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## ABOUT THE JOURNAL

### Aims and Scope

*Spinal Cord* is a specialised, international journal that has been publishing spinal cord related manuscripts since 1963. It appears monthly, online and in print, and accepts contributions on spinal cord anatomy, physiology, management of injury and disease, and the quality of life and life circumstances of people with a spinal cord injury. *Spinal Cord* is multi-disciplinary and publishes contributions across the entire spectrum of research ranging from basic science to applied clinical research. It focuses on high quality original research, systematic reviews and narrative reviews.

*Spinal Cord's* sister journal *Spinal Cord Series and Cases: Clinical Management in Spinal Cord Disorders* publishes case reports, small case series and studies of regional interest. For more information, please see the aims and scope of [Spinal Cord Series and Cases](#).

### Journal Details

**Editor-in-Chief:** Professor Daniel Graves, Sidney Kimmel Medical College, Thomas Jefferson University, USA, [SpinalCord@comcast.net](mailto:SpinalCord@comcast.net)

**Editorial Office:** [spinalcord@iscos.org.uk](mailto:spinalcord@iscos.org.uk)

**Frequency:** 12 issues a year

### Abstracted in:

EBSCO Discovery Service

Google Scholar

Medline/PubMed

OCLC

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BIOSIS

Current Contents/Clinical Medicine

Science Citation Index Expanded (SciSearch)

EBSCO Academic Search

EBSCO Advanced Placement Source

EBSCO Biomedical Reference Collection

EBSCO CINAHL

EBSCO SPORTDiscus

EBSCO STM Source

EBSCO Rehabilitation & Sports Medicine Science

EBSCO TOC Premier

## ARTICLE TYPE SPECIFICATIONS

ARTICLE DESCRIPTION	SPECIFICATION
<p><b>Review Article</b>  <i>Spinal Cord</i> prioritises systematic reviews about treatment effectiveness which have clearly stated Population-Intervention-Comparator-Outcomes (PICO) elements with results presented in forest plots including meta-analyses as appropriate. Systematic reviews examining incidence or prevalence of SCI or of a secondary condition will also be prioritised.            Narrative reviews will be considered but only if the topic is of wide interest to readers. The topics of both narrative and systematic reviews should not already have been extensively reviewed, or the authors can demonstrate that the review adds new insights to a previous review on the topic. Authors are encouraged to seek feedback about suitability for publication of narrative reviews from the Editorial Office before submitting.</p>	<p>Structured abstract max 250 words;            Main body of text (excluding abstract, references, figures/tables) not to exceed 4,500 words*;            Max 2 tables and 3 figures            Max 30 references (References of the studies extracted can go in supplementary files)</p>
<p><b>Correspondence</b>            Correspondences will be considered if they relate to a previously published manuscript in <i>Spinal Cord</i> or a current controversial issue. Correspondences that highlight an important weakness with the methodology or interpretation of the results of a published paper will be prioritised.</p>	<p>No abstract/subheadings required;            Main body of text (excluding references, figures/tables) not to exceed 800 words;            No tables /figures unless essential;            Max 5 references</p>

<p><b>Article (presenting primary data)</b> Please see 'Preparation of Articles' below for further details. <i>Spinal Cord</i> prioritises original research that contains prospectively collected data driven by clear a priori hypothesis. This includes but is not limited to:</p> <ul style="list-style-type: none"> <li>• randomised and non-randomised clinical trials (please see requirement for trial registration below)</li> <li>• diagnostic studies</li> <li>• cohort studies (if the sample is reasonably representative of the target population)</li> <li>• case-control studies</li> <li>• psychometric studies</li> <li>• basic cellular studies</li> <li>• animal studies</li> <li>• qualitative studies</li> <li>• explanatory or mechanistic studies</li> <li>• economic evaluation studies</li> </ul> <p>The following types of studies are a low publication priority:</p> <ul style="list-style-type: none"> <li>• retrospective chart audits</li> <li>• studies of the demographics of patients of a single hospital presenting with new SCI</li> <li>• studies that are only of regional interest</li> <li>• studies examining the reliability of outcome measures translated into a non-English language</li> <li>• surveys of small and non-representative samples</li> </ul> <p>Exceptions will be made if the authors can demonstrate that the study is particularly novel and would be of wide interest to an international readership.</p>	<p>Structured abstract max 250 words; Main body of text (excluding abstract, references, figures/tables) not to exceed 3,500 words*; Max 4 tables and 3 figures; Max 30 references</p>
<p><b>Protocol (when submitting please select manuscript type 'Article')</b> Protocols of large cohort studies or clinical trials may be published from time-to-time. However, the studies need to be of high importance (e.g. answering a key clinical question, or offering great methodologic innovation) with a strong likelihood of completion (evident by sufficient funding) The headings for the Structured Abstract and within the article text should be the same as for Articles as outlined below with the following exception:</p> <ul style="list-style-type: none"> <li>• the Results and Discussion sections should be replaced with one section titled 'Ethics and Dissemination'</li> </ul> <p>Additional subheadings within these sections are allowed</p>	<p>Structured abstract max 250 words; Main body of text (excluding abstract, references, figures/tables) not to exceed 2,500 words*; Max 1 table and 2 figures; Max 30 references</p>
<p><b>Perspective</b> Any type of scholarly paper that requires less than 1,500 words and 10 references. This may include summaries of Cochrane Reviewers (provided by the Cochrane Rehabilitation Group), summaries of well-recognised clinical practice guidelines, summaries of position or consensus statements by Societies and organisations affiliated with ISCoS, summaries of important strategic planning meetings, summaries of medical or research procedures or new assessment tools, or short narratives on controversial topics. Perspectives need to be balanced but can be more opinionated than original research. They should stimulate discussion or provide an accessible summary of content that would be of interest to the readers of <i>Spinal Cord</i>.</p>	<p>Unstructured abstract/brief overview max 150 words; Main body of text (excluding references, figures/tables) not to exceed 1,500 words; Max 1 table and/or figure* Max 10 references</p>

\* Unless these restrictions prevent authors from conveying key messages. If these restrictions are exceeded then authors need to provide an explanation in their covering letter and be aware that they may be asked to reduce the number of Figures, Tables, References and/or length of the manuscript. Authors can put extensive descriptions of particular methods or statistical techniques, and extra Figures or Tables in Supplementary Files.

\*Additional Tables and Figures can be included as Supplementary Files.

**Please Note: all submissions should include a Title Page and a Conflict of Interest Statement. More information can be found below.**

## Prior Registrations

### Clinical Trials

#### Important Message: Mandatory requirements starting 1<sup>st</sup> January 2018

From 2018: All clinical trials starting on or after 1<sup>st</sup> January 2018 **MUST** be registered **BEFORE** the first participant is randomised to be accepted for publication in *Spinal Cord*. A clinical trial is any study in which participants are allocated to a treatment. Most registries also allow registration of non-interventional studies, and we encourage researchers to register their observational studies. Trials commenced before 2018 must be retrospectively registered. Read [here](#) and see the below section on Clinical Trials for more details.

### Systematic Reviews

Systematic Reviews can be registered in [PROSPERO](#), and *Spinal Cord* will at some point start requiring such pre-registration.

## PREPARATION OF ARTICLE

**House Style:** Authors should adhere to the following formatting guidelines:

- We accept UK English or American English, however authors should be consistent in their use of either within the manuscript
- Text should be double spaced with margins of between 1cm and 3cm wide.
- All pages and lines to be numbered continuously (do not restart at the beginning of each page). To add page numbers in MS Word, go to Insert > Page Numbers. To add line numbers go to Layout, File, Continuous
- Do not make rules thinner than 1pt (0.36mm).
- Use a coarse hatching pattern rather than shading for tints in graphs.
- Colour should be distinct when being used as an identifying tool.
- Commas, not spaces should be used to separate thousands. Decimal values should be preceded by a dot, not a comma. The number of decimals should be consistent for each variable throughout the manuscript and should be appropriate to avoid spurious precision.

- At first mention of a manufacturer, the town (and state if USA) and country should be provided.
- Normally distributed data should be expressed as mean (SD). Skewed data should be expressed as median (25% and 75% percentiles).
- Sole reliance on statistical significance (and p values) is discouraged. Instead, we encourage reporting of effect sizes, preferably in the units of the original scale. For example, we encourage authors to write “*people with tetraplegia are twice as likely to experience respiratory problems than people with paraplegia (OR 2.13, 95% CI 1.91 - 2.37)*” or “*people with spinal cord injury walked 0.45 m/s (95% CI 0.35 - 0.55) slower than their age matched healthy counterparts*”. We discourage statements such as “*people with spinal cord injury had a significant decrease in psychological distress after counselling (p = 0.02)*”.
- Units: Use metric units (SI units) as fully as possible. Preferably give measurements of energy in kilojoules or Megajoules with kilocalories in parentheses (1 kcal = 4.186kJ). Use % throughout.
- Express all 95% confidence intervals in this format – “95% CI, xx - xx”.
- Express all means and standard deviations in this format – “the mean (SD) was xx (xx).”
- Use person centred terminology throughout e.g. “people with tetraplegia” (not “tetraplegics”).
- Use the term “tetraplegia” (not “quadriplegia”).
- Use the words “person/s”, “people” or “individual/s” where ever possible (rather than “patient/s”) unless this distracts from the readability or meaning.
- Use the word “participant/s”, not “subject/s”.
- Avoid spurious precision. As a general rule, report numbers between 0 and 1 to 2 decimal places, between 1 and 10 to 1 decimal place, and above 10 with no decimal place

Please note that Articles must contain the below components (if the authors wish Reviews can also be split under these headings). All sections of the article text where noted (\*) must be included in a single article file and uploaded in Word format.

- |   |                                  |
|---|----------------------------------|
| • Title page (excluding acknowledgements) * | • Acknowledgements*              |
| • (Structured) Abstract*                    | • Author Contribution Statement* |
| • Introduction*                             | • Funding*                       |
| • Methods*                                  | • Ethical Approval*              |
| • Results*                                  | • Competing Interests*           |
| • Discussion*                               | • Figure legends*                |
| • Data Availability Statement*              | • Tables                         |
| • References*                               | • Figures                        |

#### Cover Letter

Authors should provide a cover letter that includes the affiliation and contact information for the corresponding author. Authors should briefly discuss the importance of the work and explain why it is considered appropriate for the diverse readership of the journal. The cover letter should confirm the material is original research, has not been previously published and has not been/will not be submitted for publication elsewhere while under consideration. If the manuscript has been previously considered for publication in another journal, please include the previous reviewer comments, to help expedite the decision by the Editorial team.

#### Title Page

The title page should contain:

- Title of the paper - brief, informative, of 150 characters or less and should not make a statement or conclusion but where possible reflect the study design.  
E.g. 1: Effectiveness of robotic gait training for people with spinal cord injury: a clinical trial  
E.g. 2: The need for ventilator support following recent spinal cord injury  
In addition, the title shouldn't include abbreviations unless readers are likely to search for an article by the abbreviation. Regardless the abbreviation needs to be defined in the title.  
**Inappropriate use of abbreviation:** Depression in individuals with (SCI) / Teaching the ISNCSCI.  
**Appropriate use of abbreviation:** Adaptation and validation of the Caregiver Burden Inventory in Spinal Cord Injuries (CBI-SCI) / Rasch analysis of the University of Washington Self-Efficacy Scale short-form (UW-SES-6) in people with long-standing spinal cord injury
- Full first and last names of all authors along with initials for any middle names. Also provide the affiliations of all authors, as well as the e-mail address of the corresponding author (postal addresses are no longer required). If authors regard it as essential to indicate that two or more co-authors are equal in status, they may be identified by an asterisk symbol with the caption ‘These authors contributed equally to this work’ immediately under the address list.

**Consortia:** For papers containing one or more consortia (or collaboration), all members of the consortium who meet the criteria for authorship must be listed individually as authors on the title page. The name of the consortia needs to also be on the title page and listed as an author (e.g. The BP Consortia). However, phrases such as “on behalf of” should not be used. If necessary, individual authors can be listed in both the main author list and as a member of a consortium. When submitting your manuscript via the online submission system, the consortium name should be entered as an author, together with the contact details of a nominated consortium representative. The Consortium should be mentioned in the Acknowledgements section, not as an Author, when it is made up of a group of people who do not meet authorship criteria. The individual names will not appear in PubMed or elsewhere. Instead, only the name of the Consortia will appear. See here [<https://www.nature.com/documents/nr-consortia-formatting.pdf>] for further consortia formatting guidelines, which should be adhered to prior to acceptance.

#### Structured Abstract

Articles must be prepared with a structured abstract designed to summarise the essential features of the paper in a logical and concise sequence under the following mandatory headings. Authors can also apply this layout to Review Articles if they wish to do so. (Structured abstracts must be used for systematic reviews but unstructured abstracts may be used for narrative reviews).

- **Study Design** (e.g. cohort study; clinical trial; Systematic Review; Narrative Review – see “Article Description” for other examples)
- **Objectives**
- **Setting** (e.g. hospital in Gothenburg, Sweden; University-based laboratory in Chicago, USA; community in Sydney, Australia; hospitals from multiple countries in Asia.) (Narrative and systematic reviews do not need to include this heading)

- **Methods**
- **Results**
- **Conclusions:** Framed with respect to the objectives and primary results
- **Sponsorship** (this is only relevant if a commercial company has sponsored the study. This does not include funding from grants or other sources)

Please note: As with all Springer Nature titles, *Spinal Cord* does not collect keywords. Keywords that are provided to us will not be published. If a term is important in the discoverability of the paper, it should be in the title and/or abstract of the paper.

### Graphical Abstracts (optional)

A graphical abstract, which summarizes the manuscript in a visual way, is designed to attract the attention of readers in the table of contents of the journal. Graphical abstracts are published in the table of contents and in the article. The graphic should be submitted as a single file using a standard file format (.tiff, .eps, .jpg, .bmp, .doc, or .pdf.), it should be 9 cm wide x 5 cm high when printed at full scale and a minimum of 300 dpi. All graphical abstracts should be submitted with a white background and imagery should fill the available width, whenever possible. Colour graphical abstracts are encouraged and will be published at no additional charge. Textual statements should be kept to a minimum.

### Introduction

The Introduction should assume that the reader is knowledgeable in the field and should therefore be as brief as possible, but can include a short historical review where desirable. Please refrain from commencing with statements such as – “Spinal cord injuries are devastating injuries” or similar.

### Methods

This section should contain sufficient detail, so that all experimental procedures can be reproduced by a knowledgeable scientist, and include references. Methods that have been published in detail elsewhere can be summarised with a reference to the full methodology. Authors should provide the name of the manufacturer and their location for any specifically named medical equipment or instrument. All drugs should be identified by their pharmaceutical names, and by their trade name if relevant.

### Results

The Results section should briefly present the experimental data in text, Tables and/or Figures. Tables and Figures should not be described extensively in the text, but the text should refer to key findings/observations in Tables and Figures (e.g. "As shown in Table 2, males are taller than females with a mean (SD) difference of 1.2 (0.3) cm"). All results comparing groups should be presented as point estimates with measures of precision (eg. mean between-group differences, odds ratios or hazard ratios with 95% confidence intervals).

### Discussion

The Discussion section should focus on the interpretation and the significance of the findings with concise objective comments that describe the authors' work in relation to the work of others in the area. It should not repeat information presented in the Results section. The final paragraph should highlight the main conclusion(s) and clinical implications, and provide some indication of the direction of future research.

### Data Availability Statement

Please include a statement at the end of your paper that tells readers where the data generated or analysed during this study can be found e.g. within the published article and its supplementary files, within a recognised repository, with a link to the data in said repository, or if additional data are available from the corresponding author on reasonable request. The inclusion of this statement is mandatory.

Please see the [Data Availability and Policy](#) page on the journal website for more information.

### References

Only papers directly related to the article should be cited. Exhaustive lists should be avoided - see limitations on number of references under article type specifications above. References should follow the Vancouver format. In the text they should appear as numbers (starting at one) in square brackets placed before punctuations and starting at one. Example “...the scale maintains adequate construct validity and measures the attributes it purports to measure [15,16].”

The full details of the References should appear at the end of the paper (double-spaced) in numerical order corresponding to the order of citation in the text. If you use a reference manager such as Endnote or RefWorks, make sure you check the results for completeness and proper capitalization of author names, Journal names, titles, and year/volume/issue/page information. The doi, PMCID and similar numbers should not be included unless the Reference is only available in electronic format. Please ensure the links to Endnote are removed prior to submission.

All authors should be listed for papers with up to six authors; for papers with more than six authors, only the first six authors should be listed, followed by *et al.* Abbreviations for titles of medical periodicals should conform to those used in the [NCBI database](#). The first and last page numbers for each reference should be provided. Abstracts and letters must be identified as such. Papers in press may be included in the list of references.

Personal communications can be allocated a number and included in the list of references in the usual way or simply referred to in the text e.g. “William Jones, personal communication, 2 June 2018”. In either case authors must obtain permission from the individual concerned to quote his/her unpublished work.

Examples:

*Journal article:*

Neidlein, S, Wirth, R, Pourhassan, M. Iron deficiency, fatigue and muscle strength and function in older hospitalized patients. *Eur J Clin Nutr.* 2020; 75:456–463.

*Journal article by DOI:*

Kurotani K, Shinsugi C, Takimoto H. Diet quality and household income level among students: 2014 National Health and Nutrition Survey Japan. *Eur J Clin Nutr.* 2020; <https://doi.org/10.1038/s41430-020-00794-1>.

*Journal article, in press:*

Gallardo RL, Juneja HS, Gardner FH. Normal human marrow stromal cells induce clonal growth of human malignant T-lymphoblasts. *Int. J Cell Cloning* (in press).

#### Complete book:

Atkinson K, Champlin R, Ritz J, Fibbe W, Ljungman P, Brenner MK (eds). Clinical Bone Marrow and Blood Stem Cell Transplantation. 3rd ed. Cambridge University Press, Cambridge; 2004.

#### Chapter in book:

Coccia PF. Hematopoietic cell transplantation for osteopetrosis. In: Blume KG, Forman SJ, Appelbaum FR (eds). Thomas' Hematopoietic Cell Transplantation. 3rd ed. Blackwell Publishing Ltd, Malden; 2004. pp. 1443–1454.

#### Abstract:

Abstracts from the 2020 Annual Scientific Meeting of the British and Irish Hypertension Society (BIHS). J Hum Hypertens 34; 2020; 1–20

#### Website:

Kassambara A. rstatix: pipe-friendly framework for basic statistical tests. 2020. <https://rpkgs.datanovia.com/rstatix/>.

#### Online Document:

Doe J. Title of subordinate document. In: The dictionary of substances and their effects. Royal Society of Chemistry. 1999. <http://www.rsc.org/dose/title> of subordinate document. Accessed 15 Jan 1999.

### Acknowledgements

These should be brief, and should include sources of technical assistance, critical advice or other assistance, which contributed to the final manuscript.

### Author Contributions

Authors must include a statement about the contribution of each author to the manuscript (see section on [Authorship](#)). The initials of each author may be used. This is an example for a systematic review:

MAJ was responsible for designing the review protocol, writing the protocol and report, conducting the search, screening potentially eligible studies, extracting and analysing data, interpreting results, updating reference lists and creating 'Summary of findings' tables.

SBM was responsible for designing the review protocol and screening potentially eligible studies. She contributed to writing the report, extracting and analysing data, interpreting results and creating 'Summary of findings' tables.

DIH conducted the meta-regression analyses and contributed to the design of the review protocol, writing the report, arbitrating potentially eligible studies, extracting and analysing data and interpreting results.

NAL contributed to data extraction and provided feedback on the report.

FRT and RAL provided feedback on the report.

### Funding

The funding section is mandatory. Authors must declare sources of study funding including sponsorship (e.g. university, charity, commercial organization) and sources of material (e.g. novel drugs) not available commercially. If no financial assistance was received in support of the study, please include a statement to this fact here.

### Ethical Approval

Authors must provide a statement regarding ethical approval including the reference number (see information on [Human and Other Animal Experiments](#) in the Editorial Policy section for further details). If ethical approval was not required, authors must provide an explanation of why it was not needed.

### Competing Interests

Authors must declare whether or not there are any competing interests in relation to the work described. This information must be included at this stage and will be published as part of the paper. Please see the Competing Interests section under [Editorial Policies](#) for detailed information.

### Patient Consent for images or information used in a manuscript

If a patient or participant of a study can be identified in any way through images or information presented in a paper, the patient or participant must provide written and signed consent for this identification. The consent needs to be emailed to the editorial office. Alternatively, please indicate where a photograph can be cropped to remove identifiable features. If consent has not been obtained, then any recognizable features must be masked so that the individual is 'officially unrecognisable'.

### Figure Legends

These should appear on a separate manuscript page after the References section titled 'Figure Legends'. Each figure should have a brief title and may have a short footnote to clarify the Figure. All measures of variability should be defined either within the title or footnote.

### Tables

Tables should only be used to present essential data; they should not duplicate what is written in the text. Use lower case letters starting with 'a' to reference Table footnotes. Tables should consist of at least two columns; columns should always have headings. Ensure each Table is cited within the text and in the correct order, e.g. (Table 3). All measures of variability should be defined either within the table, title or footnote

**It is imperative that tables are editable** and ideally submitted in Excel format although Word format is acceptable. **If uploading in Excel, each table must be uploaded as a separate workbook with a title or caption and be clearly labelled, sequentially.** Files for Tables need to be saved with one of the following file extensions: .xls / .xlsx / .ods / .doc / .docx. Please ensure that you provide a 'flat' file, with single values in each cell with no macros or links to other workbooks or worksheets and no calculations or functions.

Tables should not include bold formatting unless there is a clear scientific significance of the bolding which is explained in the table legend. If not, all bold formatting will be removed at the copy editing stage to ensure the Table adheres to the journal style.

## Figures

Figures and images should be labelled sequentially and cited in the text (e.g. Fig.1). **Figures should not be embedded within the text but uploaded as separate files.** The use of three-dimensional histograms is strongly discouraged unless the addition of the third dimension is important for conveying the results. All parts of a figure should be grouped together. Where possible large figures and tables should be included as supplementary material.

Detailed guidelines for submitting artwork can be found by downloading [Artwork Guidelines](#). Using the guidelines, please submit production quality artwork with your initial online submission. If you have followed the guidelines, we will not require the artwork to be resubmitted following the peer-review process, if your paper is accepted for publication.

## Colour Charges

There is a charge if authors choose to publish their figures in colour in print publication (which includes the online PDF):

Number of colour illustrations		1	2	3	4	5	6	7+	
Cost	Rest of world	£573	£852	£1,132	£1,303	£1,473	£1,619	£146	per additional colour figure
	USA	\$883	\$1,313	\$1,745	\$2,007	\$2,270	\$2,496	\$226	

(VAT or local taxes will be added where applicable)

Colour charges will not apply to authors who wish to have their figures in colour online only (HTML version of the article but NOT the PDF. If you wish figures to appear in colour in the PDF, colour charges apply).

Colour charges will NOT apply to authors who choose to pay an article processing charge to make their paper Open Access. See Open Access Publication below

## Standard abbreviations

Abbreviations should be defined in full at their first usage in the Abstract, and again at their first usage in the body of the manuscript. So on first use of an abbreviation, place it in parentheses after the full item. Do this separately for the abstract and the full texts). Note these abbreviations: gram **g**; litre **l**; milligram **mg**; kilogram **kg**; kilojoule **kJ**; megajoule **mj**; weight **wt**; seconds **s**; minutes **m**; hours **h**. Do not add s for plural units. Terms used less than four times should not be abbreviated. It is not advised to use more than five abbreviations in total unless they are extremely common abbreviations.

## Reporting of demographic and neurological details

Demographic data should be reported as mean and standard deviation, or median and interquartile range depending on whether the data are skewed or not. If data are to be grouped, authors are encouraged to follow the recommendations of Biering-Sørensen *et al.*<sup>1</sup> Age should be grouped in 15 year increments: 0–15, 16–30, 31–45... to 76+. Reporting on the paediatric SCI population should use age groups 0–5, 6–12, 13–14, 15–17 and 18–21. When time since injury is grouped, 5 year increments should be used: <1 year, 1–5 years, 6–10 years, and 5-year increments thereafter. Calendar time (years during which the study is conducted) should be grouped by either 5 or 10 year increments with years ending in 4 or 9. The severity of injury should be grouped as C1–4 ASIA Impairment Scale grade (AIS) A, B, or C; C5–8 AIS A, B, or C; T1–S5 AIS A, B, or C; AIS D at any injury level; Ventilator-dependent at any injury level or AIS grade. If data are limited, the above groups can be collapsed.

## Supplementary Information

Supplementary Information is material directly relevant to the Method, Results, Discussion and/or Conclusion of an article that cannot be included in the printed version owing to space or format constraints. The article must be complete and self-explanatory for the average reader without the Supplementary Information, which is posted on the journal's website and linked to the article. Supplementary Information may consist of data files, graphics, movies or extensive tables.

Authors should submit Supplementary Information files in a FINAL format as they are not edited, typeset or changed, and will appear online exactly as submitted. Ideally all Supplementary Information files should be merged into one PDF document. Only Supplementary Data/Software/Movie/Audio files should be submitted as separate documents/files. When submitting Supplementary Information, authors are required to:

- Include a text summary (no more than 50 words) to describe the contents of each file.
- Identify the types of files (file formats) submitted.

Please submit supplementary figures, small tables and text as a single combined PDF document. Tables longer than one page should be provided as an Excel or similar file type. For optimal quality video files please use H.264 encoding, the standard aspect ratio of 16:9 (4:3 is second best) and do not compress the video. Supplementary information is not copyedited, so please ensure that it is clearly and succinctly presented, and that the style and terminology conform to the rest of the manuscript, with any tracked-changes or Review mark-ups removed.

**Please note:** We do not allow the resupplying of Supplementary Information files for style reasons after a paper has been exported in production, unless there is a serious error that affects the science which would lead to a formal correction once the paper has been published. In these cases we would make an exception and replace the file; however there are very few instances where a Supplementary Information file would be corrected post publication.

## Subject Ontology

During submission, choosing the most relevant and specific subject terms from our subject ontology will ensure that your article will be more discoverable and will appear on appropriate subject specific pages on nature.com, in addition to the journal's own pages. Your article should be indexed with at least one, and up to four unique subject terms that describe the key subjects and concepts in your manuscript. Click [here](#) for help with this.

<sup>1</sup> Biering-Sorensen F, DeVivo MJ, Charlifue S, Chen Y, New PW, Noonan V. et al. International Spinal Cord Injury Core Data Set (version 2.0) including standardization of reporting. *Spinal Cord* 2017; 55: 759-764.

### Language Editing

*Spinal Cord* is read by scientists from diverse backgrounds and many are not native English speakers. In addition, the readership of *Spinal Cord* is multidisciplinary; therefore authors need to ensure their findings are clearly communicated. Language and concepts that are well known in one subfield may not be well known in another. Thus, technical jargon should be avoided as far as possible and clearly explained where its use is unavoidable. Abbreviations, particularly those that are not standard, should also be kept to a minimum. The background, rationale and main conclusions of the study should be clearly explained and understandable by all working in the area of spinal cord injuries. Titles and abstracts in particular should be written in language that will be readily understood by all readers.

Authors who are not native speakers of English sometimes receive negative comments from reviewers about the language and grammar in their manuscripts, which can contribute to a paper being rejected. To reduce the possibility of such problems, we strongly encourage authors to take at least one of the following steps.

- Have your manuscript reviewed for clarity by a colleague for whom English is his/her first (“native”) language.
- Visit the [English language tutorial](#) which covers the common mistakes when writing in English.
- Use a professional language editing service where editors will improve the English to ensure that your meaning is clear, and who will identify problems that require your attention. Two such services are provided by our affiliates [Nature Research Editing Service](#) and [American Journal Experts](#).

Please note that the use of a language editing service is at the authors’ own expense and does not guarantee that the article will be selected for peer review or accepted.

## HOW TO SUBMIT

### Pre-submission Enquiries

The Editor-in-Chief will accept pre-submission enquiries but can usually only provide general comments about whether the topic is within the scope of the journal. Pre-submission enquiries should be sent to the editorial office: E-mail [spinalcord@iscos.org.uk](mailto:spinalcord@iscos.org.uk). Authors are encouraged to submit manuscripts in full. Authors will typically be told within 2-5 days of submission if the manuscript is not suitable for the journal. This allows authors to submit elsewhere without delay. A decision on manuscripts that are sent out for peer review is typically communicated to authors within 20-40 days of submission, but this depends very much on our peer reviewers and does not include the time taken to ensure manuscripts comply with the Author Guidelines.

### Online Submission

We only accept manuscript submissions via [our online manuscript submission system](#). Before submitting a manuscript, authors are encouraged to consult both our [Editorial Policies](#) and the [Submission Instructions](#) for our online manuscript submission system. Authors need to [register for an account](#) with our online manuscript system if they have not already done so. Authors will be able to monitor the status of their manuscripts online throughout the editorial process.


### Initial Quality Check –Corresponding Author Responsibility

The Corresponding Author is responsible for responding to emails sent from the manuscript tracking system starting with the Initial Quality Check as follows:


1. Once the author clicks ‘Approve Submission’ the manuscript is queued for an initial quality check
2. The Editorial Office will then carry out the checks and if any changes need to be made the Corresponding Author (only) receives an email\* with instructions to make technical amendments (e.g. layout, page or line numbering, completeness and format of references) and a link to access their manuscript
3. Having made the required changes to their manuscript the Author should then click the link to access their submission and upload the amended manuscript.
4. The manuscript is checked again by the Editorial Office but may be returned at least once more before it is ready to be sent to review.

\***IMPORTANT:** A common error occurs when the Corresponding Author doesn’t receive the email but instead logs onto the system to see the progress of their submission and sees the following:


**Author Tasks**

- Author Instructions
- Submit Manuscript
-  Awaiting Author Approval # SC-2017-

If the author clicks on the link above they see the following prompt:

There are action items pending. Please click on the links next to the arrows. 

**Manuscript Workflow Tasks**

-  Continue Halted Submission

As a result, the Author then resubmits without making the required changes. This means that the file will be returned to them again. If the Author continues to do this without making the changes their submission will be withdrawn. In order to avoid this, it is essential that the Corresponding Author receives and follows the instructions in the Quality Check email. It is advisable that authors check their institution does not block our system generated emails and they should always check their junk/spam folders.

### Summary of the Editorial Process

- The author submits a manuscript and receives a tracking number
- The editorial office performs an initial quality check on the manuscript to ensure that the paper is formatted correctly

- The Editor-in-Chief scans the manuscript and decides whether to send out to review, if necessary after checking with one or more of the Associate Editors or members of the Editorial Board. If the decision is not to send the manuscript for review, the Editor-in-Chief contacts the author with the decision
- If the Editor-in-Chief decides the paper is within the Journal's remit, the Editor-in-Chief will select and assign reviewers, or ask one of the Associate Editors to take responsibility for the manuscript, in which case the Associate Editor will select and assign reviewers.
- Reviewers are given 14 days from acceptance to submit their reports. Once the required number of reports are submitted the Editor-in-Chief will make a final decision based on the comments received and the recommendation for publication of the reviewers and the Associate Editor (if one was assigned)

Authors are able to monitor the status of their paper throughout the peer review process

### Peer Review

To expedite the review process, only papers that seem most likely to meet editorial criteria (in line with journal scope; innovativeness and quality of the research; relevance to persons with spinal cord injury, clinicians and/or researchers) are sent for external review. Papers judged by the Editor-in-Chief to be of insufficient general interest or otherwise inappropriate are rejected promptly without external review.

Manuscripts sent out for peer review are evaluated by at least one independent reviewer (often two or more). Authors are welcome to suggest independent reviewers to evaluate their manuscript, however these must not be colleagues who are close associates, collaborators, or family members. By policy, referees are not identified to the authors, except at the request of the referee.

Reviewer selection is critical to the publication process, and we base our choice on many factors, including expertise, reputation, and specific recommendations. A reviewer may decline the invitation to evaluate a manuscript where there is a perceived conflict of interest (financial or otherwise). Once the required number of reviews is received, the Editor-in-Chief then makes a decision based on the reviewers' evaluations and Associate Editor input, when appropriate:

- **Accept** – The manuscript is appropriate to be accepted as it stands
- **Minor or Major revision** – In cases where the editor determines that the authors should be able to address the referees' concerns in six months or less the editor may request a revised manuscript that addresses these concerns. The revised version is normally sent back to the original referees for re-review. The decision letter will specify a deadline for receipt of the revised manuscript and a link via which the author should upload to the online system  
When submitting a revision authors are asked to upload (1) A rebuttal letter, indicating point-by-point how the comments raised by the reviewers have been addressed. (Typos and other minor errors pointed out by the reviewers need not be addressed, but the changes should be made in the manuscript). If you disagree with any of the points raised, please provide adequate justification in your letter. (2) A marked-up version of the manuscript that highlights changes made in response to the reviewers' comments in order to aid the Editors and reviewers. (3) A 'clean' (non-highlighted) version of the manuscript.
- **Reject with the option to resubmit** – In cases where the referees' concerns are very serious and appear unlikely to be addressed within six months, the editor will normally reject the manuscript. If the editor feels the work is of potential interest to the journal, however, he or she may express interest in seeing a future resubmission. The resubmitted manuscript may be sent back to the original referees or to new referees, at the editor's discretion. If the author decides to resubmit, the updated version of the manuscript must be submitted online as a new manuscript and should be accompanied by a cover letter that includes a point-by-point response to referees' comments and an explanation of how the manuscript has been changed.
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2. Drafted or revised the manuscript for important intellectual content.
3. Approved the final version.
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The authors declare no competing interests.
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Dr Caron's work has been funded by the NIH. He has received compensation as a member of the scientific advisory board of Acadia Pharmaceutical and owns stock in the company. He also has consulted for Lundbeck and received compensation. Dr Rothman and Dr Jensen declare no potential competing interests.

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All clinical trials commencing after 1<sup>st</sup> January 2018 must be prospectively registered in a public registry prior to the commencement of the trial; whilst clinical trials prior to 2018 must be registered in a public registry prior to submission. In both cases the trial registry number must be included in the manuscript and provided upon submission. The journal follows the trials registration policy of the [ICMJE](#) and considers only trials that have been appropriately registered before submission, regardless of when the trial closed to enrolment. Acceptable registries must meet the following ICMJE requirements:

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- have a validation mechanism for registration data
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- 1) [Clinicaltrials.gov](#) the registry sponsored by the United States National Library of Medicine
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- High-contrast gels and blots are discouraged, as overexposure may mask additional bands. Authors should strive for exposures with grey backgrounds. Immunoblots should be surrounded by a black line to indicate the borders of the blot if the background is faint.
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- The display lookup table (LUT) and the quantitative map between the LUT and the bitmap should be provided, especially when rainbow pseudo-colour is used. It should be stated if the LUT is linear and covers the full range of the data.
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