Manuscripts in the field of refractive surgery should be prepared according to the AMA Manual of Style: A Guide for Authors and Editors (10th Edition) and submitted electronically at <www.rapidreview.com>. Articles are accepted with the understanding that they have not previously been published and are not under simultaneous consideration by another publication. Previous publication of the abstract is acceptable. Publication of data or a detailed report in news media constitutes prior publication. The Journal adheres to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (2010) of the International Committee of Medical Journal Editors (ICMJE). Before any manuscript can be considered for publication, the Author Statement must be completed in full, signed, and dated by each author. This form can be found in PDF format online at www.healio.com/journals/jrs/submit-an-article.

Original Articles

Each submission is evaluated by two or more scientific referees who recommend that the paper be: 1) accepted as submitted; 2) accepted with minor revision; 3) returned for major revision; or 4) rejected. Acceptance is determined by originality, significance, validity of the contribution, and suitability of the subject matter to the readers. Following unbiased review by the Reviewers, Associate Editors, and Editor, authors will be notified by e-mail of the manuscript decision. Upon publication, the Journal reserves the right to edit manuscripts, delete extraneous or excess material, and change or add titles and headings.

Original articles should not exceed 3000 words (excluding references and figure captions) unless special circumstances warrant an extended count. Articles complying with this count may still be edited for length if deemed necessary. References should not exceed 30, and the combined number of figures and tables should not exceed 10. Manuscripts must be double-spaced, with 1-inch margins, and include sequential page and line numbers. They should be organized in the following format: 1) Title page; 2) Abstract; 3) Precis; 4) Introductory text; 5) Materials and Methods or Case Reports; 6) Results; 7) Discussion; 8) References; 9) Tables and/or Figures; and 10) Legends for photographs or drawings.

Title page: The title page should contain the title; first name, middle initial, and last name of all authors, with their highest academic degree; professional affiliation of all authors and city location: acknowledgment of grant support; and name, address, telephone and fax numbers, and e-mail address of corresponding author. There should be no more than six authors unless justification is provided.

If the article discusses in any way a device, equipment, a drug, or a drug, the author(s) must state whether they have any commercial or proprietary interest in the product or company. Likewise, they must reveal whether they have any financial interest as a consultant, reviewer, or evaluator. If applicable, authors should describe the role of the study sponsor, if any, in study design; collection, analysis, and interpretation of data; writing the report; and the decision to submit the report for publication. If the supporting source had no such involvement, the authors should state so. If applicable, authors must declare whether they had assistance with study design, data collection, data analysis, or manuscript preparation. If the manuscript reports on a registered clinical trial and has been assigned a trial registration number from a public trials registry, authors should provide this information. If the manuscript reports the results of an experimental investigation of human or animal subjects, state formally that an appropriate institutional review board approved the project and/or that informed consent was obtained from the subjects after the nature of procedure(s) had been explained.

Abstract: Each article must have an abstract that specifically summarizes the content of the paper in no more than 250 words. The abstract should include four paragraphs, each one designated to the following: Purpose, Methods, Results, and Conclusions (the Conclusions section should be no more than 50 words). These sections must briefly describe, respectively, the problem being addressed, how the study was performed, the salient results, and the conclusions from the results. The purpose of the abstract is to allow the content of the paper to be understood independently.

Precis: A concise statement (35 words or less) summarizing the core essence of the manuscript.

Text: A brief introductory statement should indicate the subject of the study and the problem. This should not include an extensive review of the literature, but only that portion which is pertinent to the purpose of the study. Materials and Methods should accurately and clearly describe methods and materials used and/or the patient population studied so that the study may be replicated. Case reports should provide concise chronological observations, but not speculation. Results should be given in written format, but tables and graphs may be used to supplement the data. Visual acuity should be reported at the 20/20 level. Material in the text should not be repeated in the tables and graphs. The discussion should elucidate the results, relate them to the work of others, and describe their significance. Histopathology and electronmicrographs should be annotated with letters, arrows, and where appropriate, calibration bars.

References: References should be cited consecutively in the text with superscript numbers. The author is responsible for complete and accurate references. References should be formatted according to the AMA Manual of Style (10th Edition). A reference to a paper “in press” should be included with the references; citations such as “in preparation,” “unpublished data,” and “personal communications” should be included in the text in parentheses. The author must provide permission of the originator of a personal communication if he or she is quoted. References at the end of the text should be listed in numerical, not alphabetical order. Abbreviations of journal names should be in accordance with the NLM Catalog; titles not indexed in MEDLINE should be written out.


Tables: Double-space all column and row heads, as well as data within the table. Each table should have a number and a concise but fully descriptive title. Each table must be cited consecutively in the text. Tables must not duplicate material in the text, although a one or two number summary may appear in the text (eg, “Thirty-seven (54%) eyes saw 20/20 or better without correction one year after surgery.”). Do not make a table for data that can be given in the text in one or two sentences (eg, “Table 2. Age of patients”). Label all columns and rows with complete words, if possible; use abbreviations only if commonly accepted and defined in a foot-
Note. Units of measure should be cited in column and row headings, not within the table. Use parentheses (eg, mean [SD] or no. of eyes [%]) to consolidate information in a row or column. Include a line for totals, means, etc, at the bottom of columns.

Illustrations: Each illustration should be numbered and cited consecutively in the text. If applicable, arrows or asterisks must be present on the photograph for identification of specified areas that are discussed in the legend.

Please remove all extraneous material from photos, including manufacturer logos, patient identifying information, computer prompts, irrelevant numerical data from readouts, examination and photograph number, etc. In general, only the color-coded calibration scale and the videokeratograph with appropriate axis are necessary. Calibration bars must be placed on electron micrographs. If specific descriptive numerical data are needed, they can be placed in the figure legend if cropping the figure will remove them. Identifiable photographs of patients must be accompanied by proof of informed consent. Each illustration must have a descriptive legend and figure number. If an image has been digitally altered, disclose in the figure legend. Label parts with A, B, etc.

Reporting Outcomes: Outcomes for any clinical series of refractive surgery cases must include a graphic presentation of outcomes as set out in the Journal of Refractive Surgery article “Standardized Graphs and Terms for Refractive Surgery Results,” which can be downloaded from http://www.healio.com/journals/jrs/refractive-outcome-graphs-visual-acuity-conversion. Authors must include linear regression analysis with the regression equation, trend line, and coefficient of determination (r²), which should be shown on the attempted vs achieved spherical equivalent refraction scatterplot.

The Standard Graphs can be plotted using standard spreadsheet software, such as Microsoft Excel (www.londonvisionclinic.com/refractivesurgeryoutcomes), or dedicated software packages available for analyzing refractive surgery outcomes, such as Datagraph-med (www.datagraph-med.de), Outcomes Analysis Software (www.refractiveoutcomes.com), and SurgiVision® DataLink (www.svc.surgivision.net/home/SVChome.html). (The Journal of Refractive Surgery provides no specific endorsement of the above listed software packages.)

Digital Image Requirements: The required digital format is .tif or .jpg with a minimum resolution of 300 dpi. PowerPoint images and images embedded in text files are unacceptable. If images are to print in color, CMYK format must be used. For black and white images, grayscale must be employed. Each image must be a separate, stand-alone file, named to match the figure number listed in the text (eg, Jonesfig1.tif). Figure legends, headings, or captions should not be included in the graphic file.

Video Requirements: Videos may be uploaded as supplemental materials for articles discussing operative techniques. Required format is .MPG4. Video clips should be no more than 5 minutes, with narration synced to the video. Only 1 video clip is allowed per article. Any text on the video must be spelled and positioned perfectly and voice-overs should be included on the video clip.

Permissions: Authors must inform SLACK Incorporated if tables, photos, or illustrations have been previously published. If photographs are submitted with a manuscript, permission to publish must be obtained in writing from all individuals pictured. Drawings or computer-generated images submitted with a manuscript require permission to publish from the artist. Material reprinted from other publications (including electronic media and the Internet) must be accompanied by a letter of permission from the publisher, which extends non-exclusive worldwide rights to reprint the material for all forms of media now or hereafter developed to SLACK Incorporated. Content from US government websites (eg, NIH, CDC, USDHHS) is in the public domain and generally can be used without permission. However, some content on these sites may be from another source, in which case permission must be obtained from the copyright holder.

Contributor Awards

The Journal of Refractive Surgery bestows two annual contributor awards: the Troutman Prize and Waring Medal. Authors interested in having their paper considered for either award should state this in their cover letter. Please note the eligibility criteria for the Troutman Prize, which must apply to the lead author, are age 45 years or younger and active membership in ISRS, and this should be indicated upon manuscript submission. The Waring Medal is open to all authors.

Sections

Biomechanics: Discussions of subjects relevant to the topic of biomechanics.
Editorials: Editorial statements that comment on an article included in that particular issue of the Journal or that discuss a specific topic.
Instruments and Surgical Techniques: Concise descriptions of both new and refined instruments, surgical techniques, and their uses.
Letters to the Editor: Comments about an article that appeared in the Journal. Letters to the Editor are limited to 500 words, one figure, and five references. Tables are discouraged. The Journal makes every effort to give authors an opportunity to reply to letters concerning published articles. Letter authors must disclose any competing or conflicting interests, if applicable.
New Concepts: Concise expression of an hypothesis or proposal without the need for extensive documentation.
New Technology: Concise and critical description of novel technologies and their uses.
Reports: Case reports, surgical techniques, etc. Reports are limited to 1000 words with an abstract ≤150 words, two figures and/or tables (ie, two figures, two tables, or one of each), and ≤10 references.
Reviews: Concise, but thorough, review of a specific topic with the majority of data presented in table format.
Translational Science: Basic science or laboratory studies.

Updated 10/12