

INFORMATION FOR AUTHORS

The *International Journal of MS Care (IJMSC)* is a peer-reviewed international publication focusing on multiple sclerosis (MS) and related autoimmune disorders of the central nervous system. The primary goal of *IJMSC* is to publish original articles covering various clinical aspects of MS, particularly those relevant to the multidisciplinary management of the disease and its consequences.

Topics include neurologic, nursing, rehabilitative, psychological, and psychosocial care and quality-of-life issues of people with MS and reflect the diversity of the journal's readership. Categories of manuscripts considered include original research, clinically relevant reviews of the literature, short reports, case reports, consensus statements, controversies, book reviews, and letters to the editor.

EDITORIAL OFFICE CONTACT INFORMATION

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Editorial and publication policies for authors are based on the *Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals* of the International Committee of Medical Journal Editors (ICMJE) (<http://www.icmje.org/>). In addition, *IJMSC* follows the guidelines for publication ethics put forth by the Committee on Publication Ethics (COPE) (<http://publicationethics.org/>) and the World Association of Medical Editors (WAME) (<http://www.wame.org/>).

Authorship. Individuals designated as authors must 1) substantially contribute to the conception and design or acquisition, analysis, and interpretation of data; 2) draft or critically revise the article for important intellectual content; 3) approve the final version; AND 4) agree 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. Authors or other contributors who do not meet all four criteria should be recognized in the Acknowledgments section. Generally, no more than six authors should be listed.

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Ethical Approval of Studies. For studies involving human participants, institutional review board or ethics committee approval should be reported in the Methods section, as well as the obtainment of informed consent or waiver of informed consent. All human investigation must be conducted according to the principles expressed in the World Medical Association Declaration of Helsinki (October 2013 version; for the full text, see <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>). If a report is deemed to be exempt from IRB or Ethics Committee review, then written documentation of the exemption from the IRB or Ethics Committee must be provided. *IJM*SC does not publish studies involving animals.

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right to provide a copy of the final article, as published in *IJMSC*, to the funding agency for public archiving.

THE *IJMSC* PEER REVIEW PROCESS

All submissions are initially reviewed by the Editor in Chief, who assesses them for overall quality and appropriateness for the journal's readership. A manuscript may be rejected at this stage or sent for external peer review to content experts in the particular subject area. Peer reviewers must disclose any actual or potential conflicts of interest in reviewing specific manuscripts and disqualify themselves from a specific review if there is a potential for bias. In addition, reviewers are required to maintain confidentiality about the manuscripts they review.

IJMSC uses a single-blind peer-review process, in which reviewers' identities are not revealed to authors, but authors' identities are not hidden from reviewers. At least two reviewers are assigned to each manuscript. Authors are asked to suggest between two and five potential reviewers upon submission of their manuscript. These suggestions may or may not be followed by the Editor in Chief. Reviewers recommend that a manuscript be accepted, rejected, or revised and include comments for the Editor in Chief and the authors. Final decisions are made by the Editor in Chief. The corresponding author is notified of the decision by e-mail.

Appeals/Rebuttals. Appeals to reconsider a manuscript that has been rejected should be sent to the Editor in Chief with a rebuttal that fully addresses the reviewer comments. The Editor in Chief will investigate the review process that the manuscript went through and decide whether to obtain additional reviews or uphold the original decision. The final decision will then be conveyed to the author, and no further appeals will be considered.

EDITING

All accepted manuscripts are edited for clarity, style, conciseness, and format according to AMA guidelines and *IJMSC* style. The edited manuscript is sent to the corresponding author, who is asked to answer any queries and approve the edited version for publication. The corresponding author is responsible for communicating with coauthors as needed about editorial changes or questions. Authors are responsible for the accuracy of the final approved manuscript, including changes made during editing. Supplementary material is generally only edited for obvious typographical errors, inconsistencies, and minor style issues.

Because unclear or grammatically incorrect language may make it difficult for editorial staff and peer reviewers to understand the content, non-native speakers of English should have their manuscript read and corrected by a native English speaker or (preferably) a professional editor before initial submission. Many independent editing services are available that specialize in helping non-native English speakers prepare their papers for submission to English-language journals. For specific referrals, contact the Editorial Office.

CORRECTIONS

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MANUSCRIPT PREPARATION AND SUBMISSION REQUIREMENTS

General. The authors must follow specific word limits for each article type (see table).

Article type	Word limit
Original research: quantitative research	3,500 words (not counting references)
Original research: qualitative and mixed research	5,000 words (counting references)
Literature review	5,000 words (not counting references)
Short report	2,000 words (not counting references)
Case report	2,000 words (not counting references)
Consensus statement	5,000 words (counting references)
Controversy	3,500 words (not counting references)
Book reviews	500 words
Letters to the editor	500 words (not counting references)

References should be limited to no more than 30 if possible. Only essential tables and figures should be included. The combined number of tables and figures must not exceed 6 (total of 6 for regular and supplementary combined), with each graph or figure panel counted as a separate figure. Supplementary material such as tables or figures that are not essential but would be useful to include, or large tables that are unlikely to fit in the print version, should be labeled as such (eg, Table S1, Table S2) and included with the submission for consideration for online-only publication. Only 2 small tables or figures total (2 figures, 2 tables, or 1 of each) will generally be allowed in the print version. The final decision regarding the total number and size of tables and figures (both regular and supplementary) for each published manuscript rests with the Editor in Chief.

Submissions should adhere to the *Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals* (www.icmje.org). Refer to the *American Medical Association (AMA) Manual of Style*, 10th ed. (Oxford University Press, 2007) for stylistic guidelines.

P values: *P* values less than .001 (eg, .0007) should be written as $P < .001$, but otherwise exact *P* values are preferred. *P* values should not be rounded up to 1.0 or down to 0.

Reporting Guidelines. Reporting guidelines have been developed for different study designs; examples include

- CONSORT (<http://www.consort-statement.org/>) for randomized trials,
- STROBE (<http://strobe-statement.org/>) for observational studies,
- PRISMA (<http://prisma-statement.org/>) for systematic reviews and meta-analyses, and

- STARD (<http://www.stard-statement.org/>) for studies of diagnostic accuracy.

Authors should follow these guidelines, which help ensure that the study is described in enough detail for it to be evaluated by editors, reviewers, readers, and other researchers. Authors of review manuscripts, particularly systematic reviews, should describe the methods used for locating, selecting, extracting, and synthesizing data. Good sources for reporting guidelines are the EQUATOR Network (<http://www.equator-network.org/>) and the NLM's Research Reporting Guidelines and Initiatives (http://www.nlm.nih.gov/services/research_report_guide.html).

Parts of the Manuscript. Manuscripts should include a title page, keywords, "Practice Points," abstract, text, references, and tables and figures, if applicable. All elements of the manuscript should be typed, double spaced, in Microsoft Word. Do not use special formatting, headers and footers, or embedded footnotes or endnotes.

Page and Line Numbering. All pages of the manuscript should be numbered, and continuous line numbering should be used throughout. To add continuous line numbering in Microsoft Word: On the Page Layout tab, in the Page Setup group, click Line Numbers, and then select Continuous.

Title Page. Include article title (generally ≤ 18 words and avoid emphasizing a conclusion or using a question); full name and highest degree of each author; name and location of departments and institutions with which each author is affiliated (in English); name, address, telephone number, fax number, and e-mail address of the corresponding author; running head (≤ 45 characters with spaces); and 3 to 5 keywords.

Practice Points. In one or two sentences each, summarize the two or three most important concepts in your article for practicing MS clinicians, and list these as key "Practice Points" (≤ 100 words total for all practice points) on a separate page following the title page and preceding the abstract. Avoid repeating sentences from the abstract in the Practice Points. The Practice Points should be focused on the potential implications of the findings for clinical practice.

Abstract. Summarize the content of the paper in 250 words or less. The abstract should be understandable without reference to the text and should not contain references. Abstracts for reports of original data and systematic reviews (including meta-analyses) should be structured using the following headings: Background, Methods, Results, Conclusions. For other types of manuscripts (including narrative reviews), you may use an unstructured abstract. Unstructured abstracts (≤ 200 words) are generally preferred for case reports and narrative reviews.

Text. The narrative of a manuscript should typically follow the accepted method of presenting scientific, technical, and medical information by including these sections in sequence: Introduction, Methods, Results, and Discussion. Subheadings are encouraged for Methods and Results sections but should be avoided in Introduction and Discussion. Avoid using uncommon abbreviations.

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Prior Presentation: If any of the material has been read or exhibited at a meeting, include a sentence with type of presentation, name of meeting, date(s), and location.

References. References (≤ 30 if possible) must be numbered consecutively and cited by number in the text in the correct order. Recent references (published within the past 5 years) are preferred. Follow AMA style guidelines. (If you are using reference-handling software, please select JAMA reference style.) Examples:

Journal—Author SW, Author K, Author ER, et al. Article title. *J Title*. 2014;27:1893-1898.

Book—Author J, Author C, Author L. Chapter title. In: Editor J, ed. *Book Title*. Publisher Name; 2010:175-212.

Electronic publication—US Department of Agriculture. *Food Guide Pyramid*. <http://fnic.nal.usda.gov/nal>. Accessed April 15, 2013.

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Tables and Figures. Tables and figures must be numbered separately and cited in the text in the correct order. Each table and figure should have a concise title. Figure legends (titles and other information) should appear on a separate page after the reference list, followed by each table on a separate page. Digital figures are preferred and must be submitted as separate files (one for each distinct image or chart) in original PowerPoint or Word files. PDFs created from PowerPoint or Word are also acceptable, as are EPS files. Photographs should have a minimum resolution of 300 dpi and should be submitted as JPEG. All tables and figures reprinted from other publications should be accompanied by a complete citation of the source, and, if any substantial portion is to be reproduced, written permission to reprint the item must be obtained by the author from the copyright owner(s) and sent with the submission. If a table has been created from the text of a previous publication, “Data from...” should be placed as a footnote with the appropriate reference or citation. This need to obtain permission and acknowledge the source also applies to reproducing measurement tools such as scales. It is not the journal’s responsibility to verify the copyright status for tables, figures, and measurement tools.

Supplementary material. Supplementary tables should appear on separate pages after the regular tables. Supplementary figure legends should also appear at the end of the manuscript file, but the figure files should be uploaded onto the submission system separately.

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- Cover letter with statement of exclusive submission
- Full name, highest degree, and affiliation of each author
- Address, telephone number, and e-mail of corresponding author
- 3 to 5 keywords
- Practice Points
- Abstract (structured for reports of original data and systematic reviews)
- Main text
- Acknowledgments section and/or Prior Presentation section if applicable
- Financial Disclosures section listing conflicts of interest for ALL authors
- Funding/Support section listing all sources of financial and material support, even if none
- References
- Tables with titles and figures with captions (written permissions if applicable)