

Instructions for Authors



Enacted in May, 2011

Revised on January 31, 2013

Recently revised on August 1, 2018 (Third revision)

1. AIMS & SCOPE

Annals of Rehabilitation Medicine (ARM) is an international, peer-reviewed open access journal which aims to share up-to-date knowledge dedicated to the advancement of care and to enhance the function and quality of life of persons with various disabilities and chronic illnesses. Its scope includes all aspects of physical medicine and rehabilitation including clinical practice, experimental and applied research, and education. Research areas covered by this journal include rehabilitation of brain disorders, rehabilitation of spinal cord injury, electrodiagnosis, pain, pediatric rehabilitation, geriatric rehabilitation, cardiopulmonary rehabilitation, sports and musculoskeletal rehabilitation, cancer rehabilitation, cognitive rehabilitation, robotic rehabilitation, neuro-modulation, neuroimaging, orthotics & prosthetics, physical modalities, clinical trials, quality of life issues, and basic researches 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 (<http://www.icmje.org>), and instructions which are not mentioned in the present guidelines are referred to the guidelines stated in the Recommendations. There are no fees payable to submit in this journal.

1) CATEGORIES OF MANUSCRIPTS

Manuscripts include original articles, review articles, brief reports, case reports, images in this issue, and letters to the editor.

(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

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 and have relevance to the field of brain or spinal cord and musculoskeletal system.

(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.

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 “Recommendations for the Conduct, Reporting,

Editing, and Publication of Scholarly Work in Medical Journals” of International Committee of Medical Journal Editors (<http://www.icmje.org/recommendations/>, updated December 2015). Issues of ethical misconduct, plagiarism, and duplicate/redundant publication will be judged and dealt with according to the “Good Publication Practice Guidelines for Medical Journals, 2nd” (http://www.kamje.or.kr/intro.php?body=publishing_ethics). For all studies involving human subjects, the principles embodied in the Declaration of Helsinki (<http://www.wma.net/en/20activities/10ethics/10helsinki/index.html>) 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 (<http://grants.nih.gov/grants/olaw/guide-for-the-care-and-use-of-laboratory-animals.pdf>) 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. *ARM* will follow the guidelines by the Committee on Publication Ethics (COPE, <http://publicationethics.org/>) for settlement of any misconduct.

1) ORIGINALITY AND DUPLICATE PUBLICATION

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 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 for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals” (<http://www.icmje.org/recommendations/>, updated December 2015) and the “Good Publication Practice Guidelines for Medical Journals, 2nd” (http://www.kamje.or.kr/intro.php?body=publishing_ethics). Authorship is credited to those who have direct involvement in the study and have made significant contribu-

tions 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. 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* accepts the registration in any of the primary registries that participate in the WHO International Clinical Trials Portal ([\[www.who.int/ictrp/en/\]\(http://www.who.int/ictrp/en/\)\), NIH ClinicalTrials.gov \(<http://www.clinicaltrials.gov/>\), ISRCTN Register \(\[www.isrctn.org\]\(http://www.isrctn.org\)\), University Hospital Medical Information Network \(\[www.umin.ac.jp/ctr/index/htm\]\(http://www.umin.ac.jp/ctr/index/htm\)\), Netherlands Trial Register \(<http://www.trialregister.nl/trialreg/index.asp>\) 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.](http://</p></div><div data-bbox=)

5. MANUSCRIPT SUBMISSION

All submissions are made online at the journal's online manuscript submission site (<http://www.e-arm.org/submission>) 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.

1) COPYRIGHT TRANSFER

All submitted manuscripts must be accompanied by the official Submission Application & Copyright Transfer Form of the Korean Academy of Rehabilitation Medicine. The 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.

2) ARTICLE PROCESSING CHARGES

Minimum page charges and additional fees for reprints will be due for every manuscript. Costs for printing color illustrations are charged to the authors regardless of a member or a non-member. All published manuscripts become the permanent property of the Korean Academy of Rehabilitation Medicine and may not be published elsewhere without written permission.

- o Page charges - The Society depends on the payment of page charges to offset the cost of publication. Payment of 10,000 Korean won/page is required.
- o Open access - Charges to make articles open access

are free.

- o Color charges - Color figures in print cost 15,000 Korean won and black and white figures in print cost 10,000 Korean won each. Color print charges are 150,000 Korean won per every 16th printed page. Authors may opt to have figures printed in black and white but produced in color online. If the author elects to have online color figures, the author will be additionally charged 5,000 Korean won per figure.
- o Manuscript editing charges - Manuscript editing charge is 150,000 Korean won per article.
- o Additional charges - Authors can be charged for paper offprints and delivery if necessary.

6. PEER REVIEW PROCESS

Submitted manuscripts will be reviewed by two 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) denied 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 have the changes highlighted by using the Track Changes tool in Microsoft Office Word. In addition, the corresponding author must reply to both reviewers' 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

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, 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. All the words in the title should be in capital letters except for prepositions, articles, and conjunctions. Provide a short running title containing less than 10 words.

1) ORIGINAL ARTICLES

Original papers should be structured in the following order: Abstract, Introduction, Methods, Results, Discussion, 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 ex-

clusion 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, city (state), and country in parentheses, e.g., Flow Cytometer (Coulter Electronic Inc., New York, NY, USA). 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.

(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 \pm SD, and mean and standard error as mean \pm 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) 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, statisti-

cal analysis, or experimentation. The corresponding author must inform the named contributor of the acknowledgment, and acquire consent before manuscript submission.

(7) 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 sumatriptan. *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. Philadelphia: 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. Philadelphia: 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 Confer-*

ence; 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.

(8) 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).

(9) 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.

(10) 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.

2) REVIEW ARTICLES

The invited review is a focused review of a specific topic written by an expert in the field nominated by the editorial board. The abstract should contain no more than 250 words and 5 keywords. The text is structured in the order of Introduction, Main text, Conclusion, 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, 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 atypical 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, Acknowledgments (when applicable), References, Tables, Figure legends, and Figures. The abstract should be non-structured 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

For the specific study design, such as randomized control studies, studies of diagnostic accuracy, meta-analyses, observational studies, and non-randomized studies, it is recommended that the authors follow the reporting guidelines listed in the following table.

| 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 meta-analyses | http://www.prisma-statement.org |
| STROBE | Observational studies in epidemiology | 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 |

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

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 returned within 2 days, otherwise publication may be delayed. Any fault found after the publication is the responsibility of the authors. We urge our contributors to proofread their accepted manuscripts very carefully. After the publication, if there are critical errors, they should be corrected as Corrigendum or Erratum.

3) PUBLICATION

The editorial board retains the right to request minor stylistic and major alterations that might influence the scientific content of the paper. The final manuscript will be published following final approval by the editor-in-chief.

Checklist for Authors

General

- All elements of the manuscript are printed in English and double-spaced with 1-inch margins at top, bottom, and sides. Right margins are unjustified.
- All pages are numbered in the following order: title page, structured or standard abstract, body of the text, acknowledgments, references, legends, and tables.
- The text is consecutively line numbered.
- The Submission Application & Copyright Transfer Form is signed by the guarantor at original submission.

Abstract (applied to original articles, review articles, brief reports, and case reports)

- A structured abstract with the headings of Objective, Methods, Results, and Conclusion (A nonstructured abstract for case reports) must succinctly describe the paper.
- At the end of the abstract, relevant keywords are listed.

References

- All references have been checked for accuracy and completeness.
- Cite only references which are quoted in the text. Limit the number of references 40 for original articles, 10 for brief reports and case reports, and 5 for images in this issue and letters to the editor.
- Are numbered consecutively in the order they are cited in the text; all listed references have been cited in the text.
- Do NOT parenthesize the superscript numerals, and hyphenate (-) when citing 3 or more references in consecutive order.
- The format prescribed by the “Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations)” has been followed. Examples provided under Instructions for Authors have been uploaded.
- 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>).

Figure Legends

- Figure legends are provided for each figure.
- Figure legends are numbered and presented together in numeric order following reference page(s).

Tables

- Each table is headed by a title and numbered in Arabic numerals on a separate page.
- The title of the tables should be written in phrases, and capitalized the first letter of the first word.
- There are less than 5 tables in the text of original articles.
- Tables are cited in numeric sequence in the text.

Figures

- Each is numbered with an Arabic numeral and cited in numeric sequence in the text.
- Photographs of recognizable persons should be accompanied by a signed release from the patient or legal guardian authorizing publication. Masking eyes to hide identity is not sufficient.

Credits & Permissions

- In addition to the notice of informed consent and releases to publish photographs of recognizable persons, submit with the manuscript written permission to use non-original material (quotations exceeding 100 words, any table or illustration) from copyright holder of the original. No article will be accepted as a submission to Archives without all required permissions. Credit the source in a text or table footnote or in a legend.

A more complete description of each item that must be checked is provided under the appropriate heading in the Instructions for Authors.

I have reviewed this Checklist and have complied with its requirements.

Every author took a certain role and made contribution to the study and the manuscript. In case of publication, I agree to transfer all copyright ownership of the manuscript to the Korean Academy of Rehabilitation Medicine to use, reproduce, or distribute the article.

Agree Disagree

Submission Application & Copyright Transfer Form



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In signing this form:

1. The authors warrant that the article is original work which has not been published before, and is not being considered for publication elsewhere in its final printed form or electronic form.
2. The authors concede that the article will be reviewed and may be edited by the Korean Academy of Rehabilitation Medicine (KARM).
3. The authors agree to transfer copyright of the article to the KARM upon publication in the Annals of Rehabilitation Medicine.

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| 03 | Author's name | Signature | Degree(s) | Affiliation |
| 04 | Author's name | Signature | Degree(s) | Affiliation |
| 05 | Author's name | Signature | Degree(s) | Affiliation |
| 06 | Author's name | Signature | Degree(s) | Affiliation |
| 07 | Author's name | Signature | Degree(s) | Affiliation |
| 08 | Author's name | Signature | Degree(s) | Affiliation |
| 09 | Author's name | Signature | Degree(s) | Affiliation |
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