

Chiropractic Journal of Australia

INFORMATION FOR AUTHORS

Chiropractic Journal of Australia (CJA) is a peer-reviewed journal of record dedicated to the advancement of chiropractic science, principles and practice and seeks to fulfil this purpose by critical review and publication of research and scholarly works relating to the scientific bases and clinical applications of chiropractic, and supportive presentations of an educational and/or professional nature.

Manuscripts are accepted for *consideration to publish* with the understanding that they represent *original* unpublished work which is submitted solely to CJA, *i.e.* has not been, and will not be, submitted elsewhere until a final decision has been reached by the editors, and that the work contains nothing that is libellous, obscene, unlawful or an invasion of privacy. Continuing call for papers includes:

Investigations. Reports of original research relevant to the practice of chiropractic, education of practitioners and the role of chiropractors in the health care delivery system and public education.

Hypotheses. Preliminary studies that may establish a basis for further, in-depth investigations.

Literature Reviews. Critical assessments of current knowledge of a subject of interest, with emphasis on better correlation, exposition of ambiguities and delineation of areas that may constitute hypotheses for further study.

Case Reports. Accounts of the diagnosis and treatment of unusual, difficult or otherwise interesting cases that may have independent educational value or may contribute to better standardisation of care for a particular health problem when correlated with similar reports of others.

Case Reviews. A retrospective, comparative evaluation of the diagnosis and treatment of several cases of a similar condition.

Historical Articles. Documentation of aspects of the history of chiropractic, including biographical sketches, legitimisation of the profession, emergence of institutions and development of professional education.

Technical Reports. Evaluation of equipment or procedures that are new or have not previously been so evaluated.

Commentary. In-depth essays on matters relating to the clinical, professional, educational, and/or politicolegal aspects of health care principles and practice.

Letters to the Editors. Communications intended to amplify, clarify or draw attention to a deficiency in a paper published recently in CJA. Authors are afforded the privilege of counter response.

All manuscripts (including letters) must be accompanied by a properly executed *Letter of Transmittal* (Form A).

Upon submission, it is to be accepted by all parties that no further dissemination of any part of the material contained in the manuscript is permitted, in any manner, without prior approval from the editors in writing. Non-observance of this stipulation may result in summary rejection of the manuscript.

Upon acceptance, the following rights are transferred to the publisher: (1) the right to print, publish, or in any way reproduce

the article in any language anywhere in the world; (2) to license a third party to publish the work in reprint form or as part of a book, anthology or abstract; (3) to negotiate translation rights.

Upon publication, the publisher grants certain rights to the author, subject to proper credit being given to the publisher as to the form of the original publication. These subsidiary rights of authors include: (1) republication of the article in any book of which the author is the only or principal editor; (2) free use of all or any part of the article in future works, including lectures, press releases and reviews; (3) the right to reproduce the article for the author's own purposes, provided the copies are not offered for sale.

Manuscripts must be submitted in the English language and prepared in accordance with "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" as revised from time to time by the International Committee of Medical Journal Editors (ICMJE),¹ from which the following instructions are adapted.

ISSUES TO CONSIDER BEFORE SUBMITTING A MANUSCRIPT

Redundant or Duplicate Publication

CJA will not consider manuscripts that are simultaneously being considered by other journals and does not normally consider for publication a paper on work that has already been reported in a published paper or is described in a paper submitted or accepted for publication elsewhere. This policy does not preclude consideration of a paper that has been rejected by another journal or of a complete report that follows publication of a preliminary report, such as an abstract, nor does it prevent consideration of a paper that has been presented at a scientific meeting if not published in full in a proceedings or similar publication. Press reports of the meeting will not usually be considered as breaches of this rule, but such reports should not be amplified by additional data or copies of tables and illustrations. When submitting a paper an author should always make a full statement to the editors about all submissions and previous reports that might be regarded as prior or duplicate publication of the same or very similar work. Copies of such material should be included with the submitted paper to help the editors decide how to deal with the matter.

Preliminary release, *e.g.* to public media, of scientific information described in a paper that is undergoing peer review or that has been accepted but not yet published is a violation of CJA policy. Should preliminary release of data in the public interest be warranted (*e.g.* to warn the public of health hazards), prior written permission of the editors must be secured.

Acceptable Secondary Publication

Secondary publication in the same or another language, especially in other countries, is justifiable, and can be beneficial, provided all of the following conditions are met:

1. The authors have received approval from the editors of both journals; the editor concerned with secondary publication must have a photocopy, reprint, or manuscript of the primary version.
2. The priority of the primary publication is respected by a publication interval of at least one week (unless specifically negotiated otherwise by both editors).

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3. The paper for secondary publication is intended for a different group of readers; an abbreviated version could be sufficient.
4. The secondary version reflects faithfully the data and interpretations of the primary version.
5. A footnote on the title page of the secondary version informs readers, peers, and documenting agencies that the paper has been published in whole or in part and states the primary reference.

Permission for such secondary publication should be free of charge.

Multiple publication other than as defined above is not acceptable; if authors violate this rule they may expect appropriate editorial action to be taken.

Protection of Patients' Rights to Privacy

Patients have a right to privacy that should not be infringed without informed consent. Identifying information should not be published in written descriptions, photographs, and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Informed consent for this purpose requires that the patient be shown the manuscript to be published.

Identifying details should be omitted if they are not essential, but patient data should never be altered or falsified in an attempt to attain anonymity. Complete anonymity is difficult to achieve, and informed consent should be obtained if there is any doubt. For example, masking the eye region in photographs of patients is inadequate protection of anonymity.

MANUSCRIPT PREPARATION & SUBMISSION

Editors and reviewers spend many hours reading manuscripts and therefore appreciate receiving manuscripts that are easy to read and edit. These instructions to authors are designed to accomplish that goal.

General Principles

The text of observational and experimental articles is usually (but not necessarily) divided into sections with the headings Introduction, Methods, Results, and Discussion. This so-called "IMRAD" structure is not simply an arbitrary publication format, but rather a direct reflection of the process of scientific discovery. Long articles need subheadings within some sections (especially the Results and Discussion sections) to clarify their content. Other types of articles, such as case reports, reviews, and editorials, are likely to need other formats.

Double-spacing of all portions of the manuscript—including the title page, abstract, text, acknowledgments, references, individual tables, and legends—and generous margins make it possible to review and edit the text line by line, and add comments and queries, directly on the paper copy.

During the editorial process reviewers and editors frequently need to refer to specific portions of the manuscript, which is difficult unless the pages are numbered. Authors should therefore number all of the pages of the manuscript consecutively, beginning with the title page.

Reporting Guidelines for Specific Study Designs

Research reports frequently omit important information. The general requirements listed in the next section relate to reporting essential elements for all study designs. Authors are encouraged in addition to consult reporting guidelines relevant to their specific research design, *e.g.*, randomised controlled trials, <http://www.consort-statement.org>; studies of diagnostic accuracy, <http://www.consort-statement.org/stardstatement.htm>; systematic reviews and meta-analyses, <http://www.consort-statement.org/Initiatives/>

[MOOSE/moose.pdf](http://www.moosejournal.org); observational studies in epidemiology, <http://www.strobe-statement.org>; meta-analyses of observational studies in epidemiology, <http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf>.

Obligation to Register Clinical Trials

Clinical trials, *i.e.*, any research project that prospectively assigns human subjects to intervention or concurrent comparison or control groups to study the cause-and-effect relationship between a medical intervention and a health outcome, must be registered in a registry meeting the criteria set out in the ICMJE Uniform Requirements.¹ The trial registration number must be included at the end of the abstract as a condition of consideration for publication.

Authorship

Authorship should be based on 1) substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published. Authors should meet conditions 1, 2, and 3. All persons designated as authors should qualify for authorship, and all those who qualify should be listed. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. One or more of the listed authors should be identified as the person(s) who take responsibility for the integrity of the work as a whole, from inception to published article; such author(s) shall be designated as guarantor(s) in the published article. All contributors who do not meet the criteria for authorship should be listed in the Acknowledgements.

Preparation of Manuscript

Type or print out the manuscript on white bond paper, ISO A4 (212 x 297 mm) (preferred) or US letter size (8½ × 11 inches), with margins of at least 25 mm (1 inch). Type or print on only one side of the paper. Use double-spacing throughout, including the title page, abstract, text, acknowledgments, references, individual tables, and figure legends. Number pages consecutively, beginning with the title page. Put the page number in the upper or lower right-hand corner of each page.

Title Page

The title page should carry the following information:

- The title of the article, which should be concise, but include all important information, such as study design, and all information that will make electronic retrieval of the article both sensitive and specific.
- Authors' names, institutional affiliations, highest academic and professional degrees.
- If applicable, the name of the department(s) and institution(s) to which the work should be attributed.
- Disclaimers, if any.
- The name, mailing address, telephone and fax numbers and email address of the author responsible for correspondence about the manuscript.
- Source(s) of support in the form of grants, equipment, materials, or all of these.
- A short running head of no more than 40 characters (count letters and spaces) at the foot of the title page.

Conflict of Interest Notification

To prevent information on potential conflict of interest for authors from being overlooked or misplaced, it is necessary for that information to be part of the manuscript. It should therefore be included on a separate numbered page immediately following the title page.

Abstract and Index Terms

Abstracts of original research reports, literature reviews and case reports should be structured (see Appendix 1). The abstract should state the purposes of the study or investigation, basic procedures (selection of study subjects or experimental animals; observational and analytical methods), main findings (give specific data and their statistical significance, if possible), and the principal conclusions. Emphasise new and important aspects of the study or observations. Abstracts should be relatively short, in general up to 250 words.

Below the abstract provide 3-10 index terms that will assist indexers in cross indexing the article and may be published with the abstract. Use terms from the medical subject headings (MeSH) list of *Index Medicus*; if suitable MeSH terms are not available for some main subjects covered in the paper, other terms may be used, but must be identified as such.

Introduction

Provide a context or background for the study (*i.e.*, the nature of the problem and its significance). State the specific purpose or research objective, which may be more sharply focused when stated as a question. Give only strictly pertinent references and do not include data or conclusions from the work being reported.

Methods

This section should include only information available at the time the plan or protocol for the study was written; all information obtained during the conduct of the study belongs in the Results section.

Selection and description of participants. Describe your selection of the observational or experimental subjects (patients or laboratory animals, including controls) clearly, including eligibility and exclusion criteria and a description of the source population. Because the relevance of such variables as age and sex to the object of research is not always clear, explain their use when they are included in the report; *e.g.*, why only subjects of certain ages were included or why women were excluded. When using variables such as race or ethnicity, define how the variables were measured and justify their relevance.

Ethics. When reporting experiments on human subjects, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Helsinki Declaration of 1975, as revised in 2000. Do not use patients' names, initials, or hospital numbers, especially in illustrative material. When reporting experiments on animals, indicate whether the institution's or a national research council's guide for, or any national law on, the care and use of laboratory animals was followed.

Technical information. Identify the methods, apparatus (give manufacturer's name and address in parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods (see below); provide references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. Precisely identify all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration.

Authors submitting review manuscripts should include a section describing the methods used for locating, selecting, extracting, and synthesising data. These methods should also be summarised in the abstract.

Statistics. Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify the reported results. When possible, quantify findings and present them with appropriate indicators of measurement error or

uncertainty (such as confidence intervals). Avoid relying solely on statistical hypothesis testing, such as the use of P values, which fails to convey important information about effect size. References for the design of the study and statistical methods should be to standard works when possible (with pages stated). Define statistical terms, abbreviations, and most symbols. Specify the computer software used.

Results

Present your results in logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat in the text all the data in the tables or illustrations; emphasise or summarise only important observations. Extra or supplementary materials and technical detail can be placed in an appendix where it will be accessible but will not interrupt the flow of the text.

When data are summarised in the Results section, give numeric results not only as derivatives (*e.g.* percentages) but also as the absolute numbers from which the derivatives were calculated, and specify the statistical methods used to analyse them. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Avoid non-technical uses of technical terms such as "random" (which implies a randomising device), "normal," "significant," "correlations," and "sample."

Where scientifically appropriate, analyses of the data by variables such as age and sex should be included.

Discussion

Emphasise the new and important aspects of the study and the conclusions that follow from them. Do not repeat in detail data or other material given in the Introduction or the Results section. For experimental studies it is useful to begin the discussion by summarising briefly the main findings, then explore possible mechanisms or explanations for these findings, compare and contrast the results with other relevant studies, state the limitations of the study, and explore the implications of the findings for future research and for clinical practice.

Link the conclusions with the goals of the study but avoid unqualified statements and conclusions not adequately supported by the data. In particular, authors should avoid making statements on economic benefits and costs unless their manuscript includes economic data and analyses. Avoid claiming priority and alluding to work that has not been completed. State new hypotheses when warranted, but clearly label them as such.

Acknowledgments

At the end of the article, one or more statements should specify (1) contributions that need acknowledging but do not justify authorship, such as general support by a departmental chair, scientific adviser, critical review of the study, data collection; (2) acknowledgments of technical help; (3) acknowledgments of financial and material support.

Persons who have contributed intellectually to the paper but do not meet the criteria for authorship must have given their written permission to be named (Form C), because readers may infer their endorsement of the data and conclusions.

Technical help should be acknowledged in a paragraph separate from those acknowledging other contributions.

References

Although references to review articles can be an efficient way of guiding readers to a body of literature, they do not always reflect original work accurately. Readers should therefore be provided with direct references to original research sources whenever possible. On the other hand, extensive lists of references to original work on a

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topic can use excessive space on the printed page. Small numbers of references to key original papers will often serve as well as more exhaustive lists.

Avoid using abstracts as references. References to papers accepted but not yet published should be designated as “in press” or “forthcoming”; authors should obtain written permission to cite such papers as well as verification that they have been accepted for publication. Information from manuscripts submitted but not accepted should be cited in the text as “unpublished observations” with written permission from the source. State pages in books where applicable.

Avoid citing a “personal communication” unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text. For scientific articles, authors should obtain written permission and confirmation of accuracy from the source of a personal communication.

The references must be verified by the author(s) against the original documents.

References should be numbered consecutively in the order in which they are first mentioned in the text. Identify references in text, tables, and legends by Arabic numerals in parentheses. References cited only in tables or legends in figures should be numbered in accordance with the sequence established by the first identification in the text of a particular table or figure.

Use the style of the examples in Appendix 2, which are based on the formats used by the NLM in *Index Medicus*. The titles of journals should be abbreviated according to the style used in *Index Medicus*. Consult the *List of Journals Indexed in Index Medicus* (<http://www.nlm.nih.gov>).

Tables

Tables capture information concisely and display it efficiently; they also provide information at any desired level of detail and precision. Including data in tables rather than text frequently makes it possible to reduce the length of the text. On the other hand, use of too many tables in relation to the length of the paper may make layout difficult and interrupt flow of the text.

Type or print out each table with double spacing on a separate sheet. Do not submit tables as photographs. Number tables consecutively in the order of their first citation in the text and supply a brief title for each. Give each column a short or abbreviated heading. Place explanatory matter in footnotes, not in the heading. Explain in footnotes all non-standard abbreviations that are used in each table. For footnotes use the following symbols in this sequence: *, †, ‡, §, ||, ¶, **, ††, ...

Identify statistical measures of variations such as standard deviation and standard error of the mean.

Do not use internal horizontal and vertical rules.

Be sure that each table is cited in the text.

If you use data from another published or unpublished source, obtain permission and acknowledge fully.

The editors, on accepting a paper, may recommend that additional tables containing important back-up data too extensive to publish may be deposited with an archival service or made available by the authors. In that event, an appropriate statement may be added to the text. Submit such tables for consideration with the paper.

Illustrations

Illustrations will be printed in black and white; do not rely on colour for contrast when preparing bar graphs, pie charts and internal markers.

Figures should be professionally drawn and photographed; freehand drawings and typewritten lettering are unacceptable. Instead of original drawings, roentgenograms and other original material, send sharp, glossy black-and-white photographic prints, usually 127 x 173 mm (5 x 7 in) but no larger than 203 x 254 mm (8 x 10 in). Letters, numbers and symbols, should be clear and even throughout and of sufficient size that when reduced for publication each item will still be legible. Titles and detailed explanations belong in the legends for illustrations, not on the illustrations themselves.

Each figure should have a label pasted on its back indicating the number of the figure, author's name, and top of the figure. Do not write on the back of figures or scratch or mar them by using paper clips. Do not bend figures or mount them on cardboard.

Photomicrographs must have internal scale markers. Symbols, arrows or letters used in the photomicrographs should contrast with the background.

If photographs of persons are used, either the subjects must not be identifiable or their pictures must be accompanied by written permission to use the photograph.

Figures should be numbered consecutively in the order of first citation in the text. If a figure has been published, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. Permission is required irrespective of authorship or publisher, except for documents in the public domain.

Legends for Illustrations

Type legends for illustrations using double spacing, starting on a separate page, with Arabic numerals corresponding to the illustrations. When symbols, arrows, numbers or letters are used to identify parts of the illustration, identify and explain each one clearly in the legend. Explain the internal scale and identify the method of staining in micrographs.

Units of Measurement

Measures of length, height, weight and volume should be reported in metric units (metre, kilogram, litre) or their decimal multiples. Temperatures should be given in degrees Celsius. Blood pressures should be given in millimetres of mercury. All haematological and clinical chemistry measurements should be reported in terms of the International System of Units (SI).

Abbreviations and Symbols

Use only standard abbreviations. Avoid abbreviations in the title and abstract. The full term for which the abbreviation stands should precede its first use in the text unless it is a standard unit of measurement.

SENDING THE MANUSCRIPT TO THE JOURNAL

Manuscripts may be submitted electronically to journal@caa.asn.au as an attachment, in either Microsoft Word or Rich Text Format. Illustrations must **never** be embedded in the text; each should be attached as a separate .jpg or .tif file, identified as Figure 1, Figure 2, etc.

When submitting manuscripts by mail, send three clear copies of the manuscript in a heavy paper envelope, and three sets of figures, enclosed in cardboard, if necessary to prevent damage to photographs. Place photographs and transparencies in a separate heavy paper envelope. Send by security post to Chiropractic Journal of Australia, P.O. Box 748, Wagga Wagga NSW 2650, Australia.

Manuscripts will not be considered for publication before the following are received by mail:

- A covering letter signed by all co-authors disclosing any prior or duplicate publication or submission elsewhere of any part of the work.

- A statement that the manuscript has been read and approved by all authors, and that the requirements for authorship as previously stated in this document have been met and that each co-author believes that the manuscript represents honest work.
- Any additional information that may be helpful to the editors.
- An originally executed Letter of Transmittal (Form A), and if applicable, Model Release (Form B), Acknowledgement

Permission (Form C), permission to reproduce published material, and permission to report sensitive personal information.

REFERENCE

1. International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals. <http://www.icmje.org>, accessed 1 February 2008.

Appendix 1

STRUCTURED ABSTRACT COMPONENTS

ORIGINAL RESEARCH REPORT	LITERATURE REVIEWS META-ANALYSIS	CASE REPORTS
Objective Design Setting Patients/Participants Intervention Main Outcome Measure(s) Results Conclusion	Objective Data Sources Study Selection Data Extraction Data Synthesis Conclusion	Objective Clinical Features Intervention and Outcomes Conclusions

All sections of the structured abstract relevant to the type of article must be addressed in clear prose, using complete sentences, keeping in mind that section headings may be removed prior to publication, depending on type of article and editorial policy at the time.

Articles containing original data concerning the course (prognosis), cause (aetiology), diagnosis, treatment, prevention or economic analysis of a clinical disorder or an intervention to improve the quality of health care must include a structured abstract of no more than 250 words with the following headings and information:

Objective: State the main question or objective of the study and the major hypothesis tested, if any.

Design: Describe the design of the study, indicating, as appropriate, use of randomisation, blinding criteria, standards for diagnostic tests, temporal direction (retrospective or prospective), and so on.

Setting: Indicate the study setting, including the level of clinical care (for example, primary or tertiary, private practice or institutional).

Patients, Participants: State selection procedures, entry criteria and numbers of participants entering and finishing the study.

Interventions: Describe the essential feature of any interventions, including the method and duration of administration.

Main Outcome Measure(s): The primary outcome measures should be indicated as planned before data collection began. If the hypothesis being reported was formulated during or after data collection, this fact should be clearly stated.

Results: Describe measurements that are not evident from the nature of the main results and indicate any blinding. If possible, the results should be accompanied by confidence intervals (most often the 95% interval) and the exact level of statistical significance. For comparative studies, confidence intervals should relate to the difference between groups. Absolute values should be indicated when risk changes or effect sizes are given.

Conclusions: State only those conclusions that are directly supported by the data, along with their clinical application (avoiding over-generalisation) or where additional study is required before the information should be used in usual clinical settings. Equal emphasis must be given to positive and negative findings of equal scientific merit (further details can be obtained from Haynes RB *et al.* More informative abstracts revisited. *Ann Intern Med* 1990; 113:69-76).

Abstracts for review articles should have the following information:

Objectives: State the primary objective of the review article.

Data Sources: Describe the data sources that were searched, including dates, terms and constraints.

Study Selection: Identify the number of studies reviewed and the criteria used for their selection.

Data Extraction: Summarise guidelines used for abstracting data and how they were applied.

Data Synthesis: State the main results of the review and the methods used to obtain these results.

Conclusions: State primary conclusions and their clinical applications, avoiding over-generalisation. Suggest areas for additional research if needed.

Abstracts for case reports should have the following headings and information:

Objective: The objective describes what the case report attempts to accomplish. Is it presenting a rare case? Or, perhaps, it is describing an unusual response to treatment. Describe briefly the intent and import of the report.

Clinical Features: List the important clinical features of the condition discussed, including important physical findings, neurological and orthopaedic findings, radiographic or other imaging results and any other special studies performed.

Intervention and Outcome: Describe the type of care rendered to the patient and the ultimate response to therapy.

Conclusions: What was learned from the case? What did the author conclude, and what recommendations might be made?

EXAMPLES OF CORRECT FORMS OF REFERENCES

Articles in Journals

1. *Standard journal article*

List the first six authors followed by *et al.* (Note: NLM now lists up through 25 authors; if there are more than 25 authors, NLM lists the first 24, then the last author, then *et al.*)

Vega KJ, Pina I, Krevsky B. Heart transplantation is associated with an increased risk for pancreatobiliary disease. *Am J Intern Med* 1996 Jun 1;124(11):980-3.

As an option, if a journal carries continuous pagination throughout a volume (as many medical journals do) the month and issue number may be omitted (Note: For consistency, this option is used throughout the examples in Uniform Requirements. NLM does not use this option.)

Vega KJ, Pina I, Krevsky B. Heart transplantation is associated with an increased risk for pancreatobiliary disease. *Ann Intern Med* 1996;124: 980-3.

More than six authors:

Parkin DM, Clayton D, Black RJ, Masuyer E, Friedl HP, Ivanov E, *et al.* Childhood leukaemia in Europe after Chernobyl: 5 year follow-up. *Br J Cancer* 1996;73:1006-12.

2. *Organisation as author*

The Cardiac Society of Australia New Zealand. Clinical exercise stress testing. Safety and performance guidelines. *Med J Aust* 1996;164: 282-4.

3. *No author given*

Cancer in South Africa [editorial]. *S Afr Med J* 1994;84:15.

4. *Article not in English*

(Note: NLM translates the title to English, encloses the translation in square brackets, and adds an abbreviated language designator.)

Ryder TE, Haukeland EA, Solhaug JH. Bilateral infrapatellar seneruptur hos tiddligere frisk kvinne. *Tidsskr Nor Laegeforen* 1996;116:41-2.

5. *Volume with supplement*

Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. *Environ Health Perspect* 1994;102 Suppl 1: 275-82.

6. *Issue with supplement*

Payne DK, Sullivan MD, Massie MJ. Women's psychological reactions to breast cancer. *Semin Oncol* 1996;23(1 Suppl 2):89-97.

7. *Volume with part*

Ozben T, Nacitarhan S, Tuncer N. Plasma and urine sialic acid with non-insulin dependent diabetes mellitus. *Ann Clin Biochem* 1995;32(Pt 3):303-6.

8. *Issue with part*

Poole GH, Mills SM. One hundred consecutive cases of flap lacerations of the leg in ageing patients. *N Z Med J* 1994;107(986 Pt 1):377-8.

9. *Issue with no volume*

Turan I, Wredmark T, Fellander-Tsai L. Arthroscopic ankle arthrodesis in rheumatoid arthritis. *Clin Orthop* 1995;(320):110-4.

10. *No issue or volume*

Browell DA, Lennard TW. Immunologic status of the cancer patient and the effect of blood transfusion on antitumor responses. *Curr Opin Gen Surg* 1993;3:25-33.

11. *Pagination in Roman numerals*

Fisher GA, Sikic BI. Drug resistance in clinical oncology and hematology. Introduction. *Hematol Oncol Clin North Am* 1995 Apr;9(2): xi-xii.

12. *Type of article indicated as needed*

Enzenberger W, Fischer PA. Metronome in Parkinson's disease [letter]. *Lancet* 1996;347:1337.

Clement J, De Bock R. Hematological complications of hantavirus nephropathy (HVN) [abstract]. *Kidney Int* 1992;42:1285.

13. *Article containing retraction*

Garey CE, Schwarzman AL, Rise ML, Seyfried TN. Ceruloplasmin gene defect associated with epilepsy in EL mice [retraction of Garey CE, Schwarzman AL, Rise ML, Seyfried TN. In: *Nat Genet* 1994;6: 426-31]. *Nat Genet* 1995;11:104.

14. *Article retracted*

Liou GI, Wang M, Matrogoon S. Precocious IRBP gene expression during mouse development [retracted in *Invest Ophthalmol Vis Sci* 1994;35:3127]. *Invest Ophthalmol Vis Sci* 1994;35:1083-8.

15. *Article with published erratum*

Hamlin JA, Kahn AM. Herniography in symptomatic patients following inguinal hernia repair [published erratum appears in *West J Med* 1995;162:278]. *West J Med* 1995;162:28-31.

Books and Other Monographs

Note: Previous Vancouver style incorrectly had a comma rather than a semicolon between the publisher and the date.

16. *Personal author*

Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmare Publishers; 1996.

17. *Editor, compiler as author*

Norman IJ, Redfern IJ, editors. Mental health care for elderly people. New York: Churchill Livingstone; 1996.

18. *Organisation as author and publisher*

Institute of Medicine (US). Looking at the future of the Medicaid program. Washington: The Institute; 1992.

19. *Chapter in a book*

Note: Previous Vancouver style had a colon rather than a p before pagination.

Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. Hypertension: pathophysiology, diagnosis, and management. 2nd ed. New York: Raven Press; 1995. p. 465-78.

20. *Conference proceedings*

Kimura J, Shibasaki H, editors. Recent advances in clinical neurophysiology. Proceedings of the 10th International Congress of EMG and Clinical Neurophysiology; 1995 Oct. 15-19; Kyoto, Japan. Amsterdam: Elsevier; 1996.

21. *Conference paper*

Bengtsson S, Solheim BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics; 1992 Sep. 6-10; Geneva, Switzerland. Amsterdam: North-Holland; 1992. p. 1561-5.

22. *Scientific or technical report*

Issued by funding/sponsoring agency:

Smith P, Golladay K. Payment for durable medical equipment billed during skilled nursing facility stays. Final report. Dallas (TX): Dept. of Health and Human Services (US), Office of Evaluation and Inspections; 1994 Oct Report No.: HHSI-GOEI69200860.

Issued by performing agency:

Field MJ, Tranquada RE, Feasley JC, editors. Health services research: work force and educational issues. Washington: National Academy Press; 1995. Contract No.: AH-CPR282942008. Sponsored by the Agency for Health Care Policy and Research.

23. *Dissertation*

Kaplan SJ. Post-hospital home health care: the elderly's access and utilization [dissertation]. St Louis (MO): Washington Univ.; 1995.

24. *Patent*

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