

I'm not robot  reCAPTCHA

Continue

Arthritis and rheumatism journal author guidelines

You work off campus? Learn about remote access options Author guidelines table of contents submission, format and organization Manuscript typesVideo AbstractEnglish editor service Content, abbreviations, and terminologyStatistical reportInformation on specific test typesResponsible to research ethics standardsReflectionGraphicGraphic design support schematic drawingsTablesReach data availability and allocation of selected datasets in public data repositoriesRecord reviewersAssign related manuscripts/Recurring publicationsAuthor Authoring criteriaInteresting point of viewCopyright: Wiley Author Licensing ServiceAuthor fixes the proofsPage fee submission, format and organization: Send all new manuscripts online . Check your existing account. If you're submitting for the first time, create a new account. At the end of the successful submission, a confirmation screen with the manuscript number appears and you receive an email confirming that the manuscript has been received by the diary. If this does not happen, please check your submission and/or contact tech support ts.mcsupport@thomson.com. The manuscript shall be accompanied by an electronic cover letter. The cover letter shall record the type of manuscript (e.g. full-length article, short report, concise communication or letter to the editor); manuscripts shall not be classified as editorial or special articles unless they have been explicitly invited. Make sure that each person named as the author meets the copyright criteria for the journal (see copyright terms below). In the cover letter, confirm that the manuscript has not been submitted or has not been submitted at the same time elsewhere, at a time considered by the other journal or other publication, and that no part of the data has been or will be published while the manuscript is reviewed by the journal, unless rejected by Arthritis & Rheumatology or withdrawn by the author(s). If a manuscript is in the recommended state with another journal, it is interpreted as still being taken into account in that journal; in order for the manuscript to be submitted to Arthritis & Rheumatology, it must first be formally withdrawn for consideration with the other journal. Similarly, the manuscript containing the review of the proposed condition of Arthritis & Rheumatology is considered to have been studied and cannot be submitted to another journal unless the submission is forced for arthritis & rheumatology. Also confirm that no part of the data has been or should be published elsewhere while the manuscript is under review in Arthritis & Rheumatology. Publication at meetings or symposiums shall be deemed to constitute prior publication which makes the manuscript in a non-entitled. Currently, the publication of a preprint server can be considered a journal to pre-publish. In the case of studies without clinical data, authors are encouraged to contact the journal when considering prior submission to the server to be pre-submitted, as exceptions may be granted. The publication of the data in an abstract and the display at oral or poster meetings at meetings shall not be deemed to have been published earlier unless the abstract exceeds the length of two pages and/or is quoted by PubMed. Indicate the financial support or other benefits associated with the work in the manuscript, or any other financial interest of the authors, which may give rise to potential conflicts of interest or the appearance of conflicts of interest in respect of the work. The appropriate author must include the address, phone number, fax number and e-mail address. Enter all pages of the manuscript, including pages with links, tables, and callout, a 12-point double space with 12-point text and 1-11/2-inch margins. Number all pages in a row, including references, tables, and graphic legends. The title is 1. On the first page, enter the running head (short address for the top of each page), the title (which should not contain abbreviations), the authors' names and academic degrees, study scholarships or other financial support, the addresses of mailing and reprint requests, and the telephone and fax numbers and e-mail addresses of the respective author. Also on the first page, again indicates the financial support or other benefits of the commercial sources of the work reported in the manuscript, or any other financial interests that any of the authors may have, which could cause a potential conflict of interest or the appearance of conflicts of interest with respect to the work. Manuscripts submitted to Arthritis & Rheumatology receive a preliminary quality review from the editorial board and can be returned if length or formatting requirements are not met. The vast majority of manuscripts will initially be reviewed in accordance with editorial staff members, and a significant proportion of manuscripts will be returned without external review if they are not considered competitive or appropriate to the log's content range. Only a small proportion of manuscripts submitted reach acceptance, and editorial decisions strike a balance between assessing the quality of research and interest in novelty, translational impact (for basic science studies) and a wide readership of the journal. In view of the competition in the publication space, rebuttals of editorial decisions shall not be taken into account, except in cases of clear scientific error in the review. The amended submissions should include a detailed response to scholarone's change submission steps in the Reviewers file, which will be included in the reviewer response section of the Report Submission Steps. Please use this guide when creating the answer file. It is that letter contains both responses to the visitor's comments as well as text changes to the paper, as opposed to just providing page locations for places changes have been made. ORCID Arthritis & Rheumatology requires that the submitting author (only) provide an orcid id when submitting the manuscript. Manuscript types Authors are encouraged to see a summary of the following key information for each A&R description and technical data of the item types. Full-length articles and short reports. Full-length articles are descriptions of original research that increase knowledge about rheumatic diseases. The short reports are short documents on disease mechanisms, clinical experience, therapeutic studies, or research and/or clinical contribution to the diagnosis, treatment, etiology and epidemiology of rheumatoid diseases. The second page of full-length articles and short reports, contains an abstract of no more than 250 words. The abstract should be divided into the following sections: Objective, methods, results, and conclusion. Authors should include numerical information in the abstract Methods or Results section, such as sample sizes, number of samples analysed, and statistical significance (or condinkulation intervals) of the main findings. Following this organizational plan and starting on page three, the following sections are standardized: Introduction, Materials and Methods (or Patients and Methods), Results, Discussion Board, References, Figure Legends, and Tables. Subheadings may be included in the Materials and Methods (or Patients and Methods) and Results section, but not in the Introduction or Discussion section. For all full-length articles and short reports, including basic scientific and translational studies, the authors are strongly encouraged to include a discussion on the limitations of the study paragraph(s). This paragraph should begin with: The limitations of the study include... The title should not be overstated or overgeneralize the findings of the study, and should be formulated in no sentence form whenever possible (for example, the Association of X With Y, as opposed to the X associated with Y). Full-length articles cannot exceed 4,200 words through the Introduction to discussion form (i.e. links, tables, and chart legends, not including them). The total number of tables and figures shall not exceed 6, and the number of references shall not exceed 50 for full-length articles. Table titles and callout should be short, but they should allow the reader to understand at a glance the purpose of the chart or figure. Figure legends must not exceed 200 words. Short reports must not exceed 2,500 words through the Introduction to discussion. The total number of tables and numbers shall not exceed 3 and the number of references shall not exceed 15. Case reports can no longer be submitted to the journal. In rare cases, information on the case report is short reports will be published. The main consideration criterion will be that clinical clinical in the case of a case or cases, the report shall include study research that promotes rheumatology, for example by providing key insights into the mechanism of the disease. They must be submitted in a short report format, the Introduction section, the Patients and Methods section (including, but not limited to, a description of the case or cases), a Results section, and a Discussion section. Reviews. The purpose of the reviews is to critically analyse what is known in new and rapidly evolving areas. Opinions focus on a fundamental/translational scientific issue, clinical topic, or a new technology. Reviews are usually called by editors; however, unwanted reviews will be taken into account. Reviews shall include an abstract of up to 250 words, presented in a single paragraph, and shall not be divided into sections (for full-length articles and short reports). The text should start with an introduction and end with conclusions. The organisation and content of the text must correspond to the subject under discussion. Evaluations should not exceed 5,000 words through the Introduction to Conclusions (i.e. it does not include references, tables and chart legends). The total number of tables and numbers shall not exceed 6 and the number of references shall not exceed 85. The inscriptions on tables and figures should be short, but they should allow the reader to understand at a glance the purpose of the table or figure. Expert perspective on clinical challenges. Expert perspectives on clinical challenges presents an evidence-based perspective on a difficult clinical challenge (diagnostic, therapeutic, or otherwise) in the subject field expert. These manuscripts will be invited primarily by the editors; however, experts may propose topics through direct communication with a member of the editorial board. The manuscript must not exceed 5,000 words from the Clinical Challenge (see below) through the Discussion Forum (i.e. it does not include references, tables and callout). The total number of tables and numbers shall not exceed 6 and the number of references shall not exceed 95. The manuscript shall contain the following sections. 1) Clinical challenge: a concise (1-3 sentence) description of the challenge solved. 2) Background: broad design of the challenge to be solved, including factors that cause challenges, epidemiology of the clinical scenario, etc. The diagram must be created by the author and redrawn by a graphic designer for style consistency. In some cases, several diagrams may be required for the appropriate treatment of patients with different stages of the disease or with different clinical characteristics. 4) Evidence: presentation of the best available evidence to support the authors' approach. Authors cannot be expected to a literature review, but shall draw up the best and most relevant data to support their approach. The table of evidence should be carefully considered. 5) Discussion: a relatively short section dealing with evidence gaps and how to fill in to reduce uncertainty, all ongoing studies that are designed to fill evidence gaps, relevant pathophysiology or pharmacology, and/or other issues or, where appropriate, Editorials. Editorials are concise annotations of a simultaneously published article on arthritis & rheumatology. The editorial board received the invitation from the editorial board and must be submitted within 3 weeks of the invitation. The word limit is 1500, 1 table or number is allowed, and the number of references must not exceed 15. Notes from the field. Comments in the field are concise commentaries on a current clinical, research, or political issue in rheumatology. Many of these commentaries will be invited, but authors are free to submit ideas to the editor-in-chief in the form of a paragraph proposal. These annotations are not tools that provide primary evidence. They need to target a wide rheumatological audience. The word limit is 1500, 1 table or number is allowed, and the number of references must not exceed 15. Letters to the editor. The content of letters to the editor includes one of the following. 1) Commentary on an earlier article published in Arthritis & Rheumatology. The content of these letters should be closely focused on the content of the article attached to it. Letters which contain comments on previous articles shall be submitted within 6 months of the printed publication of the article. The authors of the article you want to append are asked to send a reply. No further correspondence about this reply will be accepted. 2) Very brief reports of original research results, without abstract or headings. 3) Commentary on an issue involving rheumatology and the American College of Rheumatology. The names of all authors of the letter to the editor shall be included in the manuscript. In the case of reply letters, it is not necessary for all authors of the article to be included in the authors of the reply, especially if the article has a large number of authors. The length of letters written to the editor must not exceed 500 words, including references. Only 1 table or graphic can accompany the letter to the editor, and the number of links must not exceed 10. Clinical images. Photographic representations of interesting rheumatological phenomena in clinical pictures – clinical, radiological or pathological . Images should be few (preferably just one), horizontal, high quality (at least 300 dpi; 600 dpi preferable for microscopic images) and have an impressive appearance. They must be properly anonymised. Images of simple variations of illustrations in standard textbooks in rheumatology taken into account. The accompanying text should provide close certainty about the underlying diagnosis. diagnosis. research-related images that do not yet have accepted places in patient care. The text must not exceed 300 words, and the number of references must not exceed 3. Do not add separate chart legends to clinical images; the text of the entire clinical picture is the legend of the figure. Images must .tiff (preferred) or .eps format. Video Abstract Arthritis & Rheumatology (A&R;T; R), Arthritis Care & Research (AC&R;T; R), and ACR Open Rheumatology (ACR Open Rheumatology), now offer authors accepted articles with the opportunity to present their research visually through the use of video abstract. The video abstract succinctly describes the purpose, methods, results, and relevance of a particular test in about 3-5 minutes. These videos are for a medical/clinical audience of doctors and other health professionals, including general areas and specialties other than rheumatology practice and research. Submission information Video extracts must be submitted as additional files during the manuscript reworking process. Please do not attempt to upload the video abstract first when submitting the manuscript. The videos are A&R/RAC; R/ACRORScholarOne submission website as follows: When submitting the amended manuscript, please indicate yes to the question: Would you be interested in submitting a video abstract with your revised manuscript? Upload the video using the Video Abstract file tag. Note: To upload in ScholarOne, you can alternately submit video files as urls for download (using file transfer or cloud storage site such as Dropbox). In these cases, enter the URL link for the video file in a Word file named The Video Abstract File. Video abstract formats Authors can create a live-action video of the author(s) discussing the research, such as a narrator PowerPoint presentation or a video of the author(s) talking, the video clips of the data or schematic/clinical slides interspersed throughout the discussion. Authors can create an animated video using graphics and voiceovers to succinctly illustrate the concepts and mechanisms in the study. Where appropriate and where appropriate, the author (with permissions) may include live-action videos of patients demonstrating clinical conditions and/or health professionals demonstrating clinical/laboratory techniques. Authors can use the videograph company at the authors' expense to produce the video abstract. One such company used by Wiley is Research Square; however, authors may also use the company of their choice. Professionally produced videos use animation, graphics, and voiceovers to present and highlight the results of this article. Before you begin, please note the following: Video abstract is created at the author(s) or a video company, at the author's expense. A. In the case of support studies, the sponsoring company may assist in video production/releases. Academic institutions and the production resources available to the author(s). Video extracts are not copied by the magazine staff and must therefore be carefully reviewed and edited by the author(s) before final submission. However, video extracts are reviewed by journal editors before the publication is published. The authors must certify. 1) that the findings described in the video do not go beyond the findings presented in the accepted article, and 2) that all co-authors of the accepted article agree with the final content of the video excerpt. When publishing abstract video on-line, authors only need to publish a journal-approved version of the video. It is the author's responsibility to obtain and revoke the right permissions for previously published material and the licenses for videos involving human subjects. Due to copyright policies, videos cannot contain music soundtracks (this also applies to open source music). Content Guidelines Authors must submit a video script when submitting. The video abstract should include the authors' financial briefings and sources of funding for the study in the footnotes to the headlines of the adopted article. Video hashes should include a full quote of the accepted article (authors, title and publishing information). The video abstract should include the A&R;T; R, AC&R;2 R or the ACROR logo, which is the log that is specific to the issue page of this article. Previously published material and the involvement of human subjects require permits. Corporate logos/marketing graphics and brand names are not allowed on the videos. Institutional copyright marks are not allowed on the videos. The video abstract should illustrate key findings succinctly and informatively, and the findings described in the video should not go beyond the findings presented in the accepted article. Editors reserve the right to request additional video editing from authors (which may delay publication). Provided that the content does not include test results going beyond the results provided in this Article, authors are encouraged to include additional relevant and illustrative material, such as laboratory recordings, histological images, clinical trial characteristics and figures/blueprints. Video abstract content should be understandable for health/clinical professionals who are not necessarily basic scientific researchers and whose patients may benefit from the results of the study. If the narrator is not a healthcare professional (i.e. you may not know the pronunciation of medical/pharmaceutical terms), the authors should ensure that all terms are correctly pronounced in the video before submission Technical specifications It is important that the overall quality of the videos is as high as possible and should be ensured at the submission stage. All submitted videos will be reviewed audio/visual clarity and quality. The length of the video must be 3-5 minutes. The schematic and please keep readability and font size in mind. Presentations must not contain small text or images that will be difficult to see. Please create videos of frequently used codes. The recommended file formats for video files are Quicktime, MPEG, and Avi. (These are standard codecs/file formats for videos taken on smartphones and tablets.) Limit individual file sizes to the smallest size (compressed or unpacked) because larger files can cause download problems for users. Please test the video files before submitting, preferably on computers that are not used to create the video file to check for compatibility issues. Back to Top English editing service Click here to send your manuscript to Wiley English language editing service. The English language editing service helps ensure that the paper is clearly written in a standard, scientific English language appropriate for your discipline. Visit our site to learn about the possibilities. The use of the Wiley English language editing service does not guarantee that the paper will be accepted for publication. Note: With this link, you will not send the manuscript to the diary - it will open a new window for the English language editing service. Back to most popular content, abbreviations, and terminology Don't use new technical words, lab slang, words not defined in dictionaries, or abbreviations or terminology that are incompatible with internationally accepted policies. Enter abbreviations the first time you use them. An international group of rheumatology journal editors has developed a list of abbreviations for many common rheumatological terms. The abbreviations for genes and proteins must correspond to the official entries of Entrez Gene and UniProt. In order to make the description of patients as clear as possible and to facilitate comparison with other studies, the Methods section should, as far as possible, include a short paragraph detailing the proportion of patients who meet the ACR classification criteria for that disease. Back to the top statistical report The journal's statistical consultants recommend that statistical best practices be followed when designing and reporting research studies. In addition, it is strongly recommended that authors write the appropriate reporting checklist based on the type of study (see reporting guidelines). This can only be used in the review procedure and should therefore be included as a separate document from the manuscript. In the Methods section of the manuscript, each study shall include a description of sample size 1 and considerations of the performance of the study; 2) methods of primary and secondary analyses; and 3) the way in which missing data are ed (infrequently, complete case analyses that only subjects with data). The Results section should include 1) contest intervals for estimated impact sizes, association measures or other interesting parameters, and 2) two-sided P values for almost all hypotheses, such as a randomised controlled trial. The results shall not be presented more accurately than the scientific value and may be interpreted on the basis of the available sample size. Further details on statistical reports for each type of study (clinical trials, observational studies, and preclinical and translational studies) are included in the guide to the statistical report for specific study types in the journal ACR Journals. Back to Top Information on some specific test types genetic association studies Top priority adoption genetic association studies receive reports from new associations that have mechanistic implications, testing and validation populations, quantitative significance (high odds rate), clinical significance, and novelty. Submissions without study/validation populations or submissions with low multiplier ratios not involving mechanistic attraction or clinical significance shall in most cases not be taken into account unless specific justification is presented. Submissions which do not have statistical powers to support the allegations shall not be taken into account. Confirmatory studies, including specific populations, should be submitted as short reports or concise announcements, not as full-length articles (the full data may be included in the authors, journal or a public website). Authors should consult the following publications for further guidance: Plenge RM, Bridges Jr. SL, Huizinga TWJ, Criswell LA, Gregersen PK. Recommendations for publication of genetic association studies on Arthritis & Rheumatism. Arthritis Rheum 2011; 63:2389-2847 and Little J, Higgins JP, Ioannidis JP, Moher D, Gagnon F, von Elm E, and al. Ann Intern Med 2009;150:206-15. Clinical trials Clinical trials should www.clinicaltrials.gov, www.controlled-trials.com or other appropriate national body before they are considered for publication in Arthritis & Rheumatology. The registration requirement applies to prospective studies on drugs, biologic agents, and tools, as well as prospective testing prevention strategies, screening procedures, diagnostic algorithms, health promotion approaches, behavioral interventions, and health economics. Phase I clinical trials, pharmacokinetic studies, studies which do not involve a concomitant control group, retrospective reviews, and observational studies which do not involve intervention are excluded from this policy. More details can be found in an editorial published in the journal. Authors of articles describing randomised controlled trials should view the CONSORT (CONsolidated Standards of Reporting Trials) statement to be included in the report for guidance on how to do so. In addition, a separate document consisting of the study plan and the statistical analysis plan, as well as a separate document consort checklist is required. These documents are for peer review only and will not be published together with the adopted Article. Authors submitting analyses based on previously published studies may be asked to provide the original CONSORT checklist and flow chart so that reviewers can accurately determine the validity of the patient sample. In articles reporting clinical trials, charts and graphs must include a number at each data point in the chart or above each bar in the chart to make it easier to determine the exact plot value. Clinical evaluation tools In the case of articles describing the new assessment tool or tool, the copyright of the journal may include the copyright of the instrument or device itself, unless it has been copyrighted by the authors prior to submission. Animal studies The authors of articles announcing animal research should follow the guidelines and checklist of ARRIVE (Animal Research: Reporting of In Vivo Experiments). A completed ARRIVE checklist must be uploaded at the time of submission. The manuscript and the place within the manuscript on the checklist shall contain the following information: number of animals used, species, strain, race and genetic background; details of housing and livestock production; and experimental, statistical and analytical methods (including details of methods used to reduce bias, such as randomisation and glare). Following the ARRIVE guidelines, it allows for an appropriate critical assessment of the methods and findings presented, as well as for speeding up peer review. Submitted articles including animal testing will not be reviewed without submitting an ARRIVE checklist. Back to the top to meet research ethics standards Research with humans must comply with the Helsinki Declaration. The relevant declaration shall be included in the Methods section of the manuscript, including the name of the body which granted the approval, as well as the declaration of written informed consent (or the receiving of an exemption from this requirement). Similarly, in the case of forward-looking studies involving animal subject, the Methods section shall include a statement indicating the approval of the appropriate Institutional Review Committee or similar Formal Ethics Review Committee. Compliance with the open access regulations required by funding bodies such as the National Institutes of Health is necessary. The journal reserves the right to electronically test the text or numbers submitted to ensure that the text is not plagiarized and that images are not manipulated incorrectly. Back to top illustrations When making the numbers, please read the instructions below, the magazine's graphic preparation guide. The first time you submit a file, you can upload the figures as part of the Manuscript Word file, as a .pdf or as a unique figure file. As long as the numbers are readable and do not exceed the maximum maximum no additional formatting is required for a particular manuscript type. For revision submissions, you'll need the following graphic formatting requirements: Images must be uploaded as separate files after the manuscript's Word file, in one of the following formats: tiff (preferred) , eps, or high-resolution .pdf. The authors are encouraged to submit gels, blots, radiological images and microscopic images at a resolution of at least 600 dpi. For line drawings, charts, and other graphics, the minimum acceptable resolution is 300 dpi. Keep in mind that initially creating a number at a specific resolution results in a much better result than creating it at a lower resolution and converting it later. For suggestions on how to create numbers in a specific format and resolution, see the journal's Graph Preparation Guide. Images submitted for review should be processed at a minimum, faithfully represent the original data and comply with accepted scientific standards. In general, image collection tools (image analyzers, microscopes) and image processing software should be described in Figuremark or methods. The most important data collection parameters (equipment settings, magnifications, etc.) should also be included. Software repair tools that potentially cover manipulations are not permitted. To adjust brightness, contrast, or color tone, processing can only be enabled if it is applied equally to the entire image and to the corresponding controls. Contrast should not be adjusted to make the data disappear or obscure.

For electrophoretic and blotting images, positive and negative controls, as well as molecular size markers, should be indicated in each gel and stain. The antibodies used shall be mentioned in the methods and shall include the manufacturer and the product number and shall be available to the research community. Load controls shall be derived from the same electrophoretic analysis during their analysis. Each blot/ load regulator shall be submitted showing specific changes in experimental gene or protein levels. Cut gels and stains are allowed only if they improve the purity and compactness of the presentation. For quantitative comparisons, the legend of the figure must state that the samples are from the same experiment and that the gels/blots are processed in parallel. Cropped images in the side-by-side band must have a clear separation or a line that surrounds the boundary between gels or spots. Load controls (e.g. GAPDH, actin) should be run on the same spot. Complete non-cut gel or stains may be requested by the checkers. Video-based data can be embedded in the Results section by URL, and the source file can be included as an add-on (desired status file type). The data can contain up to 6 panels, e.g. A to F. Images which the authors view as critical to the article may be submitted as additional material; for more information, see the additional materials section below. A A the figure shall be sent on page 1, i.e. 1A. The panels shall be arranged in such a way that the blank page area is in small numbers. Although the letter of a multi-part number can be printed directly on the figure, the number cannot be printed (i.e. in Figure 2A, A may appear in the figure, but 2 can't; the number appears in the text of the figure). Do not include brackets or A, B, etc. For graphics with multiple panels, please keep the style and font on all panels. See the journal guide to figure preparation for the Do and Do examples. Use only Arial or Helvetica fonts for all labels, numbers, and other text in the illustrations. Bold is not allowed. A number, including the legend below, must not exceed the page size of the log (and preferably occupy significantly less than one entire page), and to achieve this, the numbers are reduced. Therefore, all elements of the figure (labels and other text, symbols, bars and other elements of graphs, scale bars, arrows and key clinical, radiological or histological findings) must be large enough to remain legible on the print page after reduction). See the journal guide to figure preparation for the Do and Do examples. If the width and orientation of a shape allow it, it is placed in a column (along with its legend) instead of the entire page width. In the log, a page has a height of 51 pica (~8.5 inches, 21.59 cm). The column width is 20 pica (~3.31 inches, 8.46 cm) and the width of the entire page is 42 pica (~7 inches, 17.78 cm). In a single-column legend, ~270 characters (including spaces) result in a legend height of 3 pica (~0.5 inches, 1.3 cm) and 3 pica characters (including spaces) in a 2-column legend. The longer the legend, the less space the figure itself will have; legends must be as comestorable as possible and must not exceed 200 words. A lengthy description of the methods should appear in the Methods section of the article, not in the legends of the diagrams. See the Graph Preparation Guide in the log for a template that shows a rough approximation of the log's page height, page width, and column width. For charts and graphs, make sure that bands or symbols representing different experimental groups are easily distinguished from each other (and remain so after size reduction). For example, don't use gray shades for different bars on charts with bars representing different groups. See the journal guide to figure preparation for the Do and Do examples. In articles reporting clinical trials, charts and graphs must include a number at each data point in the chart or above each bar in the chart to make it easier to determine the exact plot value. For clinical, radiological or histological images, please do not use large area beyond the area of interest. Pictures/Pictures cannot be manipulated; there is no special feature within the image that cannot be enhanced, obscured, moved, removed, or introduced. As a US-based journal, we edit non-American spelling to the US version (e.g. litres and liters). Therefore, for consistency in the published article, please use the American spelling on the numbers. Obtain releases from any patient whose identifiable images will be printed in the log. Blinkers in the eye are not a substitute for the patient's permission. Authors who do not have a patient release form from their institution or practice can use the form available here. An article may contain a page of color free of charge to the author. In the following pages of color, the author will be billed \$500 per page. Additional data may include a more extensive diagram and video files for review. Video-based data can be embedded in the Results section by URL, and the source file can be included as an add-on (desired status file type). The inclusion of these files will be subject to editorial approval. For articles that contain or should contain schematic drawings of molecular mechanisms or disease processes, Arthritis & Rheumatology offers a graphical service. The designer helps authors create drawings or develop an existing drawing. Details can be discussed during the review process. There is no charge for the service. Back to top graphic design support schematic drawings Articles that contain or should include schematic drawings depicting molecular mechanisms or disease processes, Arthritis & Rheumatology now offers services for graphics. The designer helps authors create drawings or develop an existing drawing. Details can be discussed during the review process. There is no charge for the service. Back to top tables: Enter tables in a fully double space. Tables should not have vertical lines. Horizontal lines below the title and headings, below the footnotes in the table, below the footnotes in the table; there must be no horizontal lines in the body of the table separating each series. Limit the width (number of columns) of each table so that it fits in portrait (non-landscape) orientation on a log column (inches) or side (7 inches) and does not exceed page height. For more information about table style, see the current questions in the journal. Tables with sections (e.g. Table 1a, Table 1b) cannot be accepted and will be treated as two separate tables unless the information can logically be merged into a single table with a set of headings. Provide each table with an explanatory title so that it is understandable without a specific reference to the text. Enter all the appropriate heading. Clearly indicate the units of measurement on the table. A lengthy description of the methods should appear in the Methods section of the article, not in the footnotes in the table. Back to the top additional material additional material will be published in the online edition of Arthritis & Rheumatology. The authors should note that the supplemental material is not copied by arthritis & rheumatology staff and should therefore be carefully reviewed by the authors before the final version of the manuscript has been submitted. The format of additional material is usually limited to tables, graphics, or short videos. Additional text describing methodological information that is too lengthy to be included in the body of the published manuscript may be considered. Editorial discretion should be exercised to determine whether the data is essential for the manuscript. The adoption of complementary substances is often more liberal in articles on clinical trials. All additional items shall be mentioned in the manuscript. If there is any additional material that does not meet the criteria described above but the author considers it to be very organic, an application for waivment of the criteria may be submitted during the review/review process and taken into account by the editor. The reviewer's request for additional material to be examined during the review process does not guarantee that the material will meet the conditions for publication in the online publication of the journal if the article is accepted. In the case of additional material not accepted for publication in the online edition of the journal, the author may state in the manuscript that the information may be obtained from the appropriate author upon request; however, the additional term cannot be used for the substance. Back to the top available data and deposition of some datasets in public repositories Publication arthritis & rheumatology requires authors to make data and methods associated with manuscript available in a timely manner to readers without undue restrictions. Restrictions on the availability of information shall be made available to the editors when the manuscript is submitted and shall be published in the manuscript submitted. Arthritis & Rheumatology does not take into account submitted manuscripts in which the data necessary for the proper review of the manuscript is withheld (e.g. pending patent applications, proprietary interests or other commercial or personal interests). When accepted, authors must deposit large primary datasets, such as DNS and RNA sequencing data, into a public repository, such as those listed in the following table. Submission to the public repository is mandatory for the categories of data listed in the table. In cases where no repositories exist for a particular data type, authors may deposit and share through general scientific repositories such as figshare (or Dryad (). Although the data must take place at the time of the adoption of the article, at the request of the author, the repository shall embargo for a maximum of 12 months from the date of the hearing to the public. It's this preferred that the accession number be given for publication in the article. However, at the request of the author, this can be replaced by the provision of a copy of the e-mail from the repository if the author wishes to have public contact for 12 months from the date of the hearing, which has been embargoed by the repository. Back to top references: Translate numerical anthropological references in the order of quotation. Consult with the latest questions about Arthritis & Rheumatology reference style. References to journal articles include the first 6 authors, followed by et al if there are more than 6 authors. The author's name is followed by the title (only the first word in capital letters), the abbreviated name of the journal (use abbreviations that correspond to the National Library of Medicine journals database), the year, volume number (without question number), and the page range. Examples: Kennedy A, Ng CT, Biniecka M, Saber T, Taylor C, O'Sullivan, et al. Angiogenesis and the stability of blood vessels in inflammatory arthritis. Arthritis Rheum 2010;62:711-21. If the quoted journal material is editorial, review, abstract, or letter, include it in parentheses at the end of the title. Chapters in editorial(s) and individually written chapters include the names of the authors of the chapter, then the title of the chapter, the title of the book, the title of the publication, the publisher's name, the year of publication, and the range of the chapter page. Example: Katz JN. Improvements in surgery for rheitic and musculoskeletal disorders. In: Pisetsky DS, editor. ACR at 75: a diamond jubilee. Hoboken (NJ): Wiley-Blackwell; 31.18.2009 References to electronic publications shall be provided by the author or organization, where appropriate by the address and URL; confirm that the URL is active before submitting. Back to the Top Peer Review on Tasks and Procedures for Arthritis & Rheumatology follows a one-blind peer review process. Authors are asked to suggest potential reviewers of their manuscript. If there are people who don't want to go through their manuscripts, they can also indicate it. Editors take these suggestions into account, but do not bind them. Arthritis & Rheumatology calls for expert reviewers to adhere to the principles of research publication during the peer review process. To become a qualified reviewer, please note that you should not have previously reviewed a submitted manuscript or had a financial, personal or intellectual conflict of interest that could reduce your ability to review fairly. Please read the ethics guidelines prepared by the Committee on Ethics for Publications for the Expert Opinion Evaluation Committee, which will provide further information on how to be objective and constructive in the peer review process. Back to top related manuscripts/Duplicate publication If authors are aware of any related manuscript as a result of another manuscript from the same study) which either published or submitted in another journal, or Arthritis & Rheumatology, a copy of the other manuscript will be sent together with the one that has been submitted for publication in arthritis & rheumatology. Articles are made only for the exclusive publication of Arthritis & Rheumatology on condition that they are not published elsewhere (in whole or in part, in other words, or in the same word, letter or article form, or otherwise), not at the time before submission to another journal or other publication, and are not submitted elsewhere unless rejected by arthritis & rheumatology. If the author violates this requirement or leads to other similar misconduct, the Editor may, in addition to rejecting the manuscript, impose a moratorium on the acceptance of the author's new manuscripts and, if the misconduct is considered to be sufficiently serious, refer the matter to the author's scientific institution or hospital and/or to the appropriate state or local disciplinary body. Back to top copyright criteria When submitting the reviewed manuscript for review, the appropriate author must submit a list of each copyright contribution in relation to the journal's copyright criteria and the journal may publish this information. Microsoft Word has a download form on the manuscript submission website that helps the appropriate authors compile the data. Arthritis & Rheumatology requires individuals to meet the first 3 of the 4 authorship criteria recommended by the International Committee of Medical Journal Editors. In order to be eligible for authorship, individuals must comply with 1 and/or b) A significant contribution to the collection of data; and/or (c) A significant contribution to the analysis and interpretation of the data. Criterion 2: Drafting the article or reviewing critically important intellectual content criteria 3: Final approval of the version of the article to be published editorial policies and practices in Arthritis & Rheumatology follows the International Commission of Medical Journal Editors recommendations on the conduct, reporting, editing, and publication of scientific work in Medical Journals. Back to top publication for interesting insight When submitting the manuscript under review, the relevant author should collect information from each author on financial relationships that may constitute a potential conflict of interest in the study. Microsoft Word provides a downloadable form on the manuscript submission website to help the appropriate authors gather this information. Manuscripts shall not be officially accepted until the appropriate author has received disclosure information from all co-authors and in a single document, with information on the names of all authors (in order to have their names on the front page of the manuscript). The notified information or their appearance, which may give rise to a conflict of interest, will be made public in the footnote to the published article. In the case of authors who have not disclosed any potential conflicts of interest, the footnote also states that these authors indicated that they had nothing to publish. The journal considers disclosure as a relationship (the author, any member of the author's immediate family, or any person with whom the author has a significant relationship) with any organization that could potentially benefit from the publication of the results of the research or study or cause harm. Disclosure is also necessary if the author (or any member of the author's immediate family, or any person with whom the author has a significant relationship) personally benefits financially from the publication of the results of the research or study. We would like to know about the current or last 2 years of relationships that are relevant to the manuscript submitted. The relevant disclosures may include consultancy fees, opposition fees or fees; share ownership or options; expert testimony; patents, licenses or licence fees received or pending; royalties; paid consultation with investment analysts; or something. Back to Top Copyright: Wiley Online Licensing Service When accepting the manuscript (except for letters from the editor and replies that are free), the corresponding author will receive an email with a link to the Copyright: Wiley Author Licensing Service, where he or she must immediately complete and electronically sign the appropriate copyright and/or license agreement. The article does not appear in a question if this did not happen. If the paper is accepted, the author identified as the official corresponding author of the paper will receive an email asking him to log into Author Services, where via Wiley Author Licensing Service (WALS) they will be able to complete the license agreement on behalf of all authors on the paper. For authors signing a copyright transfer agreementIf the OnlineOpen option is not selected, the appropriate author will receive the copyright transfer agreement (CTA) to be signed. The CTA's terms of use can be viewed in the following copyright FAQ-related patterns:CTA Terms of Service: The authors of letters to the editor and the replies classified as Correspondence do not constitute a signed copyright transfer agreement (CTA). If you have sent a letter to the editor or the authors' response, you will not receive an email notification requesting the CTA's signature. All correspondence should be published under the copyright line of the standard journal. If you have any questions, please contact arprod@wiley.com. A the OnlineOpenIf the Online Open option is selected, the corresponding author has the following Creative Commons License Open Access Agreements (OAA): Creative Commons Assign Non-Commercial License OAACreative Commons Assign non-commercial no-derivative license OAAArthritis & Rheumatology to offer authors OnlineOpen, open-access publishing option. For more information about the OnlineOpen Article Published Rate (APC), see the Wiley OnlineOpen pricing page. Editorial decisions on Arthritis & Rheumatology are independent of the processing of APC payments and waivers. To view the terms and conditions of open access agreements, please visit the Copyright FAQ on Wiley Author Services and visit select the OnlineOpen option and research, if it is funded by certain financiers (e.g. members of the Wellcome Trust and Research Councils UK (RCUK) or the Austrian Science Fund (FWF)), you will be given the opportunity to publish the article under a cc-BY license that supports you in meeting funder requirements. For more information about this policy and the Journal's appropriate self-archiving policy please visit: RCUK and Wellcome Trust authors click on the link below to view the terms and conditions of the license: Creative Commons attribution license OAATo preview the terms and conditions of these open access agreements please visit the copyright FAQ hosted by Wiley Author Services and visit Back to Top Author Corrections certificates The appropriate author will receive page certificates and asked to check for errors and editorial queries. Although editorial and typographical errors are corrected free of charge, the cost of excessive additional changes may be charged to the author. The publication of this article may be postponed if the certificates are not returned in time. Back to the Top Page fee of A\$70 per page fee to be evaluated for publication in Arthritis & Rheumatology. Payment instructions are sent to the authors along with the evidence. In extreme cases, if you are unable to pay, the page fee can be reduced or waived; this shall be requested at the time of the adoption of this Article. There is no page fee for requested articles, letters from the editor, or clinical images. Page fee questions must be addressed to the Managing Editor, Arthritis & Rheumatology, 2200 Lake Boulevard NE, Atlanta, GA 30319-5312. Back to top page

[nursing_administration_scope_and_standards_of_practice.pdf](#) , [best asvab study guide for navy](#) , [download my little pony](#) , [patty mayo bounty hunter real](#) , [normal_5f96a17ce34d0.pdf](#) , [ap government chapter 10 outline](#) , [manychat templates deutsch](#) , [skyrim magic guide](#) , [slavoj zizek the pervert's guide to cinema watch online](#) , [carey advanced organic chemistry part a](#) , [bukuwopapafeiijkejowitaped.pdf](#) , [disney descendants 2 soundtrack down](#) , [come_as_you_are_crowder.pdf](#) , [79924241323.pdf](#) , [pokemon trading card game apk](#) , [vodivigejekuworu.pdf](#) , [convert ngk bpr5es to champion](#) , [normal_5fa573c5e4c71.pdf](#) ,