

Instructions for Authors

GENERAL INFORMATION

CARDIOPULMONARY PHYSICAL THERAPY is the official journal of the Cardiovascular and Pulmonary Section of the American Physical Therapy Association. Manuscripts and other works submitted for review and publication should contribute to the science and practice of physical therapy as they relate to cardiopulmonary rehabilitation or medicine. A primary purpose of the Journal is to present responsible, reliable, and up-to-date information that is of significant scientific and/or clinical value in the fields of cardiac and pulmonary evaluation and rehabilitation. The Editor reserves the right to return, without review, any manuscript that does not meet Journal criteria. The Editorial Board adheres to the "Uniform Requirements for Manuscripts" submitted to biomedical journals. Those requirements can be accessed at <http://www.icmje.org>. All materials accepted for review are privileged communications. Author identity is blinded from reviewers and all correspondence is sent to the first author named on the manuscript, unless otherwise requested.

Articles are received with the understanding that the manuscript is an original work that has not been previously published, nor is it under consideration by another publication. Authors who submit a manuscript that contain substantially similar content that has been published or is currently being considered elsewhere for publication, must inform the Editor and provide the Editor with the a copy of the other article. The Editor will make the determination of the duplicative nature of the submitted manuscript and may decide that the submitted manuscript is unacceptable for publication in the *Cardiopulmonary Physical Therapy Journal*. Manuscripts should be submitted electronically with the manuscript preferably in one file to:

Anne K. Swisher, PT, PhD, CCS
West Virginia University
Division of Physical Therapy
PO Box 9226 HSC
Morgantown, WV 26506-9226
Phone: 304/293-1319
FAX: 304/293-7105
Email: aswisher@hsc.wvu.edu

MANUSCRIPT CATEGORIES

In order for a manuscript to be considered for review, it must fit into one of the following categories:

Research Report includes any original research study with an experimental, quasi-experimental, or non-experimental design. Pilot studies that add to the current body of knowledge in cardiopulmonary physical therapy will be considered as well.

Case Report focuses on a patient or group of patients and describes an element of cardiopulmonary physical therapy practice, which has not been previously documented in the literature.

Clinical Perspective is a scholarly paper that expounds on a specific approach to patient care. The paper may provide a theoretical or practical basis for practice or address professional issues in cardiopulmonary physical therapy. Authors may nominate themselves through communication with the Editor. References are required to support the opinion included in the paper.

Literature Review is a critical analysis of literature on a specific topic of interest related to cardiopulmonary physical therapy. Authors may nominate themselves through communication with the Editor.

PREPARATION OF MANUSCRIPTS

Authors should consult the latest edition of the American Medical Association (AMA) Manual of Style, 10th ed. Available from Lippincott, Williams, & Wilkins, Customer Service, PO Box 1600, Hagerstown, MD 21740-1600, USA. The manual includes details of acceptable style and format, and specifics of manuscript preparation and submission.

Manuscripts must be typewritten on standard (8 1/2 X 11 inch) size paper with 1-inch margins on both side, top, and bottom. DOUBLE-SPACE every line. Begin each of the following sections on a separate page: title page, abstract, text, acknowledgments, references, individual tables, figure legends, and appendices. Number pages consecutively, beginning with the title page. For purposes of more objective reviewing, do not type the primary author's name on each page. Publication may be delayed if manuscripts do not follow the recommended guidelines.

ORGANIZATION OF MANUSCRIPTS

Title page: Title page should include title of the manuscript, author name(s), affiliation of author(s), highest academic degree, and a footnote indicating a cor-

responding address for use by readers (e.g., This footnote should begin with the words: "Address correspondence to:").

Abstract: The abstract should be double-spaced and written in 200 words or less. Abstracts for research papers should be structured and include following headings: Purpose, Methods, Results, and Conclusions. Abstracts for other papers should include Purpose, Summary of Key Points, and a Statement of Conclusions or Recommendations.

Text: Double-space the copy and organize with side headings including: Introduction and Purpose, Methods, Results, Discussion and Conclusions. Use additional headings to assist reader in understanding the organization of the content.

Acknowledgements: All references to grant support should be included here. Other acknowledgements are optional.

References: Indicate references by superscripts, numbered consecutively, in the text, tables, and legends. The reference list should be numbered consecutively and presented on a separate sheet after the text. Follow the instructions in the AMA Manual of Style, and double-space throughout. Use abbreviations for journals that reflect current practice in *Index Medicus*.

Tables: Type tables double-spaced on separate sheets of 8 1/2 X 11" paper. Title all tables and number them consecutively in the order of their appearance in the text. If a table must be continued, repeat the title on a second sheet, followed by the word "Continued."

Figures: Each figure must be prepared according to the AMA Manual of Style, Section 2.14. Signed photographic release forms must accompany photographs of individuals.

Appendices: Number these consecutively. Use appendices for material that is not suited for figures, tables, or text, but that is essential for reader to understand the content of the manuscript.

Cover letter: Authors are expected to disclose in the cover letter any commercial associations that might pose a conflict of interest in connection with the submitted article. All funding sources supporting the work should be acknowledged in a footnote on the title page. All affiliations with or financial involvement in any organization or entity with a direct financial interest in the subject matter or material of the research discussed (e.g., employment, consultancies, stock ownership, or other equity interest, patent-licensing arrangements) should be cited in a cover letter. This information will be held in confidence by the Editor during the review process. If the manuscript is accepted, the Editor will discuss with the author(s) how best to disclose the relevant information. The cover letter must include the following statement:

"In compliance with the Copyright revision Act of 1976, the undersigned author or authors warrant that they have sole ownership of the work submitted, that the work is original and has never been published, and that the author or author(s) have full powers to grant such rights. In consideration of the Editorial Board of the *Cardiopulmonary Physical Therapy Journal* taking action in reviewing and editing my (our) submission, the author (authors) undersigned hereby transfer(s), assign(s), or otherwise convey(s) all copyright ownership to the *Cardiopulmonary Physical Therapy Journal* in the event that such work is published in the *Cardiopulmonary Physical Therapy Journal*. In addition, the author or authors hereby grant the Editorial Board and editorial staff the right to edit, revise, abridge, condense, and translate the foregoing work."

It is preferable that a cover letter with signatures from all authors be mailed to the editor even with electronic submissions; however, faxed copies of the cover letter with signatures will be acceptable.

Protection of Human Subjects: The name of the Institutional Review Board that approved the research protocol must be included in the Methods section of the manuscript. Furthermore, the Methods section must contain a statement that informed consent was obtained and that the rights of the subjects were protected.

MANUSCRIPT CHECKLIST

When submitting a new or revised manuscript, include the following:

1. A cover letter containing all of the information requested above, signed by ALL authors.
2. One original copy of the manuscript including full text, references, tables, figures, photographs, and illustrations.
3. Permission-to-reprint and photograph release statements as necessary.

INFORMATION FOR POTENTIAL AUTHORS

Special Features of the *Cardiopulmonary Physical Therapy Journal*

Special features, such as Outcomes Measures, Editorials, Case Reports, Commentaries, Clinical Reminders and Special Sections are published after review by the Features Editor and, when appropriate, by one or more reviewers. Individuals who wish to contribute any of these features should send a written proposal to the Features Editor (sscherer@regis.edu) BEFORE completion and submission of the manuscript. This proposal should include a description of the scope of the intended article, an outline and the novel aspects of the intended article. Please note that feature articles must conform to the general guidelines for all manuscripts.

Outcomes Measures: Reviews of outcome measures relevant to cardiovascular and/or pulmonary physical therapy practice should be written following the outline provided in the following article:

Scherer S, Wilson CR. Revisiting outcomes assessment.
Cardiopulmonary Physical Therapy Journal. 2007;18:21-24.

Outcome measurement articles are usually peer-reviewed.

Editorials: While most of our editorials are commissioned to relate to papers appearing in the journal, we also welcome editorials that deal with important topics on which the author would like to express an opinion, i.e. 'hot' topics. Maximum 1000 words and 15 references.

Case Reports: Clinically interesting cases should be written in a maximum of 600 words (plus 125 word abstract) with no more than 1 figure or table and maximum of 10 references. Case reports should be of conditions that provide new insight, describe rare but modifiable disorders or present new treatments or understanding. Case reports are usually peer-reviewed.

Commentary: Commentaries include debate articles, long comments or personal observations on current research or trends in cardiovascular or pulmonary physical therapy and rehabilitation that is likely to be of interest to the readers. Maximum 1500 words, 15 references and 1 table or figure.

Letters to the Editor: We welcome lively, provocative, stimulating and amusing letters on general points of interest, as well as comments on and criticisms of articles previously published in the journal. Letters should be double spaced and signed. Please email an electronic copy of your letter. We will try to publish it as quickly as possible. Maximum 450 words, 5 references and 1 table or figure.

Clinical Reminders: Very short and simple resumes of Case Reports that are not unusual enough to be published in full, but are still useful messages that could be of use to the readers. Clinical Reminders should be of no more than 150 words, 1 small table or figure and 3 references. They do not contact abstracts.