data.

- Honorary or guest authorship is not acceptable.
- Acquisition of funding and provision of technical services, patients, or materials, while they may be essential to the work, are not in themselves sufficient contributions to justify authorship.

Author Name Indexing:

When submitting author names please note that authors should be listed in First Name –Middle Name- Surname order. If an author is submitted as “John R Smith” or “John Robert Smith” the article will publish the authors name as “Smith, J. R.”

Be sure to check the proofs prior to publication.

Changes to Authorship

Medicine[®] considers the final author list to be complete at the time of the first revision submission. **Please be sure to check that all authors are properly listed on the revision submission, this includes the spelling of an author's name, their designated degrees, and order of authors listed.**

Medicine[®] has a strict policy on changes to authorship after acceptance of the article and will only consider changes in the most extraordinary situations once the article is accepted.

CRedit

Medicine[®] has integrated CRedit (Contributor Roles Taxonomy) in the editorial manager workflow system. CRedit allows researchers to identify manuscript contributions roles during submission that go beyond just name identification. CRedit enables more transparency to the published work and allows authors to receive credit for individual contributions towards the manuscript.

During submission when a corresponding author adds additional authors to the author list they can select each individual author's contribution roles from a list of 14 selections. More than one contribution can be selected for each author.

Reporting Guidelines and Article Types

Reporting Guidelines

Medicine® article types are based upon key reporting guidelines, as defined by the EQUATOR Network. Authors should prepare their manuscripts in accordance with the appropriate guidelines(s) and/or checklist(s) for each type of article. We ask that you use the checklist and flow diagram templates for the guidelines outlined below available at <http://www.editorialmanager.com/md> in the “Files & Resources” section of the home page.

The appropriate checklist (and flow diagram, if applicable) must be included with each submission.

For further information regarding reporting guidelines, authors should consult the EQUATOR Network web site (<http://www.equator-network.org>), which maintains a useful, up-to-date list of guidelines as they are published, with links to articles and checklists.

Article Types

Clinical Trial/Experimental Study (CONSORT Compliant)

Reports of randomized trials must conform to the revised CONSORT guidelines and should be submitted with their protocols and a completed CONSORT checklist. All reports of clinical trials must include a summary of previous research findings and explain how the submitted trial affects this summary of previous findings. Cluster randomized trials should be reported according to extended CONSORT guidelines. Randomized trials reporting harms must be described according to extended CONSORT guidelines. All reports of randomized trials should include a section entitled “Randomization and masking” within the methods section. For information regarding CONSORT guidelines, please visit <http://www.consort-statement.org>.

Observational Study (STROBE Compliant)*

Observational research comprises several study designs and many topic areas. The STROBE statement should be used when reporting such research. The STROBE recommendations apply to the three main analytical designs used in observational research: cohort, case-control, and cross-sectional studies. The STROBE statement consists of a 22-item checklist. For information regarding STROBE guidelines, please visit <http://www.strobe-statement.org>.

*Please note that *Medicine*® uses a customized version of the STROBE checklist, available only at <http://www.editorialmanager.com/md> in the “Files & Resources” section of the home page.

Systematic Review and Meta-Analysis (PRISMA Compliant)

Systematic reviews and meta-analyses must be reported according to PRISMA guidelines, an evidence-based minimum set of items created to help authors improve the reporting of systematic reviews and meta-analyses. The PRISMA Statement consists of a 27-item checklist and a four-phase flow diagram. For information regarding PRISMA guidelines, please visit <http://www.prisma-statement.org>.

Meta-Analysis of Observational Studies in Epidemiology (MOOSE Compliant)

Systematic reviews and meta-analyses of observational studies in epidemiology should be reported according to MOOSE guidelines. For more information regarding MOOSE guidelines, please visit <http://www.equator-network.org/reporting-guidelines/meta-analysis-of-observational-studies-in-epidemiology-a-proposal-for-reporting-meta-analysis-of-observational-studies-in-epidemiology-moose-group/>.

Diagnostic Accuracy Study (STARD Compliant)

Investigators reporting studies of diagnostic accuracy should adhere to the STARD statement, part of the STARD initiative to improve the accuracy and completeness of reporting of studies of diagnostic accuracy, to allow readers to assess the potential for bias in a study (internal validity) and to evaluate a study's generalizability (external validity). The STARD statement consists of a 25-item checklist and recommends the use of a flow diagram to describe the design of the study and the flow of patients. For information regarding STARD guidelines, please visit <http://www.stard-statement.org>.

Quality Improvement Study (SQUIRE Compliant)*

The SQUIRE statement helps authors write excellent, usable articles about quality improvement in health care so that findings may be easily discovered and widely disseminated. The SQUIRE statement consists of a 19-item checklist. The SQUIRE guidelines are not exclusive of other guidelines. For example, an improvement project or effectiveness study that used a randomized controlled trial design should consider using both the CONSORT and the SQUIRE guidelines. In these cases, both checklists should be uploaded as a single document. For more information regarding SQUIRE guidelines, please visit <http://squire-statement.org/>.

*Please note that *Medicine*[®] uses a customized version of the SQUIRE checklist, available only at <http://www.editorialmanager.com/md> in the "Files & Resources" section of the home page.

Economic Evaluation Study (CHEERS Compliant)

Developed by the ISPOR Quality Improvement in Cost-Effectiveness Research Task Force , the CHEERS statement supports the quality, consistency, and transparency of health economic and outcomes research reporting in the biomedical literature. The CHEERS statement includes a 24-item checklist. For more information regarding CHEERS guidelines, please visit <http://www.ispor.org/taskforces/EconomicPubGuidelines.asp>.

Clinical Case Report (CARE Compliant)

The CARE guidelines provide a framework to support the need for completeness, transparency and data analysis in case reports and data from the point of care. The main tools of CARE are the CARE Statement, CARE checklist, and a Case Report Writing Template. These products offer a rationale and a standardized format for authors to prepare more complete and transparent case reports. For more information regarding CARE guidelines, please visit <http://www.care-statement.org/>.

Animal Research and Studies

Medicine[®] does not consider Animal Research or Animal Studies for publication. Submissions based on animal studies will be rejected without review.

Study Protocols

Study protocols enable more information to be available on current studies, while promoting collaboration and helping to prevent unnecessary duplication of work. *Medicine*[®] will charge an article publishing fee (APC) of \$1050 to publish a Study Protocol under the CCBY license. Study protocols will be published without peer review if the study receives ethics approval and a grant from a major funding body.

Study Protocols must abide by the following criteria in order to be considered for publication:

- Papers must be for proposed or ongoing research and dates must be included in the manuscript. Articles that report work previously completed will not be considered.
- Study protocols must have ethics approval (if applicable)
- All considerations must adhere to the following EQUATOR guidelines.
 - [PRISMA-P \(Preferred Reporting Items for Systematic review and Meta- Analysis Protocols\)](#)
 - [SPIRIT \(Standard Protocol Items for Randomized Trials\)](#)
- Registration is mandatory for any clinical trial. Approved registries for clinical trials need to meet all of the [ICMJE Clinical Trial Registration](#) guidelines. Trial Registration numbers will need to be included in the abstract.
 - Provided is a list of the [WHO International Primary Registries](#) and [ClinicalTrials.gov](#)

Study Protocols are fully-citable and will be available freely online. Publishing your Study Protocol in *Medicine*[®] does not commit you to submitting any additional or final publications of the study to the journal.

More information on study protocols can be found on the [Study Protocol FAQ page](#).

Clinical Trial Study Protocol (SPIRIT Compliant)

The protocol of a clinical trial is essential for study conduct, review, reporting, and interpretation. SPIRIT (Standard Protocol Items: Recommendations for Interventional Trials) is an international initiative that aims to improve the quality of clinical trial protocols by defining an evidence-based set of items to address in a protocol. The journal will consider Clinical Trial Study Protocols of proposed or ongoing trials (provided they have not completed patient recruitment at the time of submission).

Clinical Trial Study Protocols will usually be published without further peer review if the study has received institutional IRB and ethics approval, and peer-review and grant funding from a major extramural funding body (**see list below). We are unable to consider Clinical Trial Study Protocols without ethics or IRB approval or major extramural funding at the time of submission. All clinical trials must be registered at an appropriate online public registry, and registration information should be included with the submission.

Protocols of clinical trials should follow the SPIRIT guidelines. For more information regarding the SPIRIT guidelines, please visit <http://www.spirit-statement.org/>

Systematic Review and Meta-Analysis Study Protocol (PRISMA-P Compliant)*

Systematic reviews should build on a protocol that describes the rationale, hypothesis, and planned methods of the review; few reviews report whether a protocol exists. Detailed, well-described protocols can facilitate the understanding and appraisal of the review methods, as well as the detection of modifications to methods and selective reporting in completed reviews.

Systematic Review and Meta-Analysis Study Protocols will usually be published without further peer review if the study has received peer-review and grant funding from a major extramural funding body (**see list below). We are unable to consider Study Protocols without major extramural funding at the time of submission. All systematic reviews and meta-analyses must be registered at an appropriate online public registry (eg, PROSPERO; <http://www.crd.york.ac.uk/PROSPERO/>), and registration information should be included with the submission.

Protocols of systematic review and meta-analyses should follow the PRISMA-P guidelines. For more information regarding the PRISMA-P guidelines, please visit <http://www.prisma-statement.org/Extensions/Protocols.aspx>

*Please note that *Medicine*[®] uses a customized version of the PRISMA-P checklist, available only at <http://www.editorialmanager.com/md> in the “Files & Resources” section of the home page.

Formatting

Style

- Text should be 1.5-spaced.
- Typeface should be Times/Times New Roman or similar serif typeface.
- Do not use a sans serif typeface (eg, Arial/Helvetica).
- Body text size should be no smaller than 10 pt and no larger than 12 pt.
- Page size should be US Letter.
- To assist reviewers, please include page numbers in the manuscript file.

Title

Manuscripts must be submitted with both a full title and a short title, which will appear at the top of the PDF upon publication if accepted. Only the full title should be included in the manuscript file; the short title will be entered during the online submission process.

The full title should be specific, descriptive, concise, and comprehensible to readers outside the subject field. Avoid abbreviations if possible. Where appropriate, authors should include the species or model system used (for biological papers) or type of study design (for clinical papers).

Authors and Affiliation

All author names should be listed in the following order:

- First names (or initials, if used),
- Middle names (or initials, if used), and
- Last names (surname, family name)
- Medical and/or highest academic degrees (eg, MD, PhD)

Each author should list an associated department, university, or organizational affiliation and its location, including city, state/province (if applicable), and country.

When a large group or center has conducted the work, the author list should include the individuals whose contributions meet the authorship criteria defined above, as well as the group name. If the article has been submitted on behalf of a consortium, all author names and affiliations should be listed at the end of the article in the Acknowledgements section.

One author should be designated as the corresponding author, and his or her email address should be included on the manuscript cover page. This information will be published with the article if accepted.

For questions regarding authorship requirements, please consult the ICMJE Uniform Requirements for Manuscripts Submitted to Biomedical web page at <http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>.

Abstract

A structured abstract should be **no more than 350 words**, summarizing the problem being considered, how the study was performed, the salient results, and the principal conclusions. Specific instructions regarding abstract structure are often included in the relevant reporting guidelines checklist.

Introduction/Materials and Methods/Results/Discussion and Conclusions

The overall structure of your manuscript text should be in compliance with the corresponding reporting guideline. For example, a CONSORT compliant manuscript should include the following sections, as defined by the CONSORT checklist:

- Introduction
- Methods
- Results
- Discussion
- Other Information

Acknowledgements

All contributors who do not meet the criteria for authorship should be listed in an ‘Acknowledgements’ section. Additionally, if the article has been submitted on behalf of a consortium, all author names and affiliations should be listed at the end of the article in the Acknowledgements section. Authors should also disclose whether they had any writing assistance.

References

The style of references conforms to the guidelines set forth by the *AMA Manual of Style*. For Specific examples and information regarding references, see the manual or visit online: <http://www.amamanualofstyle.com>. EndNote users can access a direct download of the JAMA style at <http://www.editorialmanager.com/md>. Authors using other forms of reference management software should use JAMA style.

- All references cited in the text must be both listed and cited by the reference number (footnotes are not accepted).
- Each reference should be cited in the text, tables, or figures in consecutive numerical order by means of superscript arabic numerals. Use superscript numerals outside periods and commas, inside colons and semicolons. When more than 2 references are cited at a given place in the manuscript, use hyphens to join the first and last numbers of a closed series; use commas without space to separate other parts of a multiple citation (eg, As reported previously,1,3-8,19...The derived data were as follows3,4,12:)
- References should be numbered consecutively in the order in which they are cited in the text.
- References in tables and in figure legends must appear in the reference page(s).
- In listed references, use the author’s surname followed by initials without periods. (eg, Doe JF)
- For references with 6 or fewer authors, list all authors. For references with more than 6 authors, list the first 3 authors followed by “et al.”
 - 1 author Doe JF.
 - 2 authors Doe JF, Roe JP III.
 - 6 authors Doe JF, Roe JP III, Coe RT Jr, Loe JT Sr, Poe EA, van Voe AE.
 - >6 authors Doe JF, Roe JP III, Coe RT Jr, et al.
- Full-page ranges should be given in expanded form (eg, 426–429, not 426–9).
- If non-English-language titles are translated into English, bracketed indication of the original language should follow the title.
- Abbreviate and italicize names of journals according to the style in PubMed; refer to the National Library of Medicine (NLM) Journals Database (<http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>) if needed.

- In references to journals that have no volume or issue numbers, use the issue date, as shown in example 1 below. If there is an issue number but no volume number, use the style shown in example 2. Conversely, if there is a volume number but no issue number, follow example 3.
 1. Author(s). Article Title. Journal Name. Month Year:inclusive pages.
 2. Author(s). Article Title. Journal Name. Year;(Issue No.):inclusive pages.
 3. Author(s). Article Title. Journal Name. Year;vol:inclusive pages.
- Papers "submitted for publication" but not yet accepted and citations such as "personal communication" or "unpublished data" are not acceptable as listed references and instead should be included parenthetically in the text. This material, with its date, should be noted in the text as "unpublished data" as follows: (J. F. Doe, MD, unpublished data, January 2010).
- Papers denoted "in press" (accepted for publication) should appear in the references.
- Authors are responsible for the accuracy and completeness of the references.

Tables

Create tables using the table formatting and editing feature of your word processing software. Do not use Excel or comparable spreadsheet programs. Tables should be self-explanatory and should supplement, rather than duplicate, the material in the text.

- Tables are text-only items. Do not embed images within the table file.
- Each table file should include the table title, appropriate column heads, and any legends.
- Save each table in a separate word processing document file and upload individually.
- Do not embed tables within the manuscript file.
- Tables are numbered with arabic numerals (1, 2, 3, etc.) when there is more than one. Do not use roman numerals.
- Cite tables consecutively in the manuscript, and number them in the order in which they are discussed.
- Abbreviations are not permitted in table titles. Any abbreviation(s) used in the body of the table, including dashes, must be defined in a footnote to the table, listed in reading order.
- Many tables include information from other articles and series of patients. In these tables, include the name of the first author of the previous series, and include the reference number and year alongside the author's name. Each series mentioned in a table must be listed in the Reference section.
- For further information on table formatting, please see the *AMA Manual of Style*.

Figures

To ensure the highest-quality reproduction of figures, please follow these guidelines carefully. For further information, please see the "Creating Digital Artwork" file available at <http://www.editorialmanager.com/md> in the "Files & Resources" section of the home page.

Medicine® is not responsible for the quality of images; it is the responsibility of the authors to submit publication-quality, high-resolution images. If you have questions, consult a graphics specialist. The term "Figures" refers to both photographic and computer-generated graphs and charts.

Creating and Saving

- Art should be created/scanned, saved and submitted as TIFF, EPS, or MS Office (DOC, PPT, XLS) files.
- Figures are numbered with arabic numerals (1, 2, 3, etc.) when there is more than one.

- Each file should be saved as the appropriate figure number (eg, Figure 1.tif). Do not include the author name in figure file name.
- Art should be created or scaled to the size intended for publication.
- Use scale markers in the image for electron micrographs, and indicate the type of stain used.
- Image orientation should be the same as intended for publication.
- Artwork generated from office suite programs such as CorelDRAW, MS Word, MS PowerPoint and artwork downloaded from the Internet (low resolution JPEG or GIF files) cannot be used.

Formatting Specifications

- File formats appropriate for figures: TIFF, EPS, or MS Office (DOC, PPT, XLS) files.
- All figures must be designated GRAYSCALE (black and white) or RGB (color).
- Electronic photographs, radiographs, CT scans, and scanned images must have a resolution of **at least 300 dpi** (dots per inch). Line art (purely black and white figures with no shades of gray) must have a resolution of **at least 1200 dpi**. Figures that do not meet the resolution requirement will be returned if necessary.
- Digital art files should be cropped to remove non-printing borders (such as unnecessary white or black space around an image) and should not include embedded “legend” text, figure titles, or figure numbers.
- Composite figures may be either submitted as one single print-quality image that is neatly labeled with uppercase letters using Arial/Helvetica bold font or submitted as separate panels (without labels), eg, Figure 1A.tif, Figure 1B.tif, to be combined during production if accepted for publication.

Submitting

- Attach a separate file for each individual art submission.
- Do not embed figures in the manuscript file.
- Label figures using the Description field provided in the Attach Files section of Editorial Manager (eg, Figure 1, Figure 2). This provides a label for each figure in the PDF generated by Editorial Manager.
- Cite figures consecutively in the manuscript, and number them in the order in which they are discussed.
- Editorial Manager will automatically perform a quality check of all figures submitted, and designate images as either “pass” or “fail.”
- Ensure the file format is either TIFF, EPS, or MS Office (DOC, PPT, XLS) files, and the resolution is at least 300 dpi.
- Carefully review the PDF conversion of your submission files to ensure that the figures uploaded without error and appear as intended.

If you experience any difficulties uploading figure images, or have questions regarding submission specifications, please contact the Editorial Office via email: medicine@wolterskluwer.com

Figure Legends

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