



## Instructions to authors

- All authors' names should be submitted with their affiliation.
- One author, designated as the corresponding author with contact details (email address and full postal address)
- All submitted manuscripts shall be in 11 pt Times New Roman, 1.5 line spaced and with page numbering. Please do not embed the figures in text. Instead, have figures and tables at the end of the submitted manuscript on separate pages. Figure legends also are included in the submitted manuscript on separate pages. For high resolution graphs, separate labeled files can be attached to the submitted manuscript.

### Reference style

**Text:** Indicate references by number(s) in square brackets in line with the text. The actual authors can be referred to, but the reference number(s) must always be given.

**List:** Number the references (numbers in square brackets) in the list in the order in which they appear in the text.

Format the references in compliance with the recommended style for this journal:

Last name, initial, full paper title, journal full name, year, volume (number) first and last page.

Examples:

*Reference to a journal publication:*

[1] Paivio A, Jansen B, Becker LJ. Comparisons through the mind's eye. *Cognition* 1975;37(2):635–47.

[2] Ulbrich SE, Kettler A, Einspanier R. Expression and localization of estrogen receptor  $\alpha$ , estrogen receptor  $\beta$  and progesterone receptor in the bovine oviduct in vivo and in vitro. *J Steroid Biochem Mol Biol* 2003;84(2–3):279–289.

*Reference to a book:*

[3] Letheridge S, Cannon CR, editors. *Bilingual education: teaching English as a second language*. New York: Praeger; 1980.

*Reference to a chapter in an edited book:*

[4] Strunk Jr W, White EB. *The elements of style*. 3rd ed. New York: MacMillan; 1979 [chapter 4].

*Reference to a conference (only abstracts 2-page long may serve as references):*

[5] Douglass F, Ball Th. Tracking and viewing changes on the web. In: *Proc. 1996 USENIX technical conference*; 1996.

*Reference to a Dataset*

[6] [dataset] Oguro M, Imahiro S, Saito S, Nakashizuka T. Mortality data for Japanese oak wilt disease and surrounding forest compositions, Mendeley Data, v1; 2015. <http://dx.doi.org/10.17632/xwj98nb39r.1>.

## 1. Case report

- Case reports should have a maximum of four authors, of which at least one must have been involved in the patient's care (attending physician/clinical preceptor).
- For full case reports we recommend a maximum of 2000 words (excluding abstract and references).
- All case reports must be accompanied with a signed statement by the attending physician that a patient consent has been obtained to publish the data/case. No patient identification is permitted in any shape or form including the diagnostic images if any.
- Declaration of competing/conflicting interest if any
- Structure (adopted from Heart Views. 2017 Jul-Sep; 18(3): 104–105.):
  - Abstract

The abstract should summarize the case, the problem it addresses, and the message it conveys. Abstracts of case studies are usually very short, preferably not more than 150 words.
  - Introduction

The introduction gives a brief overview of the problem that the case addresses, citing relevant literature where necessary. The introduction generally ends with a single sentence describing the patient and the basic condition that he or she is suffering from.
  - Case

This section provides the details of the case in the following order:

    - Patient description
    - Case history
    - Physical examination results
    - Results of pathological tests and other investigations
    - Treatment plan
    - Expected outcome of the treatment plan
    - Actual outcome

The author should ensure that all the relevant details are included and unnecessary ones excluded.
  - Discussion

This is the most important part of the case report; the part that will convince the journal that the case is publication worthy. This section should start by expanding on what has been said in the introduction, focusing on why the case is noteworthy and the problem that it addresses. This is followed by a summary of the existing literature on the topic. (If the journal specifies a separate section on literature review, it should be added before the Discussion). This part describes the existing theories and research findings on the key issue in the patient's condition. The review should narrow down to the source of confusion or the main challenge in the case. Finally, the case report should be connected to the existing literature, mentioning the message that the case conveys. The author should explain whether this corroborates with or detracts from current beliefs about the problem and how this evidence can add value to future clinical practice.
  - Conclusion

A case report ends with a conclusion or with summary points, depending on the journal's specified format. This section should briefly give readers the key points covered in the case report. Here, the author can give suggestions and recommendations to clinicians, teachers, or researchers. Some journals do not want a separate section for the conclusion: it can then be the concluding paragraph of the Discussion section.
  - References (maximum of 10)

## **2. Minireview (Clin-IQ manuscript)**

Maximum of 2500 words (excluding abstract and references)

Structure:

- Titles
- Authors names and affiliation
- Corresponding author and contact information
- Abstract: summarizes the purpose of the minireview
- Keywords
- Clinical question
- Summary of the issues: Address the health problem, prevalence etc.
- Summary of evidence: Describe work that has been don. Organize into paragraphs that discuss each aspect or important findings.
- Conclusion
- Acknowledgement
- Conflicts of interest
- References (limit to 15)

## **3. Invited articles**

Follow the same structure as Clin-IQ articles but Maximum word count is 5000 and references are limited to 30.

### **Electronic submission**

All manuscripts and attached figures, supplemental material, need to be submitted to: [AJOM@arosteopathic.org](mailto:AJOM@arosteopathic.org)

## AJOM Publication Cost

### Medical students

ARCOM students	Waived
Other medical colleges	\$200
Non-AR medical colleges	\$300

### Resident physicians

ARCOM alumni	\$100
Other AR alumni	\$200
Non-AR alumni	\$300

### Invited articles

No cost