Instructions for authors

Annals of Rehabilitation Medicine

Enacted in May, 2011
Revised on January 31, 2013
Revised on August 1, 2018
Revised on March 11, 2019
Revised on March 16, 2020
Revised on June 9, 2023
Revised on January 19, 2024
Revised on April 16, 2025
Revised on February 10, 2026
Revised on October 28, 2026

1. AIMS & SCOPE

Annals of Rehabilitation Medicine (ARM) is the official journal of the Korean Academy of Rehabilitation Medicine. It is an international, peer-reviewed open access journal, which aims to be a global leader in sharing up-to-date knowledge dedicated to the advancement of care and enhancing the function and quality of life of persons with various disabilities and chronic illnesses. As the official journal of one of the largest societies of rehabilitation medicine in Asia and Oceania, more than 3,500 physiatrists regularly receive this journal's table of contents via email, and the number is continually increasing. This journal is endorsed by the International Society of Physical and Rehabilitation Medicine (ISPRM) and the Asia-Oceanian Society of Physical and Rehabilitation Medicine (AOSPRM). International members comprise approximately half the editorial board, conducting peer-reviews of submitted manuscripts or acting as handling editors by assigning peer-review tasks to other reviewers.

The journal encompasses all aspects of physical medicine and rehabilitation, including basic, translational, clinical, and policy research, as well as rehabilitation education. Research areas covered by this journal include rehabilitation for brain disorders, spinal cord injuries, neuromuscular diseases, and dysphagia; cancer, cardiopulmonary, geriatric, pain & musculoskeletal, and pediatric rehabilitation; electrodiagnosis, orthosis & prosthesis, physical therapy, and sports medicine; and other emerging fields in rehabilitation medicine.

2. COPYRIGHTS AND CREATIVE COMMONS ATTRIBUTION LICENSE

The Korean Academy of Rehabilitation Medicine is the owner of all copyright to papers published in *ARM*, and has the right to publish, reproduce, distribute, and print the contents in other types of media. Authors of accepted papers must complete the Copyright Transfer Form. A letter of permission is required for any and all material that has been published previously. It is the responsibility of the author to request permission from the publisher for any material that is being reproduced. This requirement applies to text, illustrations, and tables. This is identical to the Creative Commons (Attribution-Noncommercial) license available at http://creativecommons.org/.

3. GENERAL GUIDELINES

The manuscript guidelines for *ARM* are based on the "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals" published by the International Committee of Medical Journal Editors (ICMJE, http://www.icmje.org/), and instructions which are not mentioned in the present guidelines are referred to the guidelines stated in the ICMJE Recommendations.

1) ARTICLE TYPES

ARM publishes the article types listed below.

Types (1) to (6) are open to submission by any author. Type (7) is written by the editors or by experts invited by the Editorial Board. Types (8) and (9) are published by invitation or after prior consultation with the Editorial Board. Type (10) is published to correct errors in previously published articles. Type (11) is an archive of articles published from 1977 to 2011.

(1) Original articles

This form of publication represents original research articles reporting the results of basic and clinical investigations that are sufficiently well documented to be acceptable to critical readers.

(2) Review articles

The Editorial Board welcomes state-of-the-art review articles. The *ARM* strongly prefers systematic reviews of the literature. Invited review articles provide a comprehensive review of a subject of importance to clinicians and researchers and are commissioned by the editorial board to an invited expert in the field.

(3) Brief reports

These manuscripts are short but important reports to provide preliminary communications with less complete data sets than would be appropriate for original contributions that present novel

and impactful clinical and basic research of a more preliminary nature.

(4) Case reports

Case reports are considered for publication when at least one of the following criteria is met: (a) a rare condition is reported, (b) atypical symptoms and signs are observed, (c) new diagnostic or therapeutic methods are introduced, (d) atypical clinical and laboratory findings for populations residing in Asia and the Pacific Rim. Descriptions of clinical cases (individual or a series) should be unique, should deal with clinical cases of exceptional interest or innovation and should preferably be a first-time report.

(5) Images in this issue

This form of publication represents images (e.g.,radiographs, CT, MRI, electrodiagnostic tracings, pathology, physical examination findings, photos of a patient or medical device) that are interesting and unique.

(6) Letters to the editor

Critical comments are welcomed for providing alternative interpretations or views about articles published in *ARM*. Letters should be directly related to the published article on which it comments. Letters being considered for publication ordinarily will be sent to the authors, who will be given the opportunity to reply. Letters will be published at the discretion of the editors and are subject to abridgement and editing for style and content. Replies from the authors are also published as Letters to the Editor.

(7) Editorials

Editorials are short commentaries by the editors or by experts invited by the Editorial Board. An editorial may comment on an article in the same issue, discuss a topic of broad interest, or form part of a series (e.g., "Outcome Measures in Rehabilitation Medicine"). Editorials are reviewed by the Editor-in-Chief.

(8) Perspectives

Perspectives present expert opinions on new developments, controversies, or emerging practices in rehabilitation medicine. Perspectives are invited by the Editorial Board or submitted after prior consultation with the Editor-in-Chief. All perspectives undergo peer review.

(9) Clinical practice guidelines

Clinical practice guidelines provide evidence-based recommendations developed by a guideline development committee, usually in cooperation with the Korean Academy of Rehabilitation Medicine or related societies. Authors must consult the Editorial Board before submission. All guidelines undergo peer review. A guideline developed jointly with another society may be published simultaneously in ARM and in that society's journal, with the agreement of the editors of both journals. In this case, the article must state the joint development and the simultaneous publication.

(10) Corrections

Corrections are published to fix errors in published articles, according to the ICMJE Recommendations. Retractions and expressions of concern follow the COPE flowcharts (see Section 4.7).

(11) Others

This category contains articles published from 1977 to 2011, mostly in the journal's former title, Journal of the Korean Academy of Rehabilitation Medicine. These articles keep their original section labels (e.g., Special Comment). No new articles are assigned to this category.

2) LANGUAGE OF MANUSCRIPT

All manuscripts must be written in clearly understandable English. Authors whose first language is not English are requested to have their manuscripts checked for grammatical and linguistic correctness before submission. Correct medical terminology should be used, and jargon should be avoided. Use of abbreviations should be minimized and restricted to those that are generally recognized. When using an abbreviated word, it should be spelled out in full on first usage in the manuscript followed by the abbreviation in parentheses. Numbers should be written in Arabic numerals, but must be spelled out when placed in the beginning of a sentence. Measurements should be reported using the metric system, and hematologic and biochemical markers should be reported in International System (SI) of Units. All units must be preceded by one space except percentage (%), temperature (°C), and degree (°).

4. RESEARCH AND PUBLICATION ETHICS

All manuscripts should be written with strict adherence to the research and publication ethics guidelines recommended by Council of Science Editors (http://www.councilscienceeditors.org/), International Committee of Medical Journal Editors (ICMJE, http://www.icmje.org/), World Association of Medical Editors (WAME, http://www.wame.org/), and the Korean Association of Medical Journal Editors (KAMJE, https://www.kamje.or.kr/en/main_en). For all studies involving human subjects, the principles embodied

in the Declaration of Helsinki (https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/) should be upheld, informed consent must be obtained from all participants, and must be approved by a recognized Institutional Review Board (IRB) or research ethics committee. The editor may request submission of copies of informed consents from human subjects in clinical studies or IRB approval documents. Experiments involving animals should comply with the NIH guidelines for the use of laboratory animals (https://www.nlm.nih.gov/services/research_report_guide.html) and/or be reviewed by an appropriate committee (e.g., Institutional Animal Care and Use Committee, IACUC) to ensure the ethical treatment of animals in research. Also, studies with pathogens requiring a high degree of biosafety should pass review of a relevant committee (e.g., Institutional Biosafety Committee, IBC). *ARM* will follow the guidelines by the Committee on Publication Ethics (COPE, http://publicationethics.org/) for settlement of any misconduct.

1) REDUNDANT PUBLICATION AND PLAGIARISM

All submitted manuscripts should be original and should not be considered by other scientific journals for publication at the same time. No part of the accepted manuscript should be duplicated in any other scientific journal without the permission of the editorial board. If plagiarism or duplicate publication related to the papers of this journal is detected, the manuscripts may be rejected, the authors will be announced in the journal, and their institutes will be informed. There will also be penalties for the authors.

2) AUTHORSHIP

ARM follows the recommendations by International Committee of Medical Journal Editors (ICMJE,http://www.icmje.org/) and and the Korean Association of Medical Journal Editors (KAMJE, https://www.kamje.or.kr/en/main_en). Authorship is credited to those who have direct involvement in the study and have made significant contributions to (a) substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND (b) drafting the work or revising it critically for important intellectual content; AND (c) final approval of the version to be published; AND (d) agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved as recommended by ICMJE. The primary investigator is designated the first author of the study, unless contested by the other authors. The corresponding author is directly responsible for communication and revision of the submitted manuscript. Authors are required to include a statement of responsibility in the manuscript that specifies the contribution of every author at the end of the manuscript, in a section entitled "Author contribution". All persons who have made substantial contribution, but who are not eligible as authors should be named in the acknowledgments. In the case of change of authorship, a written explanation must be submitted. Change in either the first author or the corresponding author requires approval by the editorial board, and any changes in the other authors require approval by the editor-in-chief.

3) CONFLICT OF INTEREST

The corresponding author of an article is asked to inform the editor of the authors' potential conflicts of interest possibly influencing their interpretation of data. A potential conflict of interest must be disclosed during the online submission process on the appropriate web page. Such conflicts may be financial support or private connections to pharmaceutical companies, political pressure from interest groups, or academic problems based on the "ICMJE Uniform Disclosure Form for Potential Conflicts of Interest" (http://www.icmje.org/coi_disclosure.pdf). The editor will decide whether the information on the conflict should be included in the published paper. Before publishing such information, the editor will consult with the corresponding author. In particular, all sources of funding for a study should be explicitly stated.

4) REGISTRATION OF CLINICAL TRIAL

Clinical trial defined as "any research project that prospectively assigns human subjects to intervention and comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome" is recommended to be registered to the primary registry to be prior publication. *ARM* recommend, as a condition of consideration for publication, registration in a public trials registry. *ARM* accepts the registration in any of the primary registries that participate in the WHO International Clinical Trials Portal (http://www.who.int/ictrp/en/), NIH ClinicalTrials.gov (http://www.clinicaltrials.gov/), ISRCTN Resister (www.isrctn.org), ANZCTR (https://www.anzctr.org.au/), EudraCT Database (https://eudract.ema.europa.eu/), Clinical Trials Information System (https://euclinicaltrials.eu/), University Hospital Medical Information Network (www.umin.ac.jp/ctr/index/htm), EU Clinical Trials Register (https://www.clinicaltrialsregister.eu/) or The Clinical Research Information Service (http://cris.nih.go.kr/). The clinical trial registration number will be published at the end of the abstract.

5) DATA AVAILABILITY STATEMENT

ARM follows the ICMJE Recommendations regarding data shar-

ing statements (http://icmje.org/icmje-recommendations.pdf). All manuscripts reporting clinical trial results should include a data sharing statement in accordance with the ICMJE guidelines.

ARM requires authors of all manuscripts reporting results derived from research data to include a Data Availability Statement. The provision of a Data Availability Statement will be verified as a condition of publication. Data Availability Statements should include information on where the data supporting the results reported in the article can be found, including, where applicable, hyperlinks or persistent identifiers (e.g., DOI/URL) to publicly archived datasets analyzed or generated during the study.

Where research data are not publicly available, this must be stated in the manuscript along with the reason(s) (e.g., participant confidentiality, ethical or legal restrictions, institutional policies, or third-party ownership/licensing) and any conditions for accessing the data.

6) PROCESS FOR MANAGING RESEARCH AND PUBLICATION MISCONDUCT

When the journal faces suspected cases of research and publication misconduct such as redundant (duplicate) publication, plagiarism, fraudulent or fabricated data, changes in authorship, an undisclosed conflict of interest, ethical problems with a submitted manuscript, a reviewer who has appropriated an author's idea or data, complaints against editors, and so on, the resolution process will follow the flowchart provided by the Committee on Publication Ethics (COPE, https://publicationethics.org/guidance/Flowcharts). The discussion and decision on the suspected cases are carried out by the Editorial Board.

7) PROCESS FOR HANDLING CASES REQUIRING CORRECTIONS, RETRACTIONS, AND EDITORIAL EXPRESSIONS OF CONCERN

Cases that require editorial expressions of concern or retraction shall follow the COPE flowcharts available from: https://publicationethics.org/guidance/Flowcharts. If correction needs, it will follow the ICMJE Recommendation for Corrections, Retractions, Republications and Version Control available from: http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/corrections-and-version-control.html.

8) DISCLOSURE OF ARTIFICIAL INTELLIGENCE (AI)-ASSISTED TECHNOLOGY

If generative AI-based technologies (e.g., large language models, chatbots, or image generators) are used at any stage of manuscript preparation (e.g., writing assistance, data analysis, figure generation), authors must transparently disclose their use. This disclosure should be included in the manuscript (e.g., in the Methods or Acknowledgments) and is also recommended in the cover letter. It is important to note that generative AI tools cannot be listed as authors, as they are not capable of accountability or authorship. Authors must take full responsibility for all AI-generated content, including inaccurate, incomplete, biased, or plagiarized material, and must ensure its appropriateness, integrity, and adherence to research and publication ethics.

5. MANUSCRIPT SUBMISSION

All submissions are made online at the journal's online manuscript submission site (https://www.editorialmanager.com/arm/default.aspx) by the corresponding author. Submitted manuscripts are initially examined for format, and then appointed a submission number. For nonbiased peer review, authors' names and institutional affiliations should not be mentioned in the text. The revised manuscript should be submitted through the same web system under the same identification numbers. The date of final review for the manuscript will be the date of acceptance for publication. If you have any questions about the online submission process, contact the Editorial Office by e-mail at edit@e-arm.org.

6. PEER REVIEW PROCESS

1) EDITORIAL REJECT POLICY

Conformity of the submitted manuscript to the submission instructions is examined upon submission. The Editorial Board may reject the manuscript or request the author to resubmit in the following cases: 1) Topic clearly out of scope / insufficient perceptual content 2) Work clearly does not meet sufficient standards of novelty or quality 3) Manuscript incomplete or incorrectly formatted 4) Suspected plagiarism in the manuscript.

2) PEER REVIEW PROCESS

Submitted manuscripts will be reviewed by two or more peer reviewers selected from the board's database of expert reviewers. In addition, if deemed necessary, a review of statistics may be requested. Following review, the editorial board will decide whether the manuscript will be 1) accepted for publication, 2) subject to minor revision, 3) subject to major revision, or 4) rejected for publication. For manuscripts which are either subject to minor revision or subject to major revision, the corresponding author must resubmit the revised manuscript online. The revised manuscript should clearly indicate all changes by highlighting the modified text or by using a different color for the altered sections. In addition, the corresponding author must reply to both review-

ers' comments point by point, and explain in detail what changes were made in the manuscript. When considered necessary, the editorial board may make changes to the structure and phrases of the manuscript without compromising the integrity of the original paper. After completion of the peer review process, the editorial board will determine acceptance for publication and notify the corresponding author by e-mail. Manuscripts which do not comply with the present guidelines will be notified for correction or withheld from publication.

When a manuscript is not resubmitted within 2 months of notification, it will be considered that the authors have withdrawn the manuscript from submission. Manuscripts accepted for publication are generally published in order of submission, depending on the category of the manuscript and the date of acceptance for publication.

7. PREPARATION OF THE MANUSCRIPT

All materials must be written in proper and clear English. Use Microsoft Office Word (versions after 2003) and ensure correct spelling and grammar. Setup the MS Word document for 1-inch margins on letter or A4-sized paper. The manuscript must be written in 12-point font and the sentences must be double-spaced, including tables and figure legends. Each page should be numbered in the middle of the lower margin, and all sentences must be numbered sequentially throughout the entirety of the manuscript, starting with the title page.

All papers must be accompanied by a title page. The title page should contain the title of the manuscript, a short running title, the authors' names, academic degrees, respective affiliations, and ORCID. The corresponding author must be identified, and his or her contact information (postal address, e-mail, telephone and fax numbers) should be listed. The title should clearly describe the objective of the study and contain less than 20 words. The first letter of each word of the title should be in capital letters except for prepositions, articles, and conjunctions. Provide a short running title containing less than 10 words. In cases in which the authors belong to multiple affiliations, the affiliations during the study being reported should be matched to the authors' names using a superscript of Arabic numerals. Conflicts of interest, funding information, author contribution and acknowledgements (when applicable) should also be located in the title page.

1) ORIGINAL ARTICLES

Original papers should be structured in the following order: Abstract, Introduction, Methods, Results, Discussion, Conflict of interests, Funding information, Author contribution, Acknowledgments (when applicable), References, Tables, Figure legends, and Figures. Maximum word count is limited to 5,000 words.

(1) Abstract

A structured abstract with the headings of Objective, Methods, Results, and Conclusion must succinctly describe the paper in 250 words or less. Use complete sentences and do not number the results. At the end of the abstract, list up to 5 relevant keywords which are in accordance to the Medical Subject Headings (MeSH) in the Index Medicus (http://www.nlm.nih.gov/mesh).

(2) Introduction

Clearly present the objective of the study and its relationship to earlier work in the field. A brief background to inform the readers of the relevance of the study may be necessary. However, avoid extensive review of the literature.

(3) Methods

Describe the participants or research materials of the study, and explain in detail the inclusion and exclusion criteria for both the experimental and control groups. Describe the experimental methods in a logical and systematic manner so that they can be reproducible by another investigator. Experimental drugs should be stated in the generic name. When proprietary brands are used, include the brand name and the name of the manufacturer in parentheses after the first mention of the generic name. When using experimental devices or other products, state the brand name then follow with the name of the manufacturer, in parentheses, e.g., Flow Cytometer (Coulter Electronic Inc.). To ensure anonymity during the peer review process, the authors' affiliations or institutional setting of the study should not be revealed. Statistical analysis and criteria for determining significance should be described in enough detail to allow the knowledgeable reader with access to the original data to verify the reported results. An ethics statement should be placed here when the studies are performed using clinical samples or data, and animals.

Ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial or cultural factors), and, unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and gender. If the study was done involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases (e.g., prostate cancer). Authors should define how they determined race or ethnicity and justify their relevance.

Authors who used AI technology to conduct their study should describe its use in the Methods section with sufficient detail to en-

able replication of the approach. This should include the name of the tool, version number, and the prompts used, where applicable.

(4) Results

Summarize and describe logically the significant findings and trends observed in the results using text, figures and tables. Avoid extensive repetition of contents of the tables and figures in the text.

In statistical expression, mean and standard deviation should be described as mean ± SD, and mean and standard error as mean ± SE. In general, p-values larger than 0.01 should be reported to two decimal places, those between 0.01 and 0.001 to three decimal places; p-values smaller than 0.001 should be reported as $p < 0.001$.

(5) Discussion

Interpret the results in respect to the objective of the study, and describe differences with previous studies and significant findings which lead to the deduction of the conclusion. Refrain from excessive review of historic studies, textbook facts, or irrelevant references. Accentuate newly obtained observations from the study, and include significant limitations of the study.

(6) Conflicts of interest

Any potential conflicts of interest relevant to the manuscript should be described. If there are no conflicts of interest, authors should state that none exists.

(7) Funding information

All sources of funding applicable to the study should be stated here explicitly. All original articles, review articles, brief reports, case reports, editorials, perspectives, and clinical practice guidelines must state funding sources for the study.

(8) Data Availability Statements

Data Availability Statements should take one of the following forms (or a combination if multiple types of data apply):

- The datasets generated and/or analyzed during the current study are available in the [NAME] repository, [PERSISTENT LINK/DOI].
- The datasets generated and/or analyzed during the current study are included in this published article [and its supplementary information files].
- The datasets generated and/or analyzed during the current study are available from the corresponding author on reasonable request.
- The datasets generated and/or analyzed during the current study are not publicly available due to [REASON] but are available from the corresponding author on reasonable request [and/or with approval/permission of …].
- Data sharing is not applicable to this article as no datasets were generated or analyzed during the current study.

(9) Author contribution

The individual contributions of the authors to the manuscript should be specified in this section. Each author's contribution must be clearly described using the CRediT (Contributor Roles Taxonomy) system. To qualify for authorship, individuals must have participated in at least one of the core 12 CRediT roles (e.g., conceptualization, data curation, formal analysis, funding acquisition, investigation, methodology, project administration, resources, software, supervision, validation, visualization) and at least one of the writing contributions (preparation of the original draft and/or critical review and revision of the manuscript). These contributions will be published in the final article, and all authors must review and approve their statements before submission.

(10) Acknowledgments

Persons who have made contributions to the study, but who are not eligible for authorship can be named in this section. Their contribution must be specified, such as data collection, financial support, statistical analysis, or experimentation. The corresponding author must inform the named contributor of the acknowledgment, and acquire consent before manuscript submission.

(11) References

- Cite only references which are quoted in the text. Limit the number of references 40.
- When quoting a reference in the text, refrain from stating the author's name, and identify references with Arabic numerals in brackets such as [1], [2-4], and [5,7,9].
- The references should be listed in order of citation in the text.
- List all authors when there are 6 or fewer; when there are 7 or more, list the first 6, followed by "et al."
- Journal names should be abbreviated according to the format listed in the Index Medicus. If the journal is not listed in the Index Medicus, refer to the list of title word abbreviations by the ISSN network (http://www.issn.org/2-22660-LTWA.php).
- For more on references, refer to the NLM Style Guide for Authors, Editors, and Publishers (http://www.nlm.nih.gov/citingmedicine).

Journals

1. Jeon JH, Jung YJ, Lee JY, Choi JS, Mun JH, Park WY, et al. The effect of extracorporeal shock wave therapy on myofascial pain syndrome. Ann Rehabil Med 2012;36:665-74.

2. Geraud G, Spierings EL, Keywood C. Tolerability and safety of frovatriptan with short- and long-term use for treatment of migraine and in comparison with sumatripan. Headache 2002;42 Suppl:S93-9.

Book & Chapter of book

3. Frontera W, Silver JK, Rizzo TD. Essentials of physical medicine and rehabilitation. 2nd ed. Saunders; 2008. p. 579-82.
4. Esquenazi A. Upper limb amputee rehabilitation and prosthetic restoration. In: Braddon RL, editor. Physical medicine and rehabilitation. 2nd ed. Saunders; 2000. p. 263-78.

Proceedings of academic conference

5. Harnden P, Joffe JK, Jones WG. Germ cell tumours V. Proceedings of the 5th Germ Cell Tumour Conference; 2001 Sep 13-15; Leeds, UK. New York: Springer; 2002.

Thesis (Dissertation)

6. Borkowski MM. Infant sleep and feeding: a telephone survey of Hispanic Americans [dissertation]. Mount Pleasant, MI: Central Michigan University; 2002.

(11) Tables

Tables should be submitted separately from the text, and each table should be created in MS Word on separate pages, using double space throughout. They should be simple, self-explanatory, and not redundant with the text or the figures. Limit 5 tables per manuscript. The title of the tables should be written in phrases, and capitalized the first letter of the first word. The title should be placed above the table, and abbreviations and footnotes should be placed under the table. Number the tables in order of appearance in the text (e.g., Table 1, Table 2). All abbreviations used in the table must be spelled-out in full under the table in the following order: abbreviation, comma, full word (e.g., RM, rehabilitation medicine;). Table footnotes should be indicated in superscripts in the following order: [a], [b], [c]… but p-values should be indicated by asterisk (e.g., *$p < 0.05$, **$p < 0.01$. ***$p < 0.001$).

(12) Figure legends

Legends should be submitted separately from the text, and each legend should be typed on separate pages. They should be written in full sentences to describe the content of the figure, and only the first letter of the legend should be capitalized. For lengthy legends continuing beyond one line, the left margin of the following lines should start at the same point as the first line. Any symbols, marks or abbreviations made in the figure must be explained in the legend. Figures containing histologic slides should be accompanied by legends explaining tissue origin, stain method, and microscopic amplification.

(13) Figures

Figures should be uploaded online as separate files and numbered in order of appearance in the text (e.g., Fig. 1). When a single numbered figure contains 2 or more figures, the figure should be numbered with an alphabet letter following the number (e.g., Fig. 1A, Fig. 1B). Indicate focus points in the figures with markers such as arrows and arrowheads, etc. Image files must be of resolutions higher than 300 dpi, and less than 3 MB, in JPEG, GIF, TIFF, or Microsoft PowerPoint format. A single numbered figure containing more 2 or more figures such as Fig. 1A and Fig. 1B should be uploaded as a single file.

(14) Graphical Abstract (Optional)

Authors submitting Original Articles, Review Articles, Brief Reports, or Case Reports are encouraged to include a graphical abstract summarizing the key message of the study. A template and further instructions are available on the journal and submission website. The graphical abstract should be uploaded as a separate file during manuscript submission.

2) REVIEW ARTICLES

The abstract should contain no more than 250 words and 5 keywords. The text is structured in the order of Introduction, Main text, Conclusion, Conflict of interests, Funding information, Author contribution, Acknowledgments (when applicable), References, Tables, Figure legends, and Figures.

3) BRIEF REPORTS

General guidelines are the same as for the original article. The manuscript is structured in the order of Abstract, Main text, Conflict of interests, Funding information, Author contribution, Acknowledgments (when applicable), References, Tables, Figure legends, and Figures. A structured abstract is required and limited to 150 words, with no more than 3 keywords attached. Manuscripts should be limited to 1,500 words of text including references and figure legends (not including abstract, tables, and figures), and no more than 10 references. The total number of figures and/or tables is limited to 3.

4) CASE REPORTS

General guidelines and order of manuscript preparation are the same as for the original article. Case reports are considered for publication only if they report rare conditions, atypical symptoms and signs, novel diagnostic or therapeutic approaches, or describe atypi-

cal findings for populations residing in Asia and the Pacific Rim. The editorial board will determine whether the case report fulfills the above criteria for acceptance of publication. The manuscript is structured in the order of Abstract, Introduction, Case report, Discussion, Conflict of interests, Funding information, Author contribution, Acknowledgments (when applicable), References, Tables, Figure legends, and Figures. The abstract should be nonstructured and limited to 150 words, with no more than 3 keywords attached. The introduction should briefly state the background and significance of the case. The actual case report should describe the clinical presentation and the diagnostic and therapeutic measures taken. The discussion should focus on the uniqueness of the case and should not contain extensive review of the disease or disorder. The combined number of tables and figures is limited to 5, and the number of references is limited to 10. Maximum word count is limited to 1,500 words including references and figure legends.

5) IMAGES IN THIS ISSUE

All images should be accompanied by a short description of the image and a brief and concise clinical review of the specific patient or clinical issue of no more than 500 words (excluding references) with references limited to 5. Image files must be of resolutions higher than 300 dpi for photographs, and 900 dpi for line art, waveforms, and graphs, in JPEG, GIF, TIFF, or Microsoft PowerPoint format. Images should make up a single figure, although they may contain more than one frame. The manuscript does not have an abstract.

6) LETTERS TO THE EDITOR

Letters should not have an abstract, tables, figures, and data supplements. Letters must be limited to roughly 500 words of text and no more than 5 references, 1 of which should be to the recent *ARM* article. Letters may have no more than 3 authors.

7) REPORTING GUIDELINES FOR SPECIFIC STUDY DESIGNS

Authors are encouraged to adhere to internationally accepted reporting guidelines for their study type, such as CONSORT (randomized controlled trials), PRISMA (systematic reviews), STROBE (observational studies), CARE (case reports), and RIGHT (clinical practice guidelines). These can be found at the EQUATOR Network (https://www.equator-network.org).

Initiative	Type of study	Source
CONSORT	Randomized controlled trials	http://www.consort-statement.org
STARD	Studies of diagnostic accuracy	http://www.stard-statement.org
PRISMA	Preferred reporting items of systematic reviews and metaanalyses	http://www.prisma-statement.org
STROBE	Observational studies	http://www.strobe-statement.org
MOOSE	Meta-analyses of observational studies in epidemiology	http://www.consort-Statement.org/resources/downloads/other-instruments/moose-statement-2000pdf
CARE	Case reports	https://www.care-statement.org
RIGHT	Practice guidelines	https://www.right-statement.org

8. SUBMISSION APPLICATION & COPYRIGHT TRANSFER

All submitted manuscripts must be accompanied by the official Submission Application & Copyright Transfer Form of the Korean Academy of Rehabilitation Medicine. The Submission Application & Copyright Transfer Form must contain the title of the manuscript, date of submission, names of all authors, authors' affiliations, and written signatures. Note the corresponding author and provide his/her affiliation, e-mail, telephone and fax numbers, and mailing address.

For the copyrights of the contributions published in *ARM*, see Creative Commons (Attribution-Noncommercial) at http://creativecommons.org.

9. MANUSCRIPTS AFTER ACCEPTANCE

ARM is published in English bi-monthly on the last days of February, April, June, August, October, and December.

1) FINAL VERSION UPLOAD

When accepted for publication, the authors' institutional affiliations should be inserted into the text of the final revised manuscript and uploaded to the online submission system. Files containing figures should be of the highest resolution (at least 300 dpi for color figures, and 900 dpi for line art and graphs) should be also be uploaded in JPEG, GIF, or TIFF format, and must be named according to the figure number (e.g., Fig. 1.jpg).

2) GALLEY PROOF

Galley proofs will be sent to the corresponding author for final corrections. Corrections should be kept to a minimum, must be

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