

Journal of Trauma and Acute Care Surgery

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Associate Editors: David B. Hoyt, M.D., Ronald V. Maier, M.D., and Steven R. Shackford, M.D.

INSTRUCTIONS FOR AUTHORS

I. ABOUT THE JOURNAL

◆ SCOPE ◆

The *Journal of Trauma and Acute Care Surgery* is a peer-reviewed, multidisciplinary journal directed to an audience of trauma physicians. The *Journal* welcomes submissions from all sources and all countries that contribute to the scientific knowledge of the management of trauma, emergency surgery, and the care of critically ill patients.

◆ EDITORIAL POLICIES ◆

Ethical & Legal Considerations

A submitted manuscript must be an original contribution not previously published (except as an abstract or a preliminary report), must not be under consideration for publication elsewhere, and, if accepted, must not be published elsewhere in similar form, in any language, without the consent of Lippincott Williams & Wilkins. Each author must have contributed significantly to, and be willing to take public responsibility for, one or more aspects of the study: its design, data acquisition, and analysis and interpretation of data. All authors must have been actively involved in the drafting and critical revision of the manuscript, and each must provide final approval of the version to be published. Individuals who have contributed to only one section of the manuscript or have contributed only clinical cases should be credited in an acknowledgement footnote.

Although the editors and referees make every effort to ensure the validity of published manuscripts, the final responsibility rests with the authors, not with the *Journal*, its editors, or the publisher. Authors must submit manuscripts on-line through the *Journal's* website at www.editorialmanager.com/jt. Submission instructions are listed in the *Manuscript Submission* section below.

Patient Anonymity and Informed Consent

It is the author's responsibility to ensure that a patient's anonymity is carefully protected, to verify that any experimental investigation with human subjects reported in the manuscript was performed with informed consent, and follows all the guidelines for experimental investigation with human subjects required by the institution(s) with which all the authors are affiliated.

Authors are asked to comply with the U.S. Department of Health and Human Services' HIPAA Privacy Rule, and particularly those provisions concerned with the protection of health information in research (more information can be found at <http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/research/>). Authors should mask patients' eyes and remove patients' names from figures, unless they obtain written consent from the patients and submit written consent with the manuscript.

Accessibility & Compliance with Research Funding Agencies

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 Copyright Transfer/Public Access Policy/Financial Disclosure form completed and signed with each submission provides the mechanism.

Permissions

Authors must submit written permission from the copyright owner (usually the publisher) to use direct quotations, tables, or illustrations that have appeared in copyrighted form elsewhere, along with complete details about the source. Any permission fees that might be required by the copyright owner are the responsibility of the authors requesting use of the borrowed material; not the responsibility of Lippincott Williams & Wilkins.

Research Integrity

The *Journal of Trauma and Acute Care Surgery* requests that authors take note of and adhere to guidelines established by the U.S. Department of Health and Human Services Office of Research Integrity (<http://ori.dhhs.gov/>). The Journal itself is a member of the Committee on Publication Ethics (COPE) (<http://publicationethics.org/>), and editors will investigate suspected instances of scientific fraud, inappropriate image manipulation, plagiarism, duplicate publication and other cases that violate research ethics. Depending on the outcome of these investigations, the journal may decide to publish errata, or, in cases of serious scientific misconduct, ask authors to retract their paper or to impose retraction on them.

If an important error is made by the author(s) or journal, please contact the editorial office to initiate production of a formal erratum.

II. MANUSCRIPT PREPARATION

Manuscripts that do not adhere to the following instructions will be returned to the corresponding author for technical revision before undergoing peer review.

◆ STUDY QUALITY GUIDELINES ◆

The *Journal of Trauma and Acute Care Surgery* respectfully requests that its prospective authors follow international reporting standards when documenting study methods. To find guidelines for a particular study design, please consult the resources below or see the [EQUATOR Network's library of reporting guidelines](#).

Reporting Clinical Trials

The *Journal* follows the WHO definition of a clinical trial:

"A clinical trial is any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes. Interventions include but are not restricted to drugs, cells and other biological products, surgical procedures, radiologic procedures, devices, behavioural treatments, process-of-care changes, preventive care, etc."

The Journal supports the position of the International Committee of Medical Journal Editors (ICMJE) on trial registration. All trials initiated after 1 July 2005 must be registered prospectively in a publicly accessible registry (i.e., before patient recruitment has begun), or they will not be considered for publication. **Authors must state the registry in the first paragraph of the Methods section of the manuscript.** As of January 1, 2008, all clinical trials involving investigational drugs supported by a pharmaceutical company or investigational devices supported by a device manufacturer must be registered at the time that a manuscript is submitted for publication. As of January 1, 2009, all clinical trials involving investigational drugs or devices supported by a pharmaceutical firm or device manufacturer that began after January 1, 2008 must be registered prior to patient enrollment.

For more information, please see the ICMJE's FAQ on trial registration and the WHO's list of approved registries at <http://www.who.int/ictrp/network/primary/en/index.html>.

Authors of trials must adhere to the CONSORT reporting guidelines appropriate to their trial design. Please check the [CONSORT statement website](#) for information on the appropriate guidelines for specific trial types. Before the paper can enter peer review authors must:

- 1) provide the trial name as it appears in the registry, trial registration number, and IRB number
and
- 2) provide a copy of the trial protocol and a completed CONSORT checklist as supporting files (these documents will also be published alongside the paper, if accepted).

The CONSORT flow diagram must be included as a figure. Any deviation from the trial protocol must be explained in the paper. Authors must explicitly discuss informed consent in their paper, and the *Journal's* editorial office reserves the right to ask for a copy of the patient consent form(s). Information on statistical methods or participants beyond what is indicated in the CONSORT statement should be reported in the Methods section.

The *Journal* supports the public disclosure of all clinical trial results, as mandated for example by the FDA Amendments Act, 2007. Prior disclosure of results on a public Web site such as clinicaltrials.gov will not affect the decision to peer review or accept papers at the *Journal of Trauma and Acute Care Surgery*.

Systematic Reviews and Meta-Analyses

Reports of systematic reviews and meta-analyses should use the [PRISMA statement](#) as a guide, and include a completed PRISMA checklist and flow diagram to accompany the main text. Blank templates of the checklist and flow diagram can be downloaded from the [PRISMA website](#). Authors must also state within the Methods section of their paper whether a protocol exists for their systematic review, and if so, provide a copy of the protocol as supporting information. The journal supports the prospective registration of systematic reviews. Authors whose systematic review was prospectively registered (e.g. in a registry such as [PROSPERO](#)) should also provide the registry number in their abstract. Registry details and protocols will be made available to editors and reviewers, and included alongside the paper for readers if the report is ultimately published.

Reporting Diagnostic Studies

Reports of studies of diagnostic accuracy should conform to the [STARD requirements](#).

Reporting Observational Studies

For reports of observational studies (cohort, case-control, or cross-sectional designs), please consult the [STROBE statement](#) and submit with their protocols.

Reporting Microarray Experiments

Reports of microarray experiments should conform to the [MIAME guidelines](#), and the data from the experiments must be deposited in a publicly accessible database.

◆ LEVELS OF EVIDENCE ◆

Beginning with papers submitted 1 September 2011, the *Journal of Trauma and Acute Care Surgery* requires authors to describe their study type and include an assessment of their conclusion(s) using a Levels of Evidence rating at the end of their abstract. To determine the level under which a study falls, please consult the [table provided by the Oxford Centre for Evidence-Based Medicine](#) or the following:

Journal of Trauma and Acute Care Surgery
Levels of Evidence Guidelines

Types of Studies

Level	Therapeutic Studies — Investigating the Results of Treatment	Prognostic Studies — Investigating the Effect of a Patient Characteristic on the Outcome of Disease	Diagnostic Studies — Investigating a Diagnostic Test	Economic and Decision Analyses — Developing an Economic or Decision Model
Level I	<ul style="list-style-type: none"> • High-quality randomized controlled trial with statistically significant difference or no statistically significant difference but narrow confidence intervals • Systematic review² of Level-I randomized controlled trials (and study results were homogeneous³) 	<ul style="list-style-type: none"> • High-quality prospective study⁴ (all patients were enrolled at the same point in their disease with ≥80% follow-up of enrolled patients) • Systematic review² of Level-I studies 	<ul style="list-style-type: none"> • Testing of previously developed diagnostic criteria in series of consecutive patients (with universally applied reference "gold" standard) • Systematic review² of Level-I studies 	<ul style="list-style-type: none"> • Sensible costs and alternatives; values obtained from many studies; multiway sensitivity analyses • Systematic review² of Level-I studies
Level II	<ul style="list-style-type: none"> • Lesser-quality randomized controlled trial (e.g., <80% follow-up, no blinding, or improper randomization) • Prospective⁴ comparative study⁷ • Systematic review² of Level-II studies or Level-I studies with inconsistent results 	<ul style="list-style-type: none"> • Retrospective⁶ study • Untreated controls from a randomized controlled trial • Lesser-quality prospective study (e.g., patients enrolled at different points in their disease or <80% follow-up) • Systematic review² of Level-II studies 	<ul style="list-style-type: none"> • Development of diagnostic criteria on basis of consecutive patients (with universally applied reference "gold" standard) • Systematic review² of Level-II studies 	<ul style="list-style-type: none"> • Sensible costs and alternatives; values obtained from limited studies; multiway sensitivity analyses • Systematic review² of Level-II studies
Level III	<ul style="list-style-type: none"> • Case-control study⁷ • Retrospective⁶ comparative study⁵ • Systematic review² of Level-III studies 	<ul style="list-style-type: none"> • Case-control study⁷ 	<ul style="list-style-type: none"> • Study of nonconsecutive patients (without consistently applied reference "gold" standard) • Systematic review² of Level-III studies 	<ul style="list-style-type: none"> • Analyses based on limited alternatives and costs; poor estimates • Systematic review² of Level-III studies
Level IV	Case series	Case series	<ul style="list-style-type: none"> • Case-control study • Poor reference standard 	<ul style="list-style-type: none"> • No sensitivity analyses
Level V	Expert opinion	Expert opinion	Expert opinion	Expert opinion
1. A complete assessment of the quality of individual studies requires critical appraisal of all aspects of the study design.				
2. A combination of results from two or more prior studies.				
3. Studies provided consistent results.				
4. Study was started before the first patient enrolled.				
5. Patients treated one way compared with patients treated another way at the same institution.				
6. Study was started after the first patient enrolled.				
7. Patients identified for the study on the basis of their outcome, which are called "cases," are compared with those who did not have the outcome, called "controls."				
8. Patients treated one way with no comparison group of patients treated another way.				

*This chart was adapted from material published by the Centre for Evidence-Based Medicine, Oxford, UK.
For more information, please see www.cebm.net.*

◆ REQUIRED COMPONENTS ◆

Conflicts of Interest Statement

Authors must state all possible conflicts of interest in the manuscript, 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 in the manuscript. 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.” For example:

Conflicts of Interest and Source of Funding: “Author A” has received honoraria from “Company 1.” “Author B” is currently receiving a grant (#12345) from “Organization Y,” and is on the speaker’s bureau for “Organization X” – the CME organizers for Company 1. For the remaining authors none were declared.

Copyright Transfer Form

In addition, 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). The form is readily available on the manuscript submission page <http://www.editorialmanager.com/jt/> and can be completed and submitted electronically. Please note that authors may sign the copyright transfer agreement form electronically. For additional information about electronically signing this form, go to <http://links.lww.com/ZUAT/A106>.

Protection of Human Subjects & Animals in Research

For original articles in the *Journal* that report on research involving animals, the corresponding author must confirm that all experiments were performed in accordance with relevant guidelines and regulations (i.e. IACUC guidelines and federal regulations). The manuscript must include a statement identifying the institutional and/or licensing committee approving the experiments, along with any relevant details. When documenting animals studies, we recommend adhering to the ARRIVE reporting guidelines ([PLoS Bio 8\(6\), e1000412,2010](https://doi.org/10.1371/journal.pbio.1000412)).

When reporting experiments on human subjects, authors must identify the IRB committee approving the experiments, and include with their submission a statement confirming that informed consent was obtained from all subjects. If no legally informed consent can be obtained, such as in research carried out with human subjects receiving emergency treatment, authors should indicate that a waiver of regulatory requirements for obtaining and documenting informed consent applies (in accordance with the federal guidance at <http://www.hhs.gov/ohrp/policy/hsdc97-01.html>). More information regarding the journal’s standards on protecting the welfare of human subjects in research can be accessed from the U.S. Department of Health and Human Services Office for Human Research Protections (<http://www.hhs.gov/ohrp/>).

III. MANUSCRIPT TYPES AND CONTENT LIMITS

Please review the following descriptions of manuscript types and the required article lengths, illustrations and table limits, and references counts. Manuscripts should be as succinct as possible.

Manuscript Type	Abstract Style	Word Limit	Figure/ Table Limit	Reference Limit	SDC* Accepted?
Original Articles	Structured	3,000	6	40	Yes
Review Articles	None	5,000	8	100	Yes
Guidelines	None	5,000	8	100	Yes
Current Opinions	None	2,000	6	40	Yes
Procedures and Techniques	None	2,000	6	20	Yes
Brief Reports	Structured	2,000	6	20	Yes
Letters to the Editor	None	1000	0	5	No
Special Reports†	None	3,000	6	40	Yes
Editorial Critique†	None	300	0	0	No
Book Reviews†	None	500	0	0	No

* *Supplemental Digital Content*

† *Solicited by the editor only*

Original Articles

Original articles contain original clinical or laboratory investigations. These articles should include a clearly stated objective and hypothesis and information on study design and methodology, participation, interventions, outcome measurements, and study results. A discussion section should place the paper in context with related studies and the conclusions should be supported by the data presented. Authors must indicate level of evidence as outlined in the Instructions to Authors.

Review Articles

Review articles provide a critical assessment of the literature pertaining to a specific topic and synthesize the data to provide an overview of our current understanding of the subject. The article should describe the data selection process and information on study design, population, intervention, and outcome. Review Articles should highlight areas of consensus as well as controversy.

Guidelines

These articles represent consensus-based clinical practice guidelines with appropriate references to support the recommendations. Recommendations should be graded to indicate the level of evidence.

Current Opinions

These papers present the unique perspectives of contributors in articles that are not rigorously scientific and may include topics indirectly related to clinical practice or laboratory investigations that are of special interest to the readership.

Procedures and Techniques

These papers describe clinical or experimental experiences that demonstrate innovative uses of technology, unusual applications of routine therapies, or novel approaches to common problems.

Brief Reports

Brief reports provide short descriptions of clinical or laboratory research observations but are not full-fledged research papers used to test hypotheses. Brief Reports may provide observations that point to further study or report on the use of new technologies.

Special Reports

Special reports are solicited by the Editor-in-Chief and directed to knowledgeable experts in a particular field.

Editorial Critique

A brief editorial critique of Original Articles is occasionally solicited by the Editor or submitted by the Association from a meeting where the paper was presented.

Letters to the Editor

Letters submitted to the Editor should contain a brief and thoughtful analysis of an original article. Please note that selected letters will be published at the Editor's discretion. References, if appropriate, can be provided.

IV. NECESSARY FILES FOR SUBMISSION

1. Copyright Transfer/Financial Disclosure Form

- All authors must complete, sign, and submit a Copyright Transfer/Public Access Policy/Financial Disclosure form with their submission before the editorial review process will begin.

2. Cover Letter – Your cover letter should include:

- Full title
- Type of paper
- Include a Category, if previously submitted or is going to be presented at a conference
- Confirmation that your submission has not been published elsewhere
- The Corresponding Author's contact information
- **For Revisions – Your Cover Letter must include a point-by-point discussion** to address each of the reviewer's comments. See **SUBMITTING A REVISED SUBMISSION** section below for details.

3. Title Page - The Title Page should include:

- Complete manuscript title
- Short title (running head) of not more than 45 characters
- Authors' full names, highest academic degrees, and affiliations
- e-mail addresses for all authors (please provide telephone numbers or mailing addresses for authors who do not have e-mail addresses)
- Name and address for correspondence, including fax number, telephone number, and e-mail address
- Address for reprints, if different from that of corresponding author
- Conflict of interest statement detailing all sources of support, including pharmaceutical and industry support. If no conflicts are declared, this must also be stated.
- List of meetings at which the paper was presented, if any
- The title page must also include disclosure of funding received for this work from any of the following organizations: National Institutes of Health (NIH); Wellcome Trust; and Howard Hughes Medical Institute (HHMI)

4. Structured Abstract with Key Words (when required) – Please:

- Submit your abstract as a separate file.
- Limit the abstract to 300 words.
- Do not cite references in the abstract.
- Limit the use of abbreviations and acronyms.
- Use the following subheads: Background, Methods, Results, Conclusions, and Level of Evidence.

- List three to five keywords.

5. Text – Your manuscript must include:

- **Four main headings (for content with structured abstracts):** Background, Methods, Results, and Discussion.
- Define abbreviations at first mention in text and in each table and figure. If a brand name is cited, supply the manufacturer's name and address (city and state/country).
- Please include a statement detailing the contribution each author made to the study – e.g. literature search, study design, data collection, data analysis, data interpretation, writing, figures, etc. – under a separate heading entitled **Author Contributions** and place before the references.
- **Acknowledgments** may also be included.
- All reference citations must be cited sequentially within the article and in the references.
- Follow the limits for the maximum number of words, tables and references for your manuscript type.

V. STYLE AND FORMATTING GUIDELINES

◆ GENERAL FORMATTING GUIDELINES ◆

Please submit your manuscript in:

- 12 point Times New Roman, 1-inch margins, double-spaced, and all pages numbered
- MS Word file format
- Tables and figures cannot be embedded within the text
- Tables can be included at the end of the document
- Figures must be submitted as separate files in MS Word, PowerPoint, or TIF file formats
- Photos should be submitted in TIF file format. Please crop out any patient identifiers, unwanted text, and excessive white space.
- Diagrams, drawings and graphs must have a resolution of at least 1200 dpi (dots per inch).
- For photographs and radiographs with text, set the resolution to at least 600 dpi.
- Photographs, radiographs and other halftone images must have a resolution of at least 300 dpi. Please save color images in CMYK mode (**not** RGB).
- Do not submit ASCII text files
- Do not use automatic numbering or footnotes for references

◆ FIGURES ◆

- All figures must be submitted in a separate file from the text file
- List figures numbers, consecutively, within the text and online submissions
- Figure labels should include figure number, or figure parts, title of figure, with brief and specific descriptions (if any)
- Lettering should be large enough that it will remain legible after figure reduction
- Figure parts (A, B, C) may be left unlabeled (but clearly marked in the figure legend) for design layout by the *Journal's* publisher
- For detailed information concerning figure specifications, please see [V. Creating Digital Artwork](#) below.

Figure Legends

- Include legends for all figures in the figure file
- They should appear on a separate page before the actual figures
- They should be brief and specific
- For electron micrographs, please use scale markers in the image and indicate the type of stain used

Color Figures

- Color figures are accepted that will enhance an article
- Authors who submit color figures will receive an estimate of the cost for color reproduction
- If authors decide not to pay for color reproduction, they can request that the figures be converted to black and white at no charge

Tables

- Use the table creating/editing features in MSWord or WordPerfect
- Do not embed tables within the body of the manuscript
- Do not use Excel or comparable spreadsheet programs
- Group all tables in a separate file or at the end of the text
- Cite tables consecutively in the text
- Each table must appear on a separate page and should include the table title, appropriate column heads, and explanatory legends (include definitions of any abbreviations used)
- Tables should be self-explanatory and supplement, rather than duplicate, the material in the text

◆ HOUSE STYLE ◆

- Pattern manuscript style after the American Medical Association Manual of Style (10th edition)
- Stedman's Medical Dictionary (27th edition) and Merriam Webster's Collegiate Dictionary (10th edition) should be used as standard references
- Refer to drugs and therapeutic agents by their accepted generic or chemical names; do not abbreviate them
- Use code numbers only when a generic name is not yet available. In that case, it is required to supply the chemical name and a figure giving the chemical structure of the drug
- Copyright or trade names of drugs should be capitalized and placed in parentheses after the name of the drug
- Names and locations (city and state in USA; city and country outside USA) of manufacturers of drugs, supplies, or equipment cited in a manuscript are required to comply with trademark law and should be provided in parentheses
- Units of measure should be expressed in the metric system
- Temperatures should be expressed in degrees Celsius
- Conventional units should be written as SI units, as appropriate

Abbreviations

- Write out the full term for each abbreviation at its first use, unless it is a standard unit of measure
- For a list of standard abbreviations, consult the Council of Biology Editors Style Guide (available from the Council of Science Editors, 9650 Rockville Pike, Bethesda, MD 20814) or other standard editorial resources

References

- The authors are responsible for the accuracy of the references
- References must be (double-spaced) at the end of the manuscript
- Cite the references in text in the order of appearance
- Cite unpublished data—such as papers submitted, but not yet accepted for publication and personal communications, including e-mail communications—in parentheses in the text.
- Please list all authors. However, if a reference contains more than ten contributors, name only the first ten authors and then use et al. If a reference cites a consortium or multi-center trials group, list up to ten authors followed by et al. and the official name of the study group. Refer to the List of Journals Indexed in Index Medicus for abbreviations of journal names, or access the list at <http://www.nlm.nih.gov/tsd/serials/lji.html>.

Sample references are given below:

Journal article

1. Teixeira PG, Inaba K, Shulman I, Salim A, Demetriades D, Brown C, Browder T, Green D, Rhee P. Impact of plasma transfusion in massively transfused trauma patients. *J Trauma*. 2009;66:693-697.
2. Burlew CC, Moore EE, Cuschieri J, Jurkovich GJ, Codner P, Crowell K, Nirula R, Haan J, Rowell SE, Kato CM, et al. and the WTA Study Group. Sew it Up! A Western Trauma Association Multi-Institutional Study of Enteric Injury Management in the Postinjury Open Abdomen. *J Trauma*. 2011;70:273-277.

Journal article Epub Ahead of Print

Ogilvie MP, Pereira BM, Ryan ML, Gomez-Rodriguez JC, Pierre EJ, Livingstone AS, Proctor KG. Bispectral index to monitor propofol sedation in trauma patients. *J Trauma*. Epub 2011 Jul 15.

Book chapter

Neff LP and Chang MC. Hemodynamic Management and Shock. In: Flint L, Meredith JW, Schwab CW, Trunkey DD, Rue L, Taheri PA. eds. *Trauma: Contemporary Principles and Therapy*. Philadelphia, PA: Lippincott Williams & Wilkins; 2008:675-683.

Entire book

Peitzman AB, Rhodes M, Schwab CW, Yealy DM, Fabian TC. *Trauma Manual: Trauma and Acute Care Surgery*. Philadelphia, PA: Lippincott Williams & Wilkins; 2007.

Database

National Center for Injury Prevention and Control (NCIPC). National Violent Death Reporting System. Available at: <http://www.cdc.gov/ViolencePrevention/NVDRS/index.html>. Centers for Disease Control and Prevention. Atlanta, GA. Accessed August 15, 2011.

Web Sites

National Heart Lung and Blood Institute. Body Mass Index (BMI) Calculator. Available at: <http://www.nhlbisupport.com/bmi>. Accessed August 15, 2011.

V. CREATING DIGITAL ARTWORK

Please refer to **Creating Digital Artwork (PDF)**, located on the home page at <http://www.editorialmanager.com/jt>. The PDF document contains instructions and advice on how to use the system, guidance on the creation/scanning and saving of electronic art, and supporting documentation

To ensure the highest-quality reproduction of figures, please follow these guidelines carefully. Please also note that the *Journal of Trauma and Acute Care Surgery* is not responsible for the quality of images in print; it is the responsibility of authors to submit publication-quality, high-resolution images. If you have questions, consult a graphics specialist.

◆ CREATING AND SAVING FILES ◆

- Figure art should be created, saved, and submitted as either a TIFF or EPS file.
- Each file should be saved as the figure number that is referenced in the manuscript's text (e.g. Figure 1). Please do not include author identifiers in the file name.
- Art should be created and/or scaled to the size intended for print.
- Image orientation should be the same as that intended for print.
- Artwork generated in office suite programs (CorelDraw, MS Work, MS PowerPoint) and artwork downloaded from the internet (low-resolution JPEG or GIF files) **cannot be used**.

◆ FORMATTING ◆

- TIFF and EPS are the only file formats appropriate for figures.
- All figures must be saved as GRAYSCALE (black and white) or CMYK (color).
- Electronic photographs, radiographs, CT scans, and scanned images must have a resolution of at least 300 dpi (dots per inch).
- Line art (pure black and white figures with no shades of gray) must have a resolution of at least 1200 dpi.
- Digital image files should be cropped to remove non-printing borders, such as extended white or black space framing an image.
- Figures that do not meet these resolution requirements will be returned if submitted.
- To check the suitability of your figures for print publication, go to <http://dx.sheridan.com/>.

◆ SUBMITTING FIGURES ◆

- Attach a separate file for each individual art submission.
- Figures must be labeled using the Description field provided in the Attach Files section (e.g. Figure 1, Figure 2). This will label each figure in the PDF generated by Editorial Manager.
- Editorial Manager will automatically perform a quality check of all figures submitted. However, please note that PPT files will mistakenly “pass” this QC; they will be returned by the editorial office staff if submitted.
- Carefully review the PDF conversion of your submitted files to ensure that figures upload without error and appear as intended.

◆ FIGURE LEGENDS ◆

- Legends for all figures should be brief, specific, and appear on a separate page at the end of the manuscript, following the list of references.
- Legends must be numbered consecutively. Indicate corresponding figure numbers. All symbols or abbreviations appearing in an illustration must be defined in the legend.
- Credit for any previously published illustration must be given in the corresponding legend.
- For further information on figure legend formatting, please consult the AMA Manual of Style: A Guide for Authors and Editors, 10th Edition.

VI. SUPPLEMENTAL DIGITAL CONTENT

Authors of appropriate manuscript types may submit Supplemental Digital Content (SDC) to enhance their article's text and to be considered for online-only posting.

- SDC may include the following types of content: text documents, graphs, tables, figures, graphics, illustrations, audio, and video
- Cite all Supplemental Digital Content consecutively in the text
- Citations should include:
 - the type of material submitted,
 - should be clearly labeled as "Supplemental Digital Content or (SDC)",
 - should include a sequential number,
 - should provide a brief description of the SDC.
- Please provide a legend of SDC at the end of the text
- List each legend in the order in which the material is cited in the text
- The legends must be numbered to match the citations from the text
- Include a title and a brief summary of the SDC content
- For audio and video files, please include:
 - the author name,
 - videographer,
 - participants,
 - length (minutes),
 - and size (MB).
- Authors must mask patients' eyes and remove patients' names from supplemental digital content unless they obtain written consent from the patients and submit written consent with the manuscript
- Copyright Transfer/Public Access Policy/Financial Disclosure and Permission forms for article content including SUPPLEMENTAL DIGITAL CONTENT must be completed at the time of submission in order for your submission to be considered for editorial review.

◆ DIGITAL FILE SIZE & TYPE ◆

- Maximum file size for all supplemental digital content: 10 MB each
- Documents, graphs, and tables may be presented in any format
- Figures, graphics, and illustrations may be submitted with the following file extensions: .tif, .eps, .ppt, .jpg, .pdf, .gif.
- Audio files may be submitted with the following file extensions: .mp3, .wma
- Video files may be submitted with the following file extensions: .wmv, .mov, .qt, .mpg, .mpeg, .mp4
- Video files should also be formatted with a 320 X 240 pixel minimum screen size
- For more information, please review LWW's requirements for submitting supplemental digital content: <http://links.lww.com/A142>

VII. MANUSCRIPT SUBMISSION

All manuscripts must be submitted through the web-based tracking system at <http://www.editorialmanager.com/jt/>.

◆ FIRST-TIME USERS ◆

Please click the *Register* button at <http://www.editorialmanager.com/jt/>. Upon successful registration, you will be sent an email containing your user name and password. Print a copy of this information for future reference.

If you have already registered with us, as either a reviewer or an author, please do not register again. You may log in using your assigned user ID and password. If you have forgotten your user name and/or password, use the *Forgot Your Password?* link on the journal's manuscript submission site (<http://www.editorialmanager.com/jt/>).

◆ AUTHORS ◆

Please click the *Login* button at the top of the page and log in to the system as an author. Submit your manuscript in accordance with the author instructions. You will be able to track the progress of your manuscript through the system.

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