

## Rehabilitation Nursing Journal

### Online Submission and Review System

#### SCOPE

*Rehabilitation Nursing Journal (RNJ)* is a refereed, award-winning publication and is the official journal of the Association of Rehabilitation Nurses (ARN). The purpose of the journal is to provide rehabilitation professionals, particularly nurses, with excellent articles whose primary focus is rehabilitation nursing, including areas of clinical practice, education, administration, healthcare policy, evidence-based practice, quality improvement, and research. Scholarly manuscripts are invited that are relevant to rehabilitation nursing and interprofessional collaboration and/or expansion of the science underpinning practice. Integrative reviews of the literature are also accepted if knowledge gaps are identified and specific directions for future research are provided. It is recommended that authors seek colleague peer review prior to submission of manuscripts.

Articles range from administration and research to education and clinical topics; nursing perspectives; and continuing education opportunities in every issue.

Please note:

- Accepted manuscripts may be accepted for a print or online issue of the journal at the Editor-in-Chief's discretion.
- RNJ does not publish letters to the Editor, however, all letters received will be acknowledged with a written response from the Editor.
- RNJ does not publish commentaries, unless solicited by the Editor-in-Chief.

#### Copyright

Each author must complete and submit the journal's copyright transfer agreement, which includes a section on the disclosure of potential conflicts of interest based on the recommendations of the International Committee of Medical Journal Editors, "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" ([www.icmje.org/update.html](http://www.icmje.org/update.html)).

#### Conflicts of Interest

Authors must state all possible conflicts of interest including financial, consultant, institutional and other relationships that might lead to bias or a conflict of interest. If there is no conflict of interest, this should also be explicitly stated as none declared. All sources of funding should be acknowledged. All relevant conflicts of interest and sources of funding should be included on the title page of the manuscript with the heading "Conflicts of Interest and Source of Funding".

**Manuscript Submission** All manuscripts must be submitted online via Editorial Manager at <http://www.editorialmanager.com/rnj>.

**First-time users:** Please click the Register button on the Editorial Manager home page (<http://www.editorialmanager.com/rnj>). Enter the requested information to complete your registration. Upon successful registration, an email containing your user name and password will

be sent to you. Please be sure to enter your email address correctly; if an error has been made or an incorrect email address has been provided, you will not receive this notification.

*Note:*

If you have already received an e-mail containing your User ID and password, or if you are already registered, do **not** register again. You may log in to the site using the information previously provided to you. You may access your Author, Reviewer, or Editor accounts with the same log-in information.

**Authors:** Click the log-in button on the Editorial Manager home page, enter your username and password, and click on Author Login. Click on the Submit Manuscript link to begin the submission process. Be sure to prepare your manuscript according to the requirements laid out in these author instructions. Following submission to the journal office, you will be able to track the progress of your manuscript through the system.

For queries about submitting manuscripts, please contact the *RNJ* office at [mschwedel@connect2amc.com](mailto:mschwedel@connect2amc.com).

## **Manuscript Format**

The required formats for feature articles, Clinical Consultation, Current Issues, and Continuing Education articles as well as letters to the editor are as follows:

**Feature Articles** “Feature” articles provide an opportunity to address important topics affecting rehabilitation nursing practice. These articles are typically 3000 to 5500 words (double spaced with lines numbered consecutively) and provide an opportunity to address important topics affecting rehabilitation nursing practice. Topics can vary tremendously and may focus on a variety of areas such as quality improvement projects, administrative or leadership challenges, reports of research findings and their specific practice implications, special care considerations for selected patient/family populations (e.g., brain injured, stroke, diabetic, obese, orthopedic, pediatric, older adult etc.), evidence-based practice projects, and/or assessment tools used in rehabilitation practice.

Within this Feature Article category, *Rehabilitation Nursing* also welcomes **systematic reviews** of qualitative, quantitative, or mixed methods research. A review submitted to the journal must have been conducted with the same rigor as a research project using systematic, thorough, objective and well-documented steps. These reviews may fall into two categories: synthesis of research findings (e.g., metaanalysis, meta-synthesis, mixed research synthesis) and state of the science integrative reviews. Systematic reviews contain **clearly** formulated research questions and use organized and explicit methods to identify, select, and critically appraise relevant research and to collect and analyze data from the studies that are included in the reviews. Metaanalysis (statistical techniques to integrate the results of included studies) may or may not be used to analyze and summarize the results. It is strongly recommended that authors follow the Preferred Reporting Items for Systematic Reviews and MetaAnalyses (PRISMA) guidelines, available at: <http://www.prisma-statement.org/> in the development of their reviews. Systematic reviews should not exceed 5500 words.

Manuscripts reporting **randomized control trials** should refer to the Consolidated Standards of Reporting Trials (CONSORT) guidelines available at <http://www.consort-statement.org/> when prepared.

For **quality improvement** articles, use the SQUIRE guidelines at <http://www.squire-statement.org/index.cfm?fuseaction=Page.ViewPage&PageID=471>.

Manuscripts that integrate a **case report** should follow the CARE guidelines available at: <http://www.care-statement.org/>.

**Observational study reports** are referred to the STROBE Guidelines at <http://www.strobe-statement.org/index.php?id=strobe-home> where checklists are also available.

For **diagnostic accuracy studies**, authors are referred to the checklist for STARD, available at <http://www.equator-network.org/wp-content/uploads/2015/03/STARD-2015-checklist.pdf>.

While the use of such guidelines is supported, due to the multidisciplinary nature of the Journal, it is not compulsory.

**Clinical Consultation** This column is designed to address recurring clinical situation questions that many rehabilitation professionals find problematic and that can be answered by using published research evidence. Readers should be able to take the practical, evidence-based information contained in the Clinical Consultation column and use it to more effectively manage a persistent clinical practice dilemma. Manuscripts should be approximately 1500 -2000 words, double-spaced, with lines numbered consecutively. The manuscript should include the following:

- clinical situation (presented as a question and description of an exemplary case study)
- description of major current evidence-based interventions
- concluding paragraph stating what still evidence still needs to developed and rationale
- references to support your rationale for action
- tables and figures may be used, but are not necessary unless they illuminate the content

**Current Issues** Submission of important rehabilitation topics that are timely and present new information. Their primary purpose is to stimulate discussion and advance rehabilitation nursing and our interprofessional practice. Examples of prior Current Issues include but are not limited to: providing culturally competent care, implications of human genetics on rehabilitation practice, keys to coding the Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF PAI), the ethics of crossing professional boundaries, caring for patients who are morbidly obese, and major concerns/challenges associated with shortened length of stays with increasingly more complex needs. Manuscripts that are 1500 to 3000 words (6 to 12 double spaced typed pages with lines numbered consecutively) will be considered for publication.

**Continuing Education Articles** Within each issue of *Rehabilitation Nursing*, Continuing Education articles are offered with continuing education (CE) units. These CE articles (e.g., Feature, Clinical Consultation, and/or Current Issues) provide rehabilitation nurses with the opportunity for learning that will benefit their clinical practice and thus their patients and families. If you submit an article for publication consideration in *Rehabilitation Nursing*, it may be selected as a potential CE article. The author(s) of a selected journal CE article will be asked and must provide three learning objectives and include 10 multiple choice posttest questions designed to assess whether the learner has achieved the objectives. For more information, you can read the CE guidelines [here](#).

## Review Process

Manuscripts that adhere to submission guidelines are reviewed by at least two reviewers. The corresponding author will receive all editorial communications regarding the status of the manuscript, revisions, and reviews. All revisions and the dissemination of the reviewers' comments and other manuscript information to co-authors are the corresponding author's responsibility. **When a manuscript is resubmitted, the changes must be placed in bold in the revised manuscript and titled "REVISED MANUSCRIPT" accompanied by a letter listing how each recommendation for change was specifically addressed in the revised manuscript.** If these two aspects are not performed, the manuscript will be returned.

Material submitted to *Rehabilitation Nursing* must be original and not published or submitted for publication elsewhere. Copies of any related in press publications should accompany manuscripts submitted to *Rehabilitation Nursing*.

Please be aware that Rehabilitation Nursing uses authentication software to detect instances of overlapping and similar text in submitted manuscripts. CrossCheck is a multi-publisher initiative to screen published and submitted content for originality. To find out more about CrossCheck, visit <http://www.crossref.org/crosscheck.html>.

## Time for Review and Decision

The average time from manuscript submission to the author's receipt of the editor's decision about publication is 8 weeks. During that time, each manuscript undergoes a rigorous double-blind peer review. Many excellent manuscripts are accepted, some pending minor revisions. Many other excellent manuscripts receive a 'revise and resubmit' decision and their authors need to follow the suggestions made by reviewers to make changes, and to then **resubmit with a detailed letter to the editor outlining the changes made (or not made) following the reviewer suggestions and the changes in the revised manuscript in bold print.** Authors who are responsive to the suggestions of the reviewers are more likely to have their manuscripts accepted for publication.

## Graphics

RNJ welcomes the inclusion of tables and figures for feature articles only (generally no more than three per article). Upload each figure to Editorial Manager in conjunction with your manuscript text and tables. Be sure that the graphics are relevant to and help to clarify the article's major points. If you are using a form from an organization or agency, be sure that the organization is identified, that permission for use has been obtained from the organization, and that the form is introduced and explained in the text.

If a graphic is not original and presents information from another source, give full credit to the original source (i.e., list the name of the source and the publication, the publication's volume and date, and the source's page number). Authors are responsible for obtaining reprint permission for using copyrighted material from another source. When submitting the manuscript, be sure to provide written permission from the source to reprint the graphics.

Here are the basics to have in place before submitting your digital art to NEP:

- **Artwork should be saved as TIFF, PDF, Word Doc, PPT, or EPS files.**
- **Artwork is created as the actual size** (or slightly larger) it will appear in the journal. (To get an idea of the size images should be when they print, study a copy of the journal. Measure the artwork typically shown and scale your image to match.)
- **Crop out any white or black space** surrounding the image.
- **Diagrams, drawings, graphs, and other line art must be vector or saved at a resolution of at least 1200 dpi.** If the art is created in an MS Office program, convert to a hi-res PDF. If the PDF creation process is unfamiliar then submit the MS Office doc.
- **Photographs, radiographs and other halftone images must be saved at a resolution of at least 300 dpi.**
- **Photographs and radiographs with text must be saved as postscript or at a resolution of at least 600 dpi.**
- **Each figure must be saved and submitted as a separate file.** Figures should not be embedded in the manuscript text file.
- **Artwork is published in black and white.** There will be a charge for any artwork published in color.

**Remember:**

- **Cite figures consecutively** in your manuscript.
- **Number figures in the figure legend** in the order in which they are discussed.
- **Upload figures consecutively** to the Editorial Manager web site and number figures consecutively in the **Description** box during upload.

For more information on graphics, please visit <http://links.lww.com/ES/A42>.

**Format and Style of Manuscript**

The Publication Manual of the American Psychological Association (APA), 6<sup>th</sup> edition has the format for references, headings, and other matters. Check here for additional information about APA style: <http://www.apastyle.org/faqs.html>. Note below that *RNJ* guidelines differ slightly

from APA guidelines, for example, the *RNJ* requirements of structured abstract and additional information about authors differ.

Manuscripts should be in a 12-point font, double-spaced, in either Times New Roman or Courier and as a Word document or as Rich Text (this includes all tables and figures) with standard margins (about 1 inch). Fancy typefaces, italics, underlining, and bolding should not be used except as prescribed in the APA guidelines. Manuscripts should be submitted with numbered lines (formatted in the Word document) and the lines should be continuous throughout the document – that is, each page should not restart at “1”.

Manuscripts must not exceed 5500 words (about 22 pages) including abstract, text, references, tables, and figures. The author is responsible for compliance with APA format and for the accuracy of all information, including citations and verification of all references with citations in the text. Spelling should be in American English.

**Credentials** Authors should list their credentials in the following order:

Highest degree held, professional licensure, certifications in the order they were received, fellowships in order received (with FAAN listed last, if this is one of the credentials). For nurses, if the highest degree held is not in nursing, the highest nursing degree should also be listed.

Examples:

Susan Smith, PhD, RN, CCRN, FAHA  
Ellie Cortez, EdD, MSN, OTR, FAOTA  
Joe Jacobs, PhD, MD, MBA

**Content** Typical manuscript format includes:

- Title Page
- Structured Abstract (for feature articles) – length is 150 words or less
- Keywords
- Key Practice Points (Feature, Clinical Consultations or Current Issue)
- Text – With the use of headings as appropriate according to APA format
- References
- Tables and Figures

**Title Page** Upload separately from body of the manuscript. Title page must include the following:

**Title:** The title should indicate the focus of the article in as few words as possible. It should not contain a colon or other complex structure. Titles should not exceed 10 -12 words.

**Running head:** The running head is an abbreviated wording of the title; it usually is not more than four or five words and printed at the top of the pages of a manuscript. Prepare according to APA guidelines.

**Author information:** Indicate for each author: (a) name; (b) degrees and certifications (c) title or position, institution, and location; and (d) to whom correspondence should be sent, with full address, phone and fax numbers, and E-mail address; provide E-mail addresses for all coauthors.

**Acknowledgements:** If any acknowledgements are to be included, they should be briefly stated, such as name of funding source and grant number.

**Abstract:** A structured abstract that summarizes the content of no more than 150 words is required. For a research study include the following headings:

- Purpose
- Design
- Methods
- Findings
- Conclusions
- Clinical Relevance

The **research abstract** denotes: (a) purpose of the article, without detailed background; (b) design includes type of study, sample, and setting as applicable (c) methods used to collect and analyze data; (d) findings; (e) conclusions; (f) clinical relevance.

If the manuscript is focused on a literature review, e.g., systematic reviews of qualitative, quantitative, or mixed methods research, or evidence-based practice projects or other topics of clinical relevance instead of an empirical (first-hand research) study, a structured abstract still is required.

**Keywords:** A three to five key words that are recommended for use in indexing should be listed at the end of the abstract. Please use words listed in Medical Subject Headings (MeSH). The searchable MeSH database can be found at: <http://www.ncbi.nlm.nih.gov/mesh>. Be sure to include your keywords in the title of your manuscript, in the abstract, and throughout your manuscript.

**Key Practice Points:** 4 complete sentences describing the 4 main points of the manuscript.

**Text:** When preparing a manuscript, make sure your purpose statement occurs early in the document (usually page 1 or 2). In addition, your manuscript must coherently flow from beginning to the end as well as contain correct information, spelling and grammar.

**References:** All citations in the text must be listed in the references, and all references should be cited in the text. References should be no older than 10 - 15 years (excluding classic references). Please use the most current references where possible – preferably within the last 5 years. Precisely follow the APA reference format adhering to rules for italic and plain font and uses of spaces, commas, and periods. Include DOI numbers for all sources for which they are available.

**Tables and Figures:** Each table and figure should be presented and submitted separately.

**Permission to Quote:** The author is responsible for securing written permission of first author and publisher for quotation or reproduction of any materials that require such permission. This documentation of permission should be included with the manuscript at the time of submission as a separate upload.

## **Editorial Policies**

*Rehabilitation Nursing* follows the *International Committee of Medical Journal Editors'* (ICMJE) Uniform Requirements for Manuscripts Submitted to Biomedical Journals. The journal is also a member of the *Committee on Publication Ethics* (COPE) and adheres to its principles. In addition, *Rehabilitation Nursing* uses recommendations from the *World Association of Medical Editors* (WAME), Council of Science Editors (CSE), and APA Manual of Style in developing editorial policies.

**Definition of Authorship:** Authors are those who have contributed to the conception and design of the article, the acquisition of data, or the analysis and interpretation of data, as well as the writing of the article or the revision of its content; and have read and approved the final version of the article before submission.

**Disclosures:** Authors are required to disclose all relevant financial support and potential conflicts of interest in their cover letter, within the manuscript, and on the copyright transfer agreement form. If there are no financial disclosures from any authors, this should be stated as well. In addition, authors have an ethical responsibility to ensure all research discussed in their work is credible and data are accurate prior to publication. Authors must also clearly identify, within the manuscript, any discussion of investigational or "off-label" use of drugs or medical devices. The authors will be required to submit such disclosures when submitting their manuscripts.

## **Author Services: Language Editing and Manuscript Prep**

Inexperienced authors or authors for whom English is a second language may choose to use the Wolters Kluwer Author Services for assistance with manuscript preparation (<http://wkauthorservices.editage.com/>). All services are paid for and arranged by the author, and use of one of these services does not guarantee acceptance or preference for publication.

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It is the responsibility of the author to inform the Editorial Office and/or the publisher that they have RCUK funding. We will not be held responsible for retroactive deposits to PMC if the author has not completed the proper forms.

### ***FAQ for open access***

<http://www.wkopenhealth.com/openaccessfaq.php>

### **Compliance With NIH and Other Research Funding Agency Accessibility Requirements**

A number of research funding agencies now require or request authors to submit the post-print (the article after peer review and acceptance but not the final published article) to a repository that is accessible online by all without charge. As a service to our authors, LWW will identify to the National Library of Medicine (NLM) articles that require deposit and will transmit the post-print of an article based on research funded in whole or in part by the National Institutes of Health, Wellcome Trust, Howard Hughes Medical Institute, or other funding agencies to PubMed Central. The revised Copyright Transfer Agreement provides the mechanism.

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