Rehabilitation Nursing uses a double-blinded review process to maintain anonymity of the author(s) and reviewers. Reviewer comments are compiled by the editor and shared anonymously with the authors.

OVERVIEW
Rehabilitation Nursing receives about 250 manuscripts each year. In the past year, the number of rejected manuscripts has increased, but the journal is receiving a healthy stream of new manuscripts, and reviewers are offering excellent and specific feedback on revisions.

At least 2 reviewers (1 of which is usually an editorial board member) per manuscript. Having additional opinions helps the editor make decisions and allows the author(s) to get a more broad-based set of comments. The editor will select the comments to be sent to the author. Not all comments will be sent. If the review comments are numerous in number and diverse in scope, the editor typically synthesizes the comments. In addition, when reviewers receive a revised manuscript, they will receive a copy of the comments sent by the editor to the author as well as the author’s response to each one. If you do not receive them along with the revised manuscript, please contact Melissa Bellows at mbellows@rehabnurse.org.

As you may have noticed, there is a surprising diversity in the level of content and writing ability in the manuscripts submitted to Rehabilitation Nursing. We hope the following tips will help you to better understand your role in the manuscript review process.

YOUR DETAILED FEEDBACK IS GREATLY APPRECIATED AND IMPROVES THE QUALITY OF PUBLISHED MANUSCRIPTS.

WRITING REVIEW COMMENTS
- Be sure to complete the review form that is attached to the invitation e-mail. The review form includes a checklist which will be beneficial when providing feedback to the author. If you are unable to open the review form, please contact the editorial assistant at mbellows@rehabnurse.org. Author(s) do not receive a copy of your completed checklist nor your recommendation for disposition of the manuscript. The author(s) receive only your narrative comments.
- Keep in mind that reviewers’ comments may not be edited at all before they are sent to the author, so be sensitive to authors’ reactions to your comments and check for any typographical errors before submitting.
- Start your review with the ‘big picture’ view. Does the manuscript ‘hang together’? Does it make sense? Can you easily follow the author(s) through process throughout the paper?
- Be specific about areas to change and revise. Offer concrete suggestions, and if you have the appropriate software, make suggestions as comments in the PDF itself.
- Try to offer constructive criticism and include positive feedback about the manuscript whenever possible. Aim starting and ending with a positive comment.
- Encourage the author(s) to include clinical relevance or specific clinical applications to answer the “so what” question about their topic. It is helpful if the authors provide specific
examples of how the content can be applied to practice as well as the limitations in knowledge that may still exist.

- Do not force yourself to address each category listed on the reviewer checklist if some of them do not really apply. Just check N/A if this is the case.
- Complete the recommendation choice, the reviewer checklist and then provide more detailed feedback under the Comments sections.
- There is a section for “Comments to Editor” and “Comments to Author”. Be sure to write your comments in the appropriate areas. If your comments should only be seen by the editor, not the author, your comments might include (e.g., “I’m not sure about this manuscript.” “I think it needs a major overhaul.” or “Maybe we should suggest this to the author...”).
- Be familiar with the APA current edition style.
- Make sure that you evaluate your manuscript according to the applicable Information for Author Guidelines. The journal has a variety of manuscript types: Feature, Clinical Consultations, and Current Issues.

STANDARD GUIDELINES FOR SPECIFIC TYPES OF MANUSCRIPTS
While the use of the following guidelines is supported and strongly recommended in the author guidelines, it is not mandatory for RNJ. However, as a reviewer you may wish to suggest to the author(s) the following guidelines or use the information from these guidelines in your comments to the author(s).

RESEARCH AND OTHER TYPES OF MANUSCRIPTS
- Know that at least two reviewers with the appropriate research background will review research-based manuscripts.
- Recognize that research manuscripts are to include all aspects of design that contribute to the building of evidence-based practice. If elements are missing, specifically identify these for the author.
- While the use of the following guidelines is supported, due to the multidisciplinary nature of the Journal, it is not compulsory. However, as a reviewer you may wish to suggest to the author(s) the following guidelines or use the information from these guidelines in your comments to the author(s).

SYSTEMATIC AND INTEGRATIVE REVIEWS
We are increasingly receiving systematic and integrative reviews of the literature. If you receive a systematic review that is quantitatively focused, use the Preferred Reporting Items for the Systematic Reviews and Meta-Analysis (PRISMA) Guidelines available at the http://www.prisma-statement.org/statement.htm

QUALITATIVE STUDIES
For reviews of qualitative studies use the Critical Appraisal Skills Programe (CASP) that can be obtained at http://media.wix.com/ugd/dded87_ebad01cd736c4b868abe4b10e7c2ef23.pdf

RANDOMIZED CONTROL TRIALS
Manuscripts reporting randomized control trials should refer to the Consolidated Standards of Reporting Trials (CONSORT) guidelines that are available at http://www.consort-statement.org/

CASE REPORTS
If you asked to review a case report, the link for this information is the CARE guidelines

**QUALITY IMPROVEMENT**
For quality improvement articles, manuscripts should follow the SQUIRE guidelines at http://www.squire-statement.org/index.cfm?fuseaction=Page.ViewPage&PageID=471

**OBSERVATIONAL STUDY REPORTS**
These should follow the STROBE guidelines at http://www.strobe-statement.org/index.php?id=strobe-home where checklists are also available.

**DIAGNOSTIC ACCURACY STUDIES**

**REFERENCES**
- Literature reviews should include current references with the majority in the last 5 years. However, classic works and those between 10 – 15 years old that are essential to the topic are acceptable.
- Inform the editor if you suspect plagiarism--intentional or unintentional--or a lack of important references.
- A list of key references for the author should be cited in the manuscript.
- Correct APA current edition format is expected for all references. (Please do not feel that you need to edit an author’s reference. Instead, cite the errors for the authors to fix.)

**POOR WRITING STYLE, GRAMMAR, AND ACCURACY**
- In general, focus your review on the content of the manuscript, not the writing style.
- Refrain from making extensive comments about spelling and grammar problems unless they are rampant. The ARN editorial staff handles this during the editing stage.
- If the problems are severe, suggest that the author ask someone with writing experience to help with the revision. Your comment could be: “This manuscript should be reviewed by someone who can help you with grammar and spelling (or APA formatting, etc.)” or “The English language mechanics were problematic in this manuscript”. You can also provide the author with this link: http://wkauthorservices.editage.com/.
- Pay special attention to numbers in the text and tables/figures. Note anything that is blatantly missing or lacking in accuracy (tables, blatant errors in reference list) and ask the author to recheck the details before resubmitting. Suggest that the author contact a statistician or qualitative data expert for advice when appropriate.
- For manuscripts obviously written by authors with English as a second language rest assured that most of the language problems will be clarified by editorial staff during editing; however, if the content is indecipherable, strongly recommend that the author get help from an English-speaking/writing person before resubmitting it.