

# Instructions for Authors



## UNDERSEA and HYPERBARIC MEDICINE

*The Journal of the Undersea & Hyperbaric Medical Society, Inc.*

### OVERVIEW

- Manuscripts must be submitted in MS WORD via electronic transmittal.
- Only manuscripts in the English language will be considered.
- Address email to: *renee@uhms.org*.

Please be sure to include:

- correct attributions;
- mailing address;
- telephone numbers;
- email address of corresponding authors; and
- suggestions for three independent reviewers, with email addresses.

### LANGUAGE

The language of the journal is standard American English. Please write in a clear and concise style: Well-written papers have the best chance of acceptance. UHM does not provide translation or writing services; authors who are not fluent in the language should have the manuscript edited before submission by a native speaker of English or professional language editor. ***The journal will decline to review manuscripts that are not written clearly enough for an informed reader to follow the line of arguments.***

### MANUSCRIPT GUIDELINES

Membership in the Undersea and Hyperbaric Medical Society (UHMS) is not a prerequisite for publication in the journal. Manuscripts are accepted for publication on the condition that they are contributed solely to this journal. Authors submitting a manuscript do so with the understanding that if it is accepted for publication, copyright for the article is assigned exclusively to the UHMS. On request, permission will be given to quote from papers or to use tables and illustrations in other publications, providing credit is given to the original source.

Acceptance of a manuscript is based on originality and quality of the work as well as the clarity of presentation. All manuscripts will be evaluated for

significance, soundness and conformance to journal format by two or more members of the Editorial Board or guest referees. Authors should recommend three qualified persons to act as independent referees for their papers; the Editor-in-Chief welcomes these suggestions but is not obliged to follow such recommendations.

After manuscripts have been accepted, authors are asked to submit the final version of the paper electronically.

### FEES

***Authors of accepted papers will be assessed a flat publication fee of \$250 US dollars.*** The Editor-in-Chief may consider waiving the fee on a case-by-case basis for undo hardship. Editorial consideration of a paper is in no way related to the payment of page charges.

Additional charges may be incurred for color reproduction, where necessary.

### PROOFS

Proofs are sent to authors to be checked carefully. Necessary changes must be clearly indicated on the galley, with corrections typed in different color text. Proofs must be sent back within the time specified by the managing editor. Authors receive reprint instructions after their papers are in pages.

### TREATMENT OF SUBJECTS

The UHMS endorses the principles of the Declaration of Helsinki on the treatment of human subjects and the guiding principles in the care and use of animals approved by the Council of the American Physiological Society.

### TYPES OF ARTICLES

• ***Research Reports:*** Results of experimental, theoretical and clinical investigations on topics important to the understanding of undersea, submarine, and hyperbaric medicine. Short reports that make a substantial scientific contribution as well as extensive studies will be considered.

• ***Clinical communications and clinical case reports:*** Observations of an exceptionally revealing nature.



• **Review articles:** May cover scientific and practical subjects and may express the personal opinion of the author.

• **Current issues:** Well-reasoned essays on topics of interest to the journal's readers; may draw on new or published experimental data and may be controversial in nature.

• **Technical communications:** Descriptions of new methods or equipment; must include data to support contentions.

• **Proceedings of symposiums or workshops:** Usually a group of short communications that have the flavor of reviews.

• **Letters to the editor:** Discussion of scientific papers that have appeared in the journal or scientific issues of interest to the journal's readers; should include an informative title and be as short as possible. References may be used if necessary, but tables and figures are discouraged.

## PREPARATION OF MANUSCRIPTS

The overriding principles are that the composition is correct and unambiguous, clear and concise. The active voice is usually preferable to the passive voice. Parallel construction of groups of like items or concepts aids in comprehension. Figures should be uncomplicated and legible. Abbreviations and acronyms should not be overused, be clearly defined at first appearance in the abstract and in the text and should be avoided in the title.

Specific items of information should appear only once in the manuscript. There should not be verbatim repetition of *Copyright © 2010 Undersea and Hyperbaric Medical Society, Inc.* in the text of material that appears in a table or figure, duplication of data in graphs and tables, or repetition in Discussion of information that appears in Results.

Authors are encouraged to use papers that have appeared in recent issues of *Undersea & Hyperbaric Medicine* as models for their manuscript preparation. All accepted manuscripts are subject to final editing in the Editorial Office to improve readability and to conserve space.

Manuscripts must be formatted on 8½ by 11-inch letter-size document with 1-inch margins. Double-spacing facilitates reading by reviewers. References and legends for illustrations must be adjacent to the graphics which can be embedded in the text or their placement clearly marked at the spot in the text where they are to appear.

A cover sheet must accompany the manuscript. It should give the title of the paper, the names and affiliations of the authors, a short title (referred to as "running head") and the name, address, telephone and fax numbers, as well as the e-mail address of the corresponding author. (**Please note:** Reviewers for *Undersea & Hyperbaric Medicine* are blinded to the identity of the author(s); therefore authors' names should appear only on the cover sheet.)

An accompanying letter must include a statement that all authors have read and approved the manuscript, that the material in the paper has not been published elsewhere (except as an abstract), and that the paper is not currently being considered for publication by another journal.

**Author Responsibility:** If a submission is the work of a group within one center or at multiple centers, that group should select one individual who accepts direct responsibility for the manuscript's content as well as the agreed sequence of contributing authors. This person will serve as "corresponding author" or "guarantor," and this designation must be clearly stated on the front page of the manuscript, together with the following contact information (mailing address, email address, telephone number and fax number).

*Undersea & Hyperbaric Medicine* participates in the agreement established by the international Committee of Medical Journal Editors as set forth in Uniform Requirements for Manuscripts Submitted to Biomedical Journals: *Ann Intern Med* 1988; 108:258–265 and *Br Med J* 1988; 296:401–405.

**Title page:** The title page should include:

1. title of no more than 85 characters, including spaces;
- 2) authors' names;
- 3) laboratory or institution of origin, with city and state or country;
- 4) a running head, not to exceed 50 characters, including spaces;
- 5) a complete address for mailing proofs; *plus*
- 6) a telephone fax number and email address.

Titles should be informative; the implication that a manuscript is one of a series of related papers is discouraged (*e.g.*, "Decompression sickness studies I").

**Abstracts:** An informative abstract of 200 words or fewer, suitable for abstracting agencies without rewording, should state the purpose of the research, what was done, what was found, and what was concluded. Titles should contain indexable words.

**Text:** Except in unusual situations, the manuscript should be divided into Introduction, Methods, Results and Discussion. Long stretches of text should be broken by suitable subheadings, but subheadings should not be overused.

Unusual symbols should be avoided. Statistical methods should be described in Methods; information about presentation of statistical material can be found in Bailar J, Mosteller F. Guidelines for statistical reporting in articles for medical journals: amplifications and explanations. *Adv Intern Med* 1988; 108:268–273.

**References:** Authors are responsible for supplying complete references and verifying them against the original documents. References must be numbered consecutively in the order in which they first appear in the text, and identified in the text by Arabic numerals in parentheses.

References cited only in tables or legends should be numbered in accordance with a sequence corresponding to the first mention of the table or figure in the text.

List names and initials of all authors when six or less; when seven or more, list only the first three authors and add *et al.* Citations in the reference list are to be in the form used by the U.S. National Library of Medicine and *Index Medicus*.

Thorsen E, Risberg J, Segadal K, Hope A. Effects of venous gas microemboli on pulmonary gas transfer function. *Undersea Hyperbaric Med* 1995; 22:347–353.

Hempleman HV. History of decompression procedures. In: Bennett PB, Elliott EH, eds. *The physiology and medicine of diving*. London: WB Saunders, 1993:324–375.

Kindwall EP, Goldmann RW. *Hyperbaric medicine procedures*. Milwaukee, WI: St. Luke's Medical Center; 1970.

Manuscripts that have been accepted should be cited in the reference list as regular references, with “in press” in place of journal pages. Citations such as “unpublished observations,” “personal communication,” “manuscript in preparation” or “to be published” are not to appear in the reference list, although reference to such a communication, if it exists in written form, may be cited in the text in parentheses. References to government reports should not be cited unless such reports are easily available to all readers.

**Equations:** Equations should appear in the text in an appropriate type style (*italics*, **bold** type, etc.). Authors should carefully distinguish between capital and lowercase letters, Roman and Greek characters and letters and numerals.

Number equations sequentially, in parenthesis on the left edge of the text. All constituent terms should be defined when they initially appear. Authors are responsible for correct formatting of each term in the equation and, because of potential conversion problems, they must be sent using Times New Roman font in a TIFF file. Equations should be considered “camera-ready” when they are submitted.

**Tables:** Tables should be limited to material needed to make the point of the paper and should be nearly self-explanatory. They should be numbered consecutively in Arabic numerals and bear a short title. Explanatory matter, excluding definitions of abbreviations, should appear in table footnotes. Statistical measures of variation (SD, SE, etc.) should be stated. Tables should be one- or two-column width and no more than 8 rows by 8 columns of data with one row for the column headings. Headings should use only horizontal text, no vertical text. Preferred font is Times New Roman.

**Acknowledgments:** Acknowledgments of persons who aided in the work and of funding agencies, along with any other special considerations about the manuscript, should appear at the end of the text, before the references.

**Footnotes:** Footnotes to material in the text are discouraged. Footnotes to tables are acceptable and should be identified in sequence by lowercase letters of the alphabet in italic superscript.

**Graphics:** All graphics, which include anything other than text, should be numbered in Arabic numerals, in sequence as they appear in the text and **must conform to one-column (3.125”) width or two-column width (6”).** Each is to be accompanied by a suitable legend not exceeding 40 words. Please note that text within graphic should be in the Times New Roman font.

Symbols used should be defined in the legend. Diagrams, charts, and other line drawings should be sharp and clear. Upon acceptance of the manuscript, authors must be prepared to submit graphics in TIFF format, 300 dpi or better. Grayscale is preferable to color, both for simplicity and because the author will be assessed a substantial charge for color printing. If color is to be used, however, graphics must be in CMYK, 300 dpi or better. Authors are responsible for visual clarity.

**Line drawings: Animals must be depicted by line drawings only.** It is the journal's policy not to publish photographs that might be perceived as raising animal welfare concerns. Good line drawings of equipment are usually more effective than photographs. Freehand or typewritten lettering on figures is not acceptable.

Lettering must be proportional to the size of the illustration to ensure that it is legible after reduction, and size to fit the journal page should be considered. An internal scale marker (a bar of defined length) should be drawn directly on all micrographs, and the length specified in the legend.

**Units of measure:** The Systéme Internationale d'Unités (SI units) format will be used to express pressure, depth, length, weight, time, temperature, energy, power, force, and concentration [*Standard Practice for Use of the International System of Units* (SI) Document E380-89a, American Society for Testing and Materials, Philadelphia, PA 1989].

If the subject matter makes it appropriate to use non-SI units such as fsw, msw, atm or bar, a parenthetical conversion to pascals, kilopascals, or megapascals should accompany the first mention of a pressure value in the abstract and in the text.

Units of fsw and msw should not be used to express partial pressure or when the nature of the subject matter requires precise evaluation of pressure. The proper method for the expression of other units or appreciations may be found in *Br Med J* 1978; 1:1334–1336 and *Aviat Space Environ Med* 1984; 55: 93–100. Authors must include after all units a small parenthetical (a) or a small parenthetical (g) to indicate whether units are in absolute or gauge terms.

**Auxiliary publications:** Detailed tables, appendixes, mathematical derivatives, extra figures and other supplementary matter may be deemed too voluminous to be included in the journal article. Such material may be submitted for deposition with the American Society for Information Sciences (ASIS), National Auxiliary Publication Service, at no charge. The information is deposited by the editorial office with the consent of the author, and a footnote will appear in the published article to the effect that photoprint or microfiche copies are available at a moderate cost.

*Revised November 2009* ■

## SCOPE OF THE JOURNAL

*Undersea & Hyperbaric Medicine* accepts manuscripts for publication related to the areas of diving research and physiology, hyperbaric medicine and oxygen therapy, submarine medicine, naval medicine and clinical research related to the above topics. Scientific papers must deal with significant and new research in an area related to biological, physical and clinical phenomena related to the above environments.

The following types of papers are published: Original Research (theoretical and experimental); Clinical Communications (which may include case reports if they include control observations of a revealing nature); Current Issues; Technical and Preliminary Notes; Letters to the Editor; and Book Reviews.

Reports of major contributions or symposiums will be considered and may even be published as supplements to regular issues. Authors are referred to "Instructions for Authors" for more details on the categories of papers.

*Undersea & Hyperbaric Medicine* is abstracted and/or indexed in Chemical Abstract Service, Excerpta Medica, Oceanic Abstracts, Bioscience Information Service of Biological Abstracts, Current Contents, Index Medicus and Current Awareness in Biological Sciences. *Undersea & Hyperbaric Medicine* is available on 16-, 35- and 105mm microfiche from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

On file in the administrative offices of the Society are two documents pertaining to Institutional Review Board regulations CFR50 and 21cfr56. The UHMS, as publisher of the *UHM*, acknowledges that all human research requires informed consent and IRB approval in accordance with the laws of the country in which the work was performed. This would include abstracts since they are published in *UHM*.

The Society endorses the principles embodied in the Declaration of Helsinki and expects that all investigations involving man reported in its journal will have been conducted in conformity with these principles. The Society expects that the Guiding Principles in the Care and Use of Animals will have been observed in all animal experimentation reported in its journal.

Printed on acid-free paper since 1993.

*Recommendations from the*

## DECLARATION OF HELSINKI

### BASIC PRINCIPLES

1. Clinical research must conform to the moral and scientific principles that justify medical research and should be based on laboratory and animal experiments or other scientifically established facts.
2. Clinical research should be conducted only by scientifically qualified persons and under the supervision of a qualified medical man.
3. Clinical research cannot legitimately be carried out unless the importance of the objective is in proportion to the inherent risk to the subject.
4. Every clinical research project should be preceded by careful assessment of inherent risks in comparison to foreseeable benefits to the subject or to others.
5. Special caution should be exercised by the doctor in performing clinical research to which the personality of the subject is liable to be altered by drugs or experimental procedures.

### CLINICAL RESEARCH COMBINED WITH PROFESSIONAL CARE

1. In the treatment of the sick person, the doctor must be free to use a new therapeutic measure, if in his judgment it offers hope of saving life, re-establishing health, or alleviating suffering. If at all possible, consistent with patient psychology, the doctor should obtain the patient's freely given consent after the patient has been given a full explanation. In case of legal incapacity, consent should also be procured from the legal guardian; in case of physical incapacity the permission of the legal guardian replaces that of the patient.
2. The doctor can combine clinical research with professional care, the objective being the acquisition of new medical knowledge, only to the extent that clinical research is justified by its therapeutic value for the patient.

**NONTHERAPEUTIC CLINICAL RESEARCH**

1. In the purely scientific application of clinical research carried out on human beings, it is the duty of the doctor to remain the protector of the life and health of that person on whom clinical research is being carried out.
2. The nature, the purpose, and the risk of clinical research must be explained to the subject by the doctor.
- 3a. Clinical research on a human being cannot be undertaken without his free consent after he has been informed; if he is legally incompetent, the consent of the legal guardian should be procured.
- 3b. The subject of clinical research should be in such a mental, physical, and legal state as to be able to exercise fully his power of choice.
- 3c. Consent should, as a rule, be obtained in writing. However, the responsibility for clinical research always remains with the research worker; it never falls on the subject even after consent is obtained.
- 4a. The investigator must respect the right of each individual to safeguard his personal integrity, especially if the subject is in a dependent relationship to the investigator.
- 4b. At any time during the course of clinical research the subject or his guardian should be free to withdraw permission for research to be continued.

The investigator or the investigating team should discontinue research if in his or their judgment, it may, if continued, be harmful to the individual

**GUIDING PRINCIPLES IN THE CARE AND USE OF ANIMALS**

Only animals that are lawfully acquired shall be used in this laboratory, and their retention and use shall be in every case in strict compliance with state and local laws and regulations.

Animals in the laboratory must receive every consideration for their bodily comfort; they must be kindly treated, properly fed, and their surroundings kept in a sanitary condition.

Appropriate anesthetics must be used to eliminate sensibility to pain during operative procedures. Where recovery from anesthetics is necessary during the study, acceptable technique to minimize pain must be followed. Curarizing agents are not anesthetics. Where the study does not require recovery from the anesthesia, the animal must be killed in a humane manner at the conclusion of the observation.

The postoperative care of animals shall be such as to minimize discomfort and pain, and in any case shall be equivalent to accepted practices in schools of Veterinary Medicine.

When animals are used by students for their education or the advancement of science such work shall be under the direct supervision of an experienced teacher or investigator. The rules for the care of such animals must be the same as for animals used for research. ■