

# Instructions for Authors

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Last revision: February 20, 2023

## GENERAL INFORMATION

*Journal of Trauma and Injury* (J Trauma Inj, JTI) is the official journal of the Korean Society of Traumatology. JTI is a peer-reviewed, open access journal that collaborates closely with the Armed Forces Medical Command and the Armed Forces Capital Hospital of Korea, due to the special circumstances between South Korea (hereinafter referred to as Korea) and North Korea.

JTI aims to provide education and training in the field of trauma and to promote communication and information exchange among medical staff, ultimately helping to save the lives of injured patients.

The scope of JTI includes basic and clinical research in trauma-related fields such as general surgery, thoracic surgery, orthopedics, neurosurgery, plastic surgery, head and neck surgery, obstetrics and gynecology, ophthalmology, emergency medicine, anesthesiology, neuropsychiatry, rehabilitation medicine, diagnostic radiology, and interventional radiology. Its scope also encompasses the role of emergency medical technicians and nurses, social infrastructure and systems for caring for injured patients, government policy and support, and wartime trauma research. The regional scope is mainly Korea, but JTI welcomes submissions from researchers worldwide.

JTI was launched in June 1988 with articles published in both Korean and English. Since 2016, the journal has been published in English only. Publication types include original articles, case reports/series, reviews, editorials, and correspondence. The editor usually commissions reviews. JTI is published quarterly on the last day of March, June, September, and December.

JTI follows the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (<https://www.icmje.org/recommendations/>) from the International Committee of Medical Journal Editors (ICMJE) if not otherwise described below.

## ARTICLE PROCESSING CHARGES

JTI is a platinum open access journal that does not charge author fees. Thus, there are no fees for author submissions or other pub-

lication-related charges. The publisher fully covers all costs associated with the publication process.

## PUBLICATION AND RESEARCH ETHICS

JTI adheres to the ethical guidelines for research and publication described in the Guidelines on Good Publication (<https://publicationethics.org/guidance/Guidelines>) by the Committee on Publication Ethics (COPE) and the Good Publication Practice Guideline for Medical Journals ([https://www.kamje.or.kr/board/view?b\\_name=bo\\_publication&bo\\_id=13](https://www.kamje.or.kr/board/view?b_name=bo_publication&bo_id=13)) by the Korean Association of Medical Journal Editors (KAMJE).

### Authorship

All authors must have made a significant intellectual contribution to the manuscript according to the criteria formulated by the ICMJE. Each author should have participated sufficiently in the work to take public responsibility for the content. Authorship credit should be based on the four ICMJE criteria: (1) substantial contributions to conception, design, or the acquisition, analysis, or interpretation of data; (2) drafting the article or revising it critically for important intellectual content; (3) final approval of the version to be published; and (4) agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. All authors should meet all four criteria. General supervision of the research group is not sufficient for authorship. All authors must state they have approved the final draft before submission.

- Contributors: Any researcher who does not meet all four ICMJE criteria for authorship discussed above but contributes substantively to the study in terms of idea development, manuscript writing, conducting research, data analysis, and financial support should have their contributions listed in the Acknowledgments section of the article.
- Correction of authorship: Any changes to the author list after submission, such as adding or deleting author(s) or changing the order of the authors, require the approval of the editor

and are only permitted prior to the manuscript acceptance. Changes must be explained in a letter to the editor from the authors involved. The letter must include the following from the corresponding author: (1) an explanation for the change in authorship and (2) a written confirmation (email or letter) from all authors that they agree with the change in authorship. This letter must be signed by all authors of the paper, including those who are being added or removed.

- **Role of corresponding author:** The corresponding author takes primary responsibility for communication with the journal during the manuscript submission, peer review, and publication process, and typically ensures that all the journal's administrative requirements, such as providing details of authorship, ethics committee approval, clinical trial registration documentation, and gathering conflict of interest forms and statements, are properly completed. The corresponding author should be available throughout the submission and peer review process to respond to editorial queries in a timely manner, and after publication, should be available to respond to critiques of the work and cooperate with any requests from the journal for data or additional information or questions about the article.
- **Recommendations for working with people with personal connections:** Authors who intend to include minors (under the age of 19) or their family members (such as spouse, children, and relatives) in their research, including when publishing or presenting papers jointly with them, should clearly indicate this in the cover letter. For further information, please refer to the Guidelines for Preventing Illegitimate Authorship by the National Research Foundation of Korea (<https://www.cre.re.kr/>).

### Statement of Human and Animal Rights

Clinical research should be conducted in accordance with the World Medical Association (WMA) Declaration of Helsinki: Medical Research Involving Human Subjects (<https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/>). Clinical studies that do not meet the Declaration of Helsinki will not be considered for publication. All clinical studies involving human participants should include a certificate, agreement, or approval from the Institutional Review Board (IRB). For human subjects, identifiable information such as names, initials, hospital numbers, dates of birth, or other protected healthcare information should not be disclosed. For clinical studies with animal subjects, there should be a certificate, agreement, or approval from the Institutional Animal Care and Use Committee (IACUC). Re-

search with animal subjects should adhere to the guidelines outlined in the National or Institutional Guide for the Care and Use of Laboratory Animals and must be performed with ethical consideration for all experimental animals. Original articles submitted to JTI that address any investigation involving humans and/or animals should include a description about whether the study was conducted with the approval by the IRB and/or IACUC of the institution at which the study was conducted. JTI may also request a documentation of approval by the IRB or IACUC for other types of articles when necessary. JTI assumes no responsibility as the authors are solely responsible for the content of each article.

### Statement of Informed Consent

Informed consent should be obtained from patients who participated in clinical investigations unless the requirement is waived by the IRB. Images of human subjects should only be used if the information is essential for scientific purposes and explicit permission has been obtained as part of the consent. Even with consent, identifying details should be omitted if they are not necessary. Authors must ensure that any alterations made to maintain the anonymity of individuals in photographs do not compromise the scientific accuracy of the image. If consent has not been obtained, it is generally not sufficient to anonymize a photograph simply by using eye bars or blurring the face of the individual concerned.

### Registration of Clinical Trial Research

Any research that deals with a clinical trial should be registered with a primary national clinical trial registration site, such as the Korea Clinical Research Information Service (CRiS; <https://cris.nih.go.kr/>), a primary national registry site accredited by the World Health Organization (<https://www.who.int/clinical-trials-registry-platform/network/>), or ClinicalTrials.gov (<http://clinicaltrials.gov/>), a service of the US National Institutes of Health.

### Conflicts of Interest

A conflict of interest exists when an author (or the author's institution), reviewer, or editor has financial or personal relationships that inappropriately influence (bias) their actions (such relationships are also known as dual commitments, competing interests, or competing loyalties). These relationships vary from being negligible to having great potential for influencing judgment. Not all relationships represent true conflicts of interest. Nevertheless, the potential for a conflict of interest can exist regardless of whether an individual believes that the relationship affects their scientific

judgment. Financial relationships (such as employment, consultancies, stock ownership, honoraria, and paid expert testimony) are the most easily identifiable conflicts of interest and the most likely to undermine the credibility of the journal, the authors, and science itself. However, conflicts can occur for other reasons, such as personal relationships, academic competition, and intellectual passion (<https://www.icmje.org/disclosure-of-interest/>). Conflicts of interest may also arise during the research process; however, the important point is the disclosure itself. To ensure the credibility of the journal and the authors, it is essential that all conflicts of interest are disclosed. If there are any conflicts of interest, authors should inform the editor and disclose them in the manuscript. In particular, all sources of funding applicable to the study should be explicitly stated. Disclosing conflicts of interest allows editors, reviewers, and readers to approach the manuscript with an understanding of the situation under which the research work was performed.

### Originality and Duplicate Publication

JTI does not accept manuscripts that are currently under review or have been published in other journals. Once the manuscript is accepted for publication, the authors are not permitted to duplicate any part of the content in another scientific journal without permission from the Editorial Board. However, authors may freely use the figures and tables, provided that the original source is acknowledged according to the Creative Commons Attribution Non-Commercial License. Authors are responsible for resolving any copyright issues that may arise when citing figures or tables from another journal that is not open access.

### Secondary Publication

Manuscripts may be republished if they satisfy the conditions for secondary publication outlined in the ICMJE Recommendations (<https://www.icmje.org/recommendations/>).

### Management of Research and Publication Misconduct

In case the journal faces suspected cases of research and publication misconduct, such as redundant (duplicate) publication, plagiarism, fraudulent or fabricated data, changes in authorship, undisclosed conflict of interest, ethical problems with a submitted manuscript, a reviewer who has appropriated an author's idea or data, complaints against editors, and so on, the resolution process will follow the flowchart provided by COPE (<https://publicationethics.org/guidance/Flowcharts/>). Discussions and decisions on suspected cases are conducted by the Editorial Board in accordance with the Regulations of the Research Ethics Council.

### Editorial Responsibilities

The Editorial Board is committed to maintain high standards of publication ethics and will continuously work towards this goal by providing guidelines for retracting articles; preserving the integrity of academic record; prioritizing intellectual and ethical standards over commercial interests; publishing corrections, clarifications, retractions, and apologies when necessary; and preventing plagiarism and fraudulent data. The responsibilities of editors include the authority to accept or reject articles; ensuring that there are no conflicts of interest with regards to the articles they accept or reject; promoting the publication of corrections or retractions when errors are discovered; and preserving the anonymity of reviewers.

## EDITORIAL POLICY

### Copyright Policy

As the official journal of the Korean Society of Traumatology, all published materials in JTI are owned by the Korean Society of Traumatology. All authors must sign the copyright transfer agreement form upon submission. The papers will not be published until the copyright transfer is complete. Copyright information is indicated on all published papers (HTML and PDF) and on the JTI website.

### Open Access Policy

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supplying multiple print or electronic copies of items from the journal to third parties on a systematic basis for marketing purposes; and (3) reuse by an author of parts of or all of an article in other publications from commercial organizations.

Licensing information is indicated on all published papers (HTML and PDF) and on the JTI website. All articles are available on the journal's website to all users immediately upon publication and at no cost to readers or authors as JTI is a platinum open access journal.

### Article Sharing (Author Self-Archiving) Policy

JTI is an open access journal, which means that authors who publish with us are able to freely share their research in various ways, including preprint servers, social media platforms, conferences, and educational materials, in accordance with our open access policy. However, it should be noted that submitting the same manuscript to multiple journals is strictly prohibited.

### Data Sharing Policy

JTI encourages data sharing wherever possible, unless this is prevented by ethical, privacy, or confidentiality matters. Authors wishing to do so may deposit their data in a publicly accessible repository and include a link to the DOI within the text of the manuscript. JTI adheres to the data sharing statement policy in ICMJE Recommendations for Clinical Trials (<https://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html>). Authors may also refer to the editorial, "Data Sharing Statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors," in the *Journal of Korean Medical Science* vol. 32, no. 7:1051-1053 (<https://doi.org/10.3346/jkms.2017.32.7.1051>).

### Archiving Policy

JTI ensures the long-term availability of its contents, even if the journal is no longer in publication, through archiving in the National Library of Korea (<https://www.nl.go.kr/>). Authors can also archive the publisher's version (in PDF format) available from our website (<https://jtraumainj.org/>).

### Preprint Policy

JTI allows authors to submit preprints to the journal. A preprint refers to a version of a scholarly paper that precedes formal peer review and publication in a peer-reviewed scholarly journal. Submitting a preprint to JTI will not be considered as duplicate submission or publication. JTI advises authors to mention the existence of the preprint, along with its DOI, in the

cover letter during the submission process. Failure to do so may result in a plagiarism check program (Similarity Check) flagging the submission for excessive duplication. The preprint will go through the same peer review process as any other submission. If accepted for publication, the authors are encouraged to update the preprint with a link to the published article in JTI, including the DOI. It is highly recommended that authors cite the published article in JTI instead of the preprint in their future submissions to other journals.

### Peer Review Policy

All submitted papers, including those invited by the editor, are subject to peer review. JTI follows a double-blind peer review policy, ensuring the anonymity of both authors and throughout the review process. However, the editor managing the review process has access to the identities of both authors and reviewers. Each manuscript undergoes peer review by at least two reviewers with relevant expertise. The Editorial Board selects reviewers based on their expertise, publication history, and past reviews. During the review, reviewers can interact directly with the editor alone (via the submission system or email), following the "independent review" approach. Certain publication types, including editorials, errata, corrigenda, retractions, withdrawals, and letters to the editor, are reviewed by the Editorial Board without external peer review.

The initial decision is typically made within 2 months of receiving a manuscript. If there is no correspondence from the Editorial Office regarding the manuscript's status after 2 months, authors are encouraged to contact the Editorial Office. The Editorial Board is responsible for the final decision on whether to accept or reject a manuscript after the peer review.

All published articles in JTI display the dates of submission, revision, acceptance, and publication on their article page, but information regarding the review process and editorial decision are not published. JTI does not guarantee acceptance of initial manuscript submissions except for the invited articles.

## MANUSCRIPT PREPARATION

Manuscripts should be written in English. Medical terminology should conform to the most recent edition of Dorland's Illustrated Medical Dictionary.

### General Principles

- Format of manuscript: Manuscripts should be submitted in the file format of Microsoft Word 2010 or higher. Manu-

scripts should be typed on an A4-sized document, be double-spaced, and use a font size of 10–12 point with margins of 2 cm on each side and 3 cm for the upper and lower ends. We recommend the use of the template provided at <https://www.jtraumainj.org/authors/authors.php/> when formatting the manuscript.

- **Abbreviation of terminology:** Abbreviations should be avoided as much as possible. One word should not be expressed through an abbreviation, although two or more words may be expressed through an abbreviation. The full term for which the abbreviation stands should be used at its first occurrence in the text. Abbreviations should not be present in the title. Common abbreviations, such as DNA or COVID-19, however, may be used.
- **Units:** The use of International Standardized (SI) units (<https://www.nist.gov/pml/owm/metric-si/si-units/>) is encouraged.
- **Machines and equipment:** When the use of reagents or devices is reported in the text, the name of the manufacturer, city, state, and country should be indicated.
- **Statistics:** Statistical methods must be described and the program used for analysis and its source should be stated.
- **Reporting guidelines for specific study designs:** Research reports frequently omit important information. As such, reporting guidelines have been developed for a number of study designs that some journals may ask authors to follow. Authors are encouraged to also consult the reporting guidelines relevant to their specific research design. A good source for reporting guidelines is the EQUATOR Network (<https://www.equator-network.org/>) and the US National Institutes of Health/National Library of Medicine ([http://www.nlm.nih.gov/services/research\\_report\\_guide.html](http://www.nlm.nih.gov/services/research_report_guide.html)).
- **Cover letter:** The cover letter should inform the Editor that neither the submitted material nor portions thereof have been published previously or are under consideration for publication elsewhere. It should state any potential conflict of interest that could influence the authors' interpretation of the data, such as financial support from or connections to pharmaceutical companies, political pressure from interest groups, or academically related issues.

## Organization of Manuscript: Original Articles

*1. Arrangement of the manuscript:* Original articles should be organized in the order of Title page, Abstract & Keywords, Main text (Introduction, Methods, Results, Discussion), References,

Tables, Figures, and Figure Legends. The title of each new section should begin on a new page. Number pages consecutively, beginning with the abstract page. Page numbers should be placed at the middle of the bottom of each page.

### 2. Title page

- **The title page must include the article title, the authors' names (including ORCID), affiliations, corresponding authors' names and contact information, running title, and declarations.**
- **Title:** The title should be concise and precise. The title should be written in sentence case, meaning the first letter of the first word and any proper nouns are capitalized, as in a typical sentence. Generic drug names should be used in the title, not brand names. The title should also indicate the study design. If the study involved human participants, the country where the study was conducted should be included.
- **Authors and affiliations:** First, middle, and last names should be included for each author. If authors are affiliated with multiple departments and hospitals, affiliations should be arranged in the order of authors and demarcated with a number.
- **ORCID:** We recommend that the ORCIDs of all authors be provided. To have an ORCID, authors should register on the ORCID website (<https://orcid.org>). Registration is free to every researcher in the world.
- **Corresponding author:** The corresponding author's name, address, postal code, telephone number, and email address should be included.
- **Running title:** A running title of less than 50 characters including letters and spaces should be included in English. If the included running title is inappropriate, the Editorial Board may revise it.
- **Notes:**
  - **Ethical statements:** When reporting experiments with human or animal subjects, the authors should indicate whether they received approval from the IRB for the study and whether informed consent from the patients was obtained.
  - **Conflicts of interest:** If there are any conflicts of interest, authors should disclose them in the manuscript. Disclosures allow editors, reviewers, and readers to approach the manuscript with an understanding of the situation and background of the completed research. If there are no conflicts of interest, authors should include the following sentence: "The authors have no conflicts of interest to declare."
  - **Funding:** Funding for the research should be provided here.



Providing a FundRef ID is suggested, including the name of the funding agency, the country, and if available, the number of the grant provided by the funding agency. If the funding agency does not have a FundRef ID, please ask the agency to contact the FundRef registry ([fundref.registry@crossref.org](mailto:fundref.registry@crossref.org)). A detailed description of the FundRef policy can be found at the Crossref website (<https://www.crossref.org/services/funder-registry/>).

- Author contributions: The contributions of all authors must be described using CRediT (Contributor Roles Taxonomy; <https://credit.niso.org/>).
- Acknowledgments: Persons or institutes that contributed to the paper but did not meet the criteria for authorship are acknowledged here.
- If any of the sections are not relevant to the manuscript, please include the heading and write “Not applicable.” for that section.

### 3. Abstract & Keywords

- All manuscripts should contain a structured abstract. Abstracts should be no more than 300 words in length and must have the following headings: Purpose, Methods, Results, and Conclusions. The quotation of references must not be included in the abstract.
- A maximum of five keywords should be listed, immediately after the abstract. Each keyword should be separated by a semicolon (;). The authors should use MeSH (Medical Subject Heading; <https://meshb.nlm.nih.gov/>) terms in their keywords.

### 4. Main text

- **Introduction:** The Introduction should address the purpose of the article concisely and include background reports that are relevant to the purpose of the paper.
- **Methods:** When reporting experiments with human or animal subjects, the authors should indicate whether they received approval from the IRB for the study and whether informed consent from the patients was obtained. These should be written in the first sentence of the Methods. When reporting experiments with animal subjects, the authors should indicate whether the handling of animals was supervised by the Institutional Board for the Care and Use of Laboratory Animals. Sufficient details need to be addressed in the methodology section of an experimental study so that it can be further replicated by others. Ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psy-

chosocial, or cultural factors), and, unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and gender. If the study involved an exclusive population, for example in only one sex, authors should justify why, except in obvious cases (e.g., prostate cancer). Authors should also define how they determined race or ethnicity and justify their relevance.

- **Results:** Results should be presented in a logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat all of the data in the tables or figures in the text; emphasize or summarize only the most important observations.
- **Discussion:** Discussion should emphasize the new and important aspects of the study, including the conclusions. Do not repeat the results in detail or other information that is included in the Introduction or Results sections. Describe the conclusions according to the purpose of the study but avoid unqualified statements that are not adequately supported by the data. Conclusions may be stated briefly in the last paragraph of the Discussion section.

### 5. References

- References should be obviously related to the document. In the text, references should be cited with Arabic numerals in brackets, numbered in the order cited. In the references section, the references should be numbered and listed in order of appearance in the text.
- All of the references should be stated in English, including the author, title, and the name of the journal. If necessary, the reviewers and the Editorial Board may request original documents of the references. In the References section, journals should be abbreviated according to the style used in the list of journals indexed in the NLM Journal Catalog (<https://www.ncbi.nlm.nih.gov/nlmcatalog/journals/>). Journal titles that are not listed in the Catalog should follow the ISO abbreviation as described in Access to the LTWA (List of Title Word Abbreviations; <https://www.issn.org/services/online-services/access-to-the-ltwa/>).
- The surname should be put before the given name, whose first letter is capitalized. All of six or fewer authors should be recorded, and if authors are seven or more, “et al.” should be put after the first three authors.
- In principle, the number of references is limited to 30 for original articles. Exceptions can be made only with the agreement of the Editor.

- The description of the References section is provided below. The References follow the NLM Style Guide for Authors, Editors, and Publishers (<https://www.ncbi.nlm.nih.gov/books/NBK7256/>) if not specified below.

- Sample

1. Yeo KH, Park CY, Kim HH. Abdomino-perineal organ injuries caused by cultivators. *J Trauma Inj* 2015;28:60–6.
2. Mattox KL, Moore EE, Feliciano DV. *Trauma*. 7th ed. McGraw Hill; 2013.
3. Burlew CC, Moore EE. Emergency department thoracotomy. In: Mattox KL, Moore EE, Feliciano DV, editors. *Trauma*. 7th ed. McGraw Hill; 2013. p. 236–50.
4. World Health Organization (WHO). World health statistics 2021: a visual summary [Internet]. WHO; 2021 [cited 2021 Feb 1]. Available from: <https://www.who.int/data/stories/world-health-statistics-2021-a-visual-summary>
5. Sharma N, Sharma P, Basu S, et al. The seroprevalence and trends of SARS-CoV-2 in Delhi, India: a repeated population-based seroepidemiological study [Preprint]. Posted 2020 Dec 14. medRxiv 2020.12.13.20248123. <https://doi.org/10.1101/2020.12.13.20248123>

## 6. Tables

Tables must be numbered in the order in which they are cited in the text. Each table must be simple and typed on a separate page. Supply a brief title at the top of the table. The titles of tables start with “Table 1.” Footnotes should be provided consecutively in order of the information, statistics, and abbreviations. Footnoted information should be referenced using superscript lowercase letters (e.g., a, b) in alphabetical order.

## 7. Figures and Illustrations

Authors must submit figures and illustrations as electronic files. Images must be provided as TIFF files. JPEG is also acceptable when it is the original format. Each figure must be of good quality, higher than 300 dpi resolution with good contrast and sharpness. Figures must be sized to 4 inches. If possible, submit the original file without any modifications.

Submit files of figures and photographs separately from the text of the paper. Number figures as “Figure Arabic numeral” (e.g., Fig. 1) in the order of their citation. If a figure is divided into more than two images, mark each figure with Arabic numerals and a capital letter (e.g., Fig. 1A, B). Authors should submit line drawings in black and white. Figures should be explained briefly in the titles. An individual should not be recognizable in photographs or X-ray films provided at the time of submission. Radiographic prints must have arrows for clarity if

applicable. Pathological samples should be pictured with a measuring stick.

## 8. Figure Legends

All figures should be described in the text separately. The description order must be the same as in the footnotes in tables and should be in recognizable sentences. In microscopic pictures, staining methods and magnification ratio should be indicated.

## Organization of Manuscript: Review articles

1. The Editorial Board requests review articles of particular titles and text. The author can describe text that is not itemized.
2. Arrangement of manuscript: Review articles should be organized in the order of Title page, Abstract (unstructured, under 250 words) & Keywords, Main text, References, Tables, Figures, and Figure Legends.
3. In principle, the number of references is limited to 100 for review articles. Exceptions can be made only with the agreement of the Editor.

## Organization of Manuscript: Case reports

1. Case reports describe unique and instructive cases that make an important teaching point or scientific observation, novel techniques, use of new equipment, or new information on diseases that are of importance to the critical care field.
2. For case reports, authors should follow the CARE guidelines (<https://www.care-statement.org>). Authors should upload a completed checklist for the CARE guidelines during initial submission.
3. Arrangement of manuscript: Case reports should be organized in the order of Title page, Abstract (unstructured, under 250 words) & Keywords (under five keywords, including “Case reports”), Main text (Introduction, Case report, Discussion), References, Tables, Figures, and Figure Legends.
4. Main text:
  - **Introduction:** Should not be separately divided. Briefly describe the case and background without a title.
  - **Case report:** Describe only the clinical findings and management steps that are directly related to critical care.
  - **Discussion:** Briefly discuss the case and state conclusions at the end of the case. Do not structure the conclusion section separately.
5. In principle, the number of references is limited to 15 for case reports. Exceptions can be made only with the agreement of the Editor.

## Organization of Manuscript: Others

Other publication types such as Editorials, Guidelines, Correspondences, and Brief reports, may be accepted. The recommended format can be discussed with the Editorial Board.

## MANUSCRIPT SUBMISSION AND PEER REVIEW

### Submission Process

Authors are requested to submit their papers electronically using the online manuscript submission and peer review system available at: <https://submit.jtraumainj.org/>. Under this online system, only corresponding authors and first authors can submit manuscripts. The process of reviewing and editing will be conducted entirely through this system. Authors and reviewers may check the progress of reviews and related questions/answers on this system. The corresponding authors will be notified of all progress in the review process.

### Peer Review Process

All submitted papers, including those invited by the editor, are subject to peer review. The peer review process also applies to the research data and supplementary materials submitted upon initial submission. Manuscripts are first reviewed for its format and adherence to the aims and scope of the journal. Prior to peer review, all submissions undergo plagiarism screening using Similarity Check (<https://crosscheck.ithenticate.com/>). Manuscripts are sent simultaneously to at least two reviewers with relevant expertise. A third reviewer will be assigned if there is a discrepancy between two reviewers. The initial decision is typically made within 2 months of receiving a manuscript. Authors will receive notification of the publication decision, along with reviewers' comments and instructions for revision. The Editorial Board is responsible for the final decision on whether to accept or reject a manuscript after the peer review. Final decisions regarding manuscript publication are made by the Editor-in-Chief or a designated editor who does not have any relevant conflicts of interest.

### Submission by Editors

All submissions from editors, employees, or Editorial Board members undergo the same review process, and are not involved in reviewer selection or decision-making. Editors do not handle their own manuscripts even if commissioned. In the event that an editor has a conflict of interest with a submitted manuscript or with the authors, the manuscript will be handled by one of the other editors who does not have a conflict with the review and

who is not at the same institution as the submitting editor. In such circumstances, full masking of the process will be ensured so that the anonymity of the peer reviewers is maintained.

### Appeals of Decisions

Any appeals against the editorial decision must be made within 2 weeks of the date of the decision letter. Authors who wish to appeal against a decision should contact the Editor-in-Chief, explaining in detail the reasons for the appeal. All appeals will be discussed with at least one other associate editor. If consensus cannot be reached thereby, an appeal will be discussed at a full editorial meeting. The process of handling complaints and appeals follows the guidelines of COPE available from (<https://publicationethics.org/appeals>). JTI does not consider second appeals.

## MANUSCRIPTS ACCEPTED FOR PUBLICATION

### Final Version

After a paper has been accepted for publication, the author(s) should submit the final version of the manuscript. The names and affiliations of authors should be double-checked, and if the originally submitted image files were of poor resolution, higher resolution image files should be submitted at this time. TIFF and PDF formats are preferred for submission of digital files of photographic images. Symbols (e.g., circles, triangles, squares), letters (e.g., words, abbreviations), and numbers should be large enough to be legible on reduction to the journal's column widths. All symbols must be defined in the figure caption. If references, tables, or figures are moved, added, or deleted during the revision process, renumber them to reflect such changes so that all tables, references, and figures are cited in numeric order.

### Manuscript Corrections

Before publication, the manuscript editor will correct the manuscript such that it meets the standard publication format. The author(s) must respond within 2 working days when the manuscript editor contacts the author for revisions. If the response is delayed, the manuscript's publication may be postponed to the next issue.

### Galley Proof

The author(s) will receive the final version of the manuscript as a PDF file. Within 2 working days of receipt, authors must notify the Editorial Office (or the printing office) of any errors found in the file. Any errors found after this time are the responsibility of



the author(s) and will have to be corrected as errata or corrigenda (depending on the responsibility for the error).

### **Errata and Corrigenda**

To correct errors in published articles, the corresponding author should contact the Editorial Office with a detailed description of the proposed correction. Corrections that profoundly affect the interpretation or conclusions of the article will be reviewed by the editors. Corrections will be published as corrigenda (corrections of author's errors) or errata (corrections of publisher's errors) in a later issue of the journal.

### **CONTACT INFORMATION**

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