

JOURNAL OF REHABILITATION RESEARCH AND DEVELOPMENT

- 1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Handbook announces programmatic procedures of the Journal of Rehabilitation Research and Development (JRRD) in the Rehabilitation Research and Development Service (RR&D).
- 2. SUMMARY OF MAJOR CHANGES.** This Handbook is published to ensure that quality of VHA JRRD and the scientific excellence of the rehabilitation content is maintained at the highest level.
- 3. RELATED DOCUMENTS.** VHA Directive 1203.
- 4. RESPONSIBLE OFFICE.** The Director, RR&D (122), is responsible for the contents of this Handbook. Questions may be addressed to 202-461-1740.
- 5. RESCISSION.** VHA Handbook 1203.5 dated March 19, 2002, is rescinded.
- 6. RECERTIFICATION.** This VHA Handbook is scheduled for recertification on or before the last day of November 2013.

Michael J. Kussman, MD, MS, MACP
Under Secretary for Health

DISTRIBUTION: CO: E-mailed 11/23/08
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 11/23/08

CONTENTS

JOURNAL OF REHABILITATION RESEARCH AND DEVELOPMENT

PARAGRAPH	PAGE
1. Purpose	1
2. Background	1
3. Scope	2
4. Editorial Board	7
5. Circulation	9

JOURNAL OF REHABILITATION RESEARCH AND DEVELOPMENT

1. PURPOSE

Department of Veterans Affairs (VA) constituents, and the disabled community at large, look to the Rehabilitation Research and Development Service (RR&D) to disseminate effective new rehabilitation discoveries to clinicians, researchers, and consumers. The Journal of Rehabilitation Research and Development (JRRD) is a peer-reviewed, indexed, open-access scientific publication in the multidisciplinary field of disability rehabilitation. JRRD responsibly evaluates and disseminates scientific research findings that affect the health care of veterans. The goal is to publish cutting-edge research that enhances the quality and relevance of VA rehabilitation research and disseminates biomedical and engineering advances.

2. BACKGROUND

a. **Origins.** The RR&D began publishing JRRD's predecessor, the Bulletin of Prosthetics Research, in 1964 and expanded its scope to become JRRD in 1983. JRRD was originally published quarterly; however, the emerging cross-disciplinary findings in rehabilitation have warranted a further expansion in scope and JRRD has increased to bi-monthly publications with multiple single-topic supplements.

b. **Indexes.** JRRD has emerged as a respected and recognized scientific journal that is indexed by:

- (1) Academic OneFile,
- (2) Academic Search Premier database,
- (3) CINAHL[®] (a Biomedical database),
- (4) Cross Reference Publishers International Linking Association (PILA), Inc.,
- (5) Directory of Open Access Journals (DOAJ),
- (6) EMBASE (a Biomedical database),
- (7) Engineering Index (Bioengineering Abstracts),
- (8) Google Scholar,
- (9) PubMed,
- (10) RECAL Information Services (University of Strathclyde),
- (11) Referativnyi Zhurnal of Abstracts Journal (VINITI),

- (12) Social Sciences Index (H. W. Wilson Co),
- (13) SportDiscus (Canadian),
- (14) The BDLOC System (French), and
- (15) United States Government Periodicals Index (Congressional Information Service).

c. **Electronic Version.** Recent JRRD articles, archives, and cluster topics are available electronically at: <http://www.rehab.research.va.gov/pubs/pubs.htm> and are maintained and updated by the RR&D JRRD webmaster. **NOTE:** *HTML and PDF versions of full articles are available.*

d. **Library of Congress.** JRRD can be found under Library of Congress Control Number 84646003, ISSN 0748-7711.

3. SCOPE

a. **Areas of Interest.** Principal areas of interest include: prosthetics, amputations, orthotics, and orthopedics; spinal cord injury and other neurological disorders (particularly traumatic brain injury, multiple sclerosis, and restorative therapies); communication, sensory, and cognitive aids; geriatric rehabilitation; and functional outcome research.

b. **Submission Types.** As an international scientific publication, JRRD receives submissions from Department of Veterans Affairs (VA) investigators, as well as from the national and international rehabilitative healthcare community. The following types of papers are accepted:

(1) Technical reports describing techniques, procedures, or findings of original scientific research.

(2) Clinical reports describing the development of a particular prototype, a new clinical technique, or any other topic of clinical interest.

(3) Reviews.

(4) Letters to the Editor. Letters are to relate specifically to material published in JRRD. The following information must be supplied: full name of author of article, volume and issue numbers, and page numbers on which the article appeared. In addition, the letter must contain the full name, academic degree(s), and affiliation of the correspondent.

c. **Investigator Obligations.** Only original scientific RR&D papers (including pilot studies) are accepted. JRRD requires authors to document Institutional Review Board (IRB) procedures on human subjects and animals.

(1) As a condition for publication, JRRD requires that all trials meeting the minimum registration data set requirement as described by the International Committee of Medical Journal

Editors (ICMJE) be registered in a public trials registry (see <http://clinicaltrials.gov/>). For this purpose, a clinical trial is any study that prospectively assigns human subjects to intervention or comparison groups to evaluate the cause-and-effect relationship between a medical intervention and a health outcome. All clinical trials must be registered before submission of a manuscript based on the trial starting January 1, 2006. Clinical trials that started patient enrollment after January 1, 2006, must have been registered before onset of enrollment. **NOTE:** *Studies designed for other purposes, such as to study pharmacokinetics or major toxicity (e.g., phase 1 trials), are exempt.*

(2) Articles must list the investigator's VA affiliation and acknowledge VA Office of Research and Development as a funding source (primary, if that is the case).

(3) When the Principal Investigator (PI) has a 5/8ths or more VA appointment, VA must be named first, regardless whether VA is the primary source of funding or where the funds are administered (see VHA Handbook 1200.19).

(4) As an additional condition for publication, JRRD requires documentation that research involving human subjects has been approved by an appropriate IRB or Independent Ethics Committee.

d. **Review.** Scientific papers submitted to JRRD are subject to critical scientific review by two or more anonymous experts in the field coordinated by an Editorial Board member. Acceptance is based on the reviewers' and Editorial Board members' recommendations, with the Editor making the final decision. The Editor-in-Chief has the ultimate decision authority, but ordinarily delegates this authority to the Editor (see par. 4).

e. **Instructions to Contributors.** Authors must prepare manuscripts in accordance with the following guidelines, which were adapted from the ICMJE's "Uniform Requirements for Manuscripts Submitted to Biomedical Journals." Manuscripts must:

(1) Be original and in English. Non-native speakers are strongly encouraged to have their submissions thoroughly reviewed by a native English speaker before submission.

(2) Contain in one file a title, all authors' names, credentials, and institutional affiliations; the abstract, including clinical trial registration information (if required); alphabetized key words; funding sources, including grant number(s); alphabetized abbreviations; introduction; methods; results; discussion; conclusion; acknowledgments; references; and tables and figures and their captions.

(3) The JRRD "At a Glance" section is submitted separately. Copyright release or permission(s) must be obtained before submission and provided to the JRRD Editorial office (see subpar. 3f, Technical Specifications).

(4) Be submitted online to <http://mc.manuscriptcentral.com/JRRD> in 12-point font, double-spaced with liberal margins, and appropriately paginated for 8 1/2 inch × 11 inch paper following all instructions given during the submission process. Specifically authors must:

(a) Indicate whether clinical trial registration is required and whether the registration was completed before submission. Trial registry names, registration numbers, and registry URLs should be included at the end of the abstract.

(b) Include a cover letter (submitted online) stating the corresponding author's name, credentials, institutional affiliation, address, telephone number, fax number, and email address. Disclose any affiliations, funding sources, and financial or management relationships that would be perceived as potential conflicts or biases. **NOTE:** *JRRD* adheres to the ICMJE's definition of conflict of interest, which can be found at <http://www.icmje.org/>.

(c) List sources of funding, including grant number(s), on the title page of the manuscript and online.

(d) Include a *JRRD* "At a Glance" paragraph of 100 words or less describing the relevance to the veteran. This plain-text, unformatted summary should be written for the layperson at approximately an 8th to 10th grade reading level (see subpar. 3f).

(e) Include a signed statement of originality (with all the authors' full names and academic degrees) confirming that the contribution has not been published by, or submitted to, another journal.

1. By submitting this statement with the manuscript: "The corresponding author accepts the responsibility of ensuring that all authors have agreed to be listed as contributors and have seen and approved the manuscript and its content before submission."

2. A blank form can be downloaded from Manuscript Central at <http://mc.manuscriptcentral.com/JRRD> (click on "Instructions and Forms") and either emailed, faxed, or mailed to the *JRRD* Editorial office.

(f) Include figures (photographs, illustrations, graphs) embedded in the text when submitting online for peer review (see subpar. 3f).

(g) Include at least two preferred and any non-preferred reviewers. The online submission cannot be completed without the submission of at least two preferred reviewers.

(h) Preview the complete online submitted manuscript before the end of the submission process as directed. Upon submission of the original manuscript, Manuscript Central displays a screen noting the file number assigned to the manuscript. This number, which follows the paper throughout the review and revision process, must appear on all correspondence, hard copy manuscripts, and media sent to the *JRRD* Editorial office. **NOTE:** *Notify the JRRD Editorial office at 410-962-1800, extension 240, if an e-mail confirmation of receipt of the upload is not received within 24 hours.*

(i) Upon manuscript acceptance, provide the final version of the paper (with all revisions and edits incorporated and redlining removed) and high-quality, print-ready photos and graphics submitted separately (see subpar. 3f). These materials must be e-mailed to the Editor. Hard copies and individual electronic files on CD must be mailed by regular post to: *JRRD* Editorial

Office, 103 South Gay Street (5th Floor), Baltimore, MD 21202.

f. Technical Specifications

(1) **Abstract.** The abstract needs to be limited to 200 words and submitted with the manuscript. It needs to give the factual essence of the article and be suitable for separate publication in index journals. Include clinical trial registry names, registration numbers, and the URLs for the registry, if required.

(2) **Key Words.** Ten alphabetized key words need to be listed on the title page of the paper.

(3) **Abbreviations.** The first time an abbreviation appears, it needs to be preceded by the full name or phrase for which it stands. List the abbreviations in alphabetical order on the title page of the paper before the funding information.

(4) **Section Headings.** The section headings are to be: Introduction, Methods, Results, Discussion, Conclusion, Acknowledgments, and References. **NOTE:** *For general information about these section headings, refer to ICMJE's Uniform Requirements for Manuscripts Submitted to Biomedical Journals (<http://www.icmje.com>). For more detailed information regarding JRRD style, see *Chicago Manual of Style*, 15th ed. Chicago (IL): The University of Chicago Press; 2003. p. 43–56.*

(5) **JRRD “At a Glance.”** This summary of the research needs to be 100 words or less and written for the layperson. It is to be separate from the manuscript and is to describe which persons will benefit from the work and what the likely benefits will be. It needs to enable a patient or family member to decide the appropriateness of discussing the research with a health care provider. The JRRD Editorial office maintains the prerogative to rewrite this section if it does not meet the desired standards, subject to author's approval.

(6) **Figures.** Graphics (e.g., drawings, illustrations, schematics, charts, and graphs) and photographs may be used to clarify the text. Once the manuscript has been accepted for publication, images are no longer to be embedded in the text; each figure must be submitted as an individual file on the CD with the final version of the manuscript and sent by e-mail.

(a) Figures must be reduced to 3 1/2 inches (8.9 centimeters (cm)) wide and submitted at a resolution of 300 dpi or greater. **NOTE:** *Some special images may be 7 1/4 inches (18.4 centimeters (cm)) wide and no more than 7 1/2 inches (19 cm) high.* It is recommended that authors design supporting artwork at 3 1/2 inches wide and inspect their figures at this size to ensure readability. Choose various colors and patterns that provide enough contrast as black and white images. Arial, 8 to 10 point, bold font works well for text with 3 1/2 inch-wide images. **NOTE:** *Use of color for figures is at the discretion of the Editor of JRRD.*

(b) Figures must be sent as separate electronic PC files (Macintosh files are not acceptable) in .tif, .eps, or .jpg format on a CD and by e-mail along with the final version of the manuscript (with all revisions and edits incorporated and redlining removed). Do not embed the images in the text in the final version. PowerPoint or CAD-CAM formats are unacceptable. **NOTE:** *If*

images were created in PowerPoint, authors must print them at 1200+ dpi directly from PowerPoint onto high-quality, smooth, white 32 pound paper and then scan them at 400+ dpi resolution as .tif or .jpg files. This provides a sharp .tif image. If the image is saved as a .tif or .jpg directly from PowerPoint, the image is not sharp, but rather soft and of poor quality.

(c) Figures for which an electronic version does not exist must be scanned at 400 dpi, printed at 1200+ dpi on high-quality, smooth, white 32 pound paper, and saved as .tif or .jpg files. They must be sufficiently distinguished by texture, pattern, or size which must be identifiable in black and white at 3 1/2 inch wide. No external titles or labels are permitted. Put the figure number at the top on the back of the printed figure. Standard laboratory prints must be printed on glossy paper in a 4 × 6 inch or 5 × 7 inch format in black and white or color with good contrast. Do not use tape or paper clips on photos. **NOTE:** *Unacceptable illustrations and photos will be returned to the author for revision.*

(7) **Tables.** Tables need to be submitted as text files. For accepted manuscripts, do not submit tables as image files. Tables should not duplicate material in text or illustrations. They are to be numbered consecutively with Arabic numerals cited in the text. Each table needs to be typed double-spaced on a separate manuscript page and have a brief caption or legend. Short or abbreviated column heads need to be used and explained. Sources are to be cited in footnotes, if applicable.

(8) **Mathematical Formulas.** Traditional mathematical expressions are to be extended by adding brief narrative notes of explanation and definitions of all terms and variables, as appropriate, to ensure that readers of other disciplines gain the fullest understanding of the material presented. The International System of Units (SI) is requested for all quantities in text, tables, and figures.

(9) **References.** References are to be typed separately at the end of the manuscript, double-spaced, and numbered consecutively in the order in which they are first mentioned in the text. References cited in tables or figures must be first cited in the text and then they can be cited in tables or figures. Limited “unpublished observations” or “personal communications,” for which the author has secured permission of the person cited, are to be treated as footnotes and not included in the numbered references. Authors are responsible for the accuracy of their references; however, they must be retrievable through a standard literature search. Follow these sample formats, which are in the Vancouver style:

(a) Article. Gilsdorf P, Patterson R, Fisher S. Thirty-minute continuous sitting force measurements with different support surfaces in the spin. J Rehabil Res Dev. 1991;28:33–38.

(b) Chapter in a book. Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH. Brenner BM, editors. Hypertension: Pathophysiology, diagnosis, and management. 2d ed. New York: Raven Press; 1995. p. 233–39.

(c) Published proceedings paper. Kauzlarich JJ, Thacker JG. Antiskid wheelchair brake design. Proceedings of the 14th Annual RESNA Conference; 1991 Jun 21–26; Kansas City, MO. Washington (DC): Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) Press; 1991. p. 143–45.

(10) **Permissions and Copyright.** Published JRRD articles and their original illustrations are in the public domain, but borrowed materials from copyrighted sources are not in the public domain. To use borrowed materials from copyrighted sources, authors must acquire written permission from the copyright owner. To use photographs containing identifiable persons, authors must also obtain release forms from any identifiable persons. The originals of any permissions or releases must be submitted with the manuscript (e-mail is not acceptable). Authors must obtain permission to cite unpublished manuscripts and personal communications.

(11) **Review of Proofs.** Proofs are e-mailed to the corresponding author, unless otherwise requested. To avoid delays in publication, check the proofs immediately and return corrections or changes to the JRRD Editorial office by email, fax, or express mail within 2 working days. If corrections or changes are not received within the prescribed time, the Editorial office will assume none is needed.

4. EDITORIAL BOARD

The Editorial Board is led by the Editor in Chief, Editor, and Deputy Editor. The Editorial Board is an interdisciplinary body of experts who serve in an advisory capacity to the Editor. The Director of the Rehabilitation Research and Development Service serves as the Editor-in-Chief of the JRRD and has ultimate authority in determining the scope, strategy and policies governing its operation. Day-to-day operation of the JRRD is managed by the Editor through authority delegated by the Editor-in-Chief.

a. **Composition.** The board is composed of an interdisciplinary group of clinical and scientific experts with significant experience in the broad field of RR&D. The Board's makeup includes: Associate Editor, Editorial, and Scientific Advisory Board members. All three groups contribute their expertise to ensure that the scientific excellence of rehabilitation content is maintained at the highest level.

b. **Nomination Process**

(1) Nominations of Board members are to be made directly to the Editor. Nominations need to include documentation of the nominee's expertise in the field of RR&D. Expertise may be demonstrated through one or more of the following:

(a) Performance of applied research and publication of progress and results in scientifically reviewed professional journals.

(b) Evidence of clinical practice in a rehabilitation or university setting

(c) Letters of recommendation or endorsement from recognized clinical and scientific professionals in their fields of investigation or related areas of practice.

(2) Nominations, other than self-nominations, must include acknowledgement from the nominee that, if approved, the nominee is willing to serve on the board.

c. **Length of Service.** The length of service for Editorial Board members is 3 years. After that time, members may be reelected by the Board for an additional 2 years. A member may resign the appointment at any time. A Board member's service may be terminated if, in the Board's opinion, the member's services are no longer required.

d. **Responsibilities**

(1) All Board members are expected to:

(a) Promote JRRD as a venue for high-quality rehabilitation research.

(b) Attend scheduled JRRD Board meetings.

(c) Be willing to access and use JRRD Manuscript Central.

(2) Additional responsibilities depend on individual Board member role:

(a) **Associate Editor Board Members.** Associate Editor Board members are expected to:

1. Serve as content experts in their particular rehabilitation disciplines.

2. Serve as Managing Editors for specific manuscripts as requested by the Editor through use of their network of colleagues and associates.

3. Assist JRRD in the editorial and review process, including suggesting reviewers and making manuscript disposition recommendations to the Editor throughout the review process. Occasionally serve as reviewers and return reviews promptly, i.e., within 21 days.

4. Recruit three regular manuscripts or one review article on a current research topic each year, or alternatively, serve as a Guest Editor for a single-topic issue, which entails manuscript recruitment, review, final disposition, and editorial commentary pertinent to the special topic.

(b) **Editorial Board Members.** Editorial Board members are expected to:

1. Assist with the peer review process by managing manuscripts and returning reviews promptly, i.e., within 21 days.

2. Submit manuscripts, review articles, and clinical commentaries.

3. Recruit submissions for JRRD.

(c) **Scientific Advisory Board Members.** Scientific Advisory Board members are expected to provide the Editor with general advice for future journal directions.

e. **Scheduled Meetings.** The Editorial Board meets annually at the Baltimore Editorial office. Unscheduled meetings in person or via web or telephone conferences can be convened at

the request of the Editor in Chief, Editor, or Deputy Editor.

5. CIRCULATION

a. JRRD is available at no charge in print and electronic formats. Printed copies and subscriptions can be requested through the JRRD Web site (<http://www.rehab.research.va.gov>), or by e-mailing the journal's public affairs specialist.

b. Subscriptions will begin with the next regularly scheduled issue. Journal back issues will not be automatically sent to subscribers but can be requested. A JRRD subscription remains active until a written or verbal cancellation notice is received.

c. Subscriptions for international addresses are granted on a case-by-case basis at the discretion of the Editor. International readers are strongly encouraged to access entire issues or individual articles in either HTML or PDF format from the JRRD Web site.

d. As an additional service, JRRD offers its subscribers e-mail alerts (eAlerts) for newly published issues. A separate subscription is required for the eAlert.