

LASER THERAPY: NOTES FOR CONTRIBUTORS

Note: Before submitting or even preparing their manuscript for submission to *Laser Therapy*, prospective authors should first ensure that their manuscript falls within the remit of the journal by referring to the 'Aims and Scope' document elsewhere in the journal. Then, authors should please carefully read through these Notes to ensure that their article is written and presented in the style required by the journal Editorial Team, otherwise articles may be returned without review.

GENERAL NOTES

1. Original articles reporting new research of relevance to all aspects of LLLT, photobiomodulation and photosurgery as set out in the Aims and Scope of *Laser Therapy* ideally should not exceed 8000 words with no more than 10 tables or illustrations. Review articles will be commissioned from time to time by the Editor-in-Chief: unsolicited review articles will be returned to the authors. Copyright in published papers will be vested in the Publisher. Because of recent changes in copyright laws the transfer of copyright from author to publisher, previously implicit in the submission of a manuscript, must now be explicitly transferred to enable the publisher legally to publish the work and ensure full protection of the authors' rights. A copy of the Publishing Agreement to be used for *Laser Therapy* will be sent out by email with the galley proofs which must be returned, signed by all authors, or by the principal author on his or her co-authors' behalf, together with the approved or revised galley proofs. No page charges are levied on authors of accepted papers.

2. It is the author's responsibility to obtain written permission to reproduce any copyrighted material which has appeared in another publication, and this should be included at the time of submission of the article.

3: Page Charges: From Volume 29:1 a page charge of US \$300 will be levied on the authors of accepted manuscripts before publication. On notification of acceptance, an invoice for this amount will be emailed to the Corresponding Author, payment for which should be made before publication of the article

3(a): Advance payment for early publication: *Laser Therapy* offers authors the opportunity of having their article published as a 'ePublication ahead of print'. The charge for this will be US \$200, in addition to the page charge of US \$300 listed above. Authors wishing to have their article published in this manner should please intimate this in the covering Letter to the Editor. On acceptance, an invoice will be raised for the total amount of US \$500 and sent to the corresponding author, payment of which will guarantee earliest possible publication before the article appears in the print edition.

SUBMISSION

4: Manuscripts should be submitted in digital format.

4(a): Submission by email to lasertherapy@jml.co.jp is encouraged, comprising the following:

- A Microsoft® Word™ file of the article itself (or similar, see below, Item **4(a) – 4(c)**) including references, tables and all legends following the instructions for layout and content below
- All illustrations as separate image files in high-resolution JPEG or TIFF format (see detailed instructions below, Item **4(c)**)
- A covering letter to the Editor-in-Chief by the author (or corresponding author on behalf of their co-author[s]), also in Word format, setting out why the author believes that the manuscript is suitable for publication in *Laser Therapy* by concretely summarizing

the gist and conclusions of the article.

- Should the author(s) wish their article to appear as an early 'ePublication before print', the corresponding author should intimate this in the covering letter. A charge of US \$200 applies (for details please see item 3 above)
- **In this letter the author must indicate in a statement** that:
 - the article has not been published elsewhere, nor has it been submitted for publication to any other journal;
 - that all authors (where appropriate) agree to publication of the article;
 - that no author has any conflict of interest (COI) concerning any equipment or materials associated with the article. **Any such COI must be disclosed should any exist.**

4(b): Notwithstanding the above, submission by postal mail will also be accepted comprising the following:

- One hard copy set of the manuscript, with 1.5 line spacing on A4- or letter-sized paper, following the instructions for layout and content below, including tables and illustrations prepared according to the instructions below.
- One hard copy of the covering letter to the Editor-in-Chief as above.
- The above materials in digital format (as above) on an appropriately formatted PC/MAC-readable USB stick or CD-ROM/DVD.
- Note that these materials will not be returned unless otherwise requested by the author.

4(c): In the case of postal mail submission, manuscripts and the accompanying USB may be submitted (depending on the geographical location of the author) to either the Editor-in-Chief for authors in Japan, South-East Asia and the Far East, Coeditor (Europe, Australasia and Pacific Rim), Coeditor (Eastern Europe, Asia) or Coeditor (The Americas), whose names and addresses appear on the title page, above the *Aims and Scope* of the journal.

5. Email Submission

5(a): Manuscript.

- The manuscript should be prepared in Microsoft Word (or a similar word processing program) in a DOC or DOCX format file) using portrait orientation, in either A4 or Letter size using Times New Roman or a similar normal black (not bold) font at 12 point with 1.5 line spacing, and with 2 cm (or 1") margins all round. Do not submit articles in an Italic font.

Note: A suitable ready-made template for Microsoft Word documents can be found at <http://www.jml.co.jp/lasertherapy/notes/notes.html>.

5(b): Tables.

- Prepare tables as part of the main manuscript DOC or DOCX file in Microsoft Word, using the 'Insert – Table' command on the toolbar. Separate table rows with a horizontal line and remove vertical lines, unless they aid the quick understanding of the table.
- Number all tables consecutively and place all tables, each on a separate page with a short legend for the

table placed above the table, starting the tables on a new page after the References section. For extra-long tables that will not fit in a standard portrait-oriented A4 page, format them in landscape orientation as separate files.

- Do not use the TAB key to prepare tables.
- Do not send tables in portable document format (PDF) or as images (JPEG): they cannot be typeset or copyedited.
- Do not send tables as PowerPoint slides (PPT or PPTX files).

5(c): Figures.

- Prepare illustrations as separate high resolution image files (JPEG or TIFF) preferably at their final printed size and format up to 81 mm (3.25") for single column width, or up to 167 mm (6.625") for full page width. The page print depth is a maximum of 246 mm (9.625").
- Do submit each figure as a separate image file. Do not embed illustrations in the manuscript file: it lowers the resolution.
- Number figures consecutively and indicate in the text where they occur (use the format 'Figure 1', 'Figure 2', and so on). Prepare a legend for each figure that will enable the reader to understand the figure as a stand-alone entity, and list the legends in order in the manuscript file starting on a separate page following the tables, if any.
- Photographs, X-ray, MRI images and photomicrographs should be in high contrast, clear black and white or greyscale images, trimmed at right angles and set out in their final printed format. In the case of photomicrographs, a labelled scale bar on the image is recommended, as they will often be printed larger or smaller than the original. Color images are permissible, but will incur printing fees (see **Item 17** below). Apply all labelling (a, b, c and so on) and call-outs (arrows, arrowheads, etc.) with an appropriate graphics program (e.g., Adobe® Photoshop™, Corel® PhotoPaint™, etc.) and ensure they are explained in the figure legend.
- Prepare line drawings and graphs preferably at first using a vector graphics program (e.g., Adobe® Illustrator™, Corel® Draw™): then export to a high resolution graphics file in the final printed size if possible. This prevents the jagged appearance of curved lines. Line drawings may also be prepared by hand, and photographed or scanned with a high resolution scanner: do not use a photocopier. Alternatively, graphs may be generated from spreadsheet programs such as Microsoft® Excel™, then saved as a JPEG or TIFF file. Ensure that all text in the illustrations is legible. Note that color images will incur printing fees.

Important: The author must guarantee that the reproduction of clinical photography in which a patient is recognizable is either approved by the patient him/herself or by his/her legal representatives.

6. Postal Mail Submission

- In the first instance, prepare the manuscript (complete with references, tables and figure legends) on a word processor exactly as detailed above for email submission, and save the documents and image files to a USB stick (thumb drive).
- Print out one copy of the manuscript, references, tables and figure legends on one side of single sheets of paper (A4 or Letter as appropriate). Print out hard

copies of the figures, each on separate sheets of normal copy paper, for reference.

- Place the manuscript and figures in a plastic document holder, and mail to the appropriate address as in item **3(c)** above. The use of an appropriate mail service with 'signed for' requirements is recommended, and with the ability to track the package as an option.

Note: The responsibility is on the author to ensure a secure method when sending their manuscript by postal mail, if email submission is not used. The journal will not be responsible for manuscripts lost in the mail.

STYLE AND PRESENTATION

7. Papers must be in good, grammatical English. Although American English is preferred, manuscripts submitted in British English will have the spelling maintained on publication. Please do not mix up styles or American English will be used throughout. The Editor reserves the right to reject papers on ethical grounds. Manuscripts should be prepared in accordance with the uniform requirements for manuscripts submitted to biomedical journals using the Vancouver style for references (see **Item 15** below).

Note: Authors from non-English speaking countries or regions are recommended to have their papers checked by a native English speaker familiar with the field to prevent rejection of an otherwise scientifically acceptable paper through language and usage grounds.

8. All pages should be numbered consecutively, starting with the title page.

- The title page should include in separate paragraphs: the title of the paper; the authors' full names; and affiliations (abbreviated address). Please indicate affiliations with superscript numbers following the name(s) of the author(s) and the same numbers preceding the affiliation, separated by a colon (:).
- The name, qualifications, and email and full postal addresses of the author to whom all correspondence should be addressed should be indicated separately at the bottom of the title page. Please also provide daytime telephone numbers, including international access codes.
- **A short running title** of not more than 40 characters, including spaces, should be placed on the title page, between the affiliation of the author(s) and the contact address for correspondence and proofs.

9. The second page should contain the Abstract.

- **The Abstract should ideally not exceed 200 ~ 250 words**, and should be **structured** under the subheadings **Background and Aims, Materials (or Subjects)** and **Methods, Results and Conclusions**.
- The Abstract should be comprehensible and a complete stand-alone entity without reference to the text. Remember that the abstract, together with the covering letter to the Editor-in Chief, will go a long way to determining if the article is worth considering for publication. When the article is published, the abstract will appear in any relevant PubMed search which will influence the reader regarding accessing the entire article.
- Do not include references in the abstract.
- See **Item 14** below regarding the use of abbreviations or acronyms in both the abstract and the body of the article.
- Below the abstract provide 3-8 key words for indexing purposes using where possible words from the medical subject headings (MESH) list of the National Li-

brary of Medicine (<https://www.nlm.nih.gov/mesh/>).

- The remainder of the manuscript should begin on the third page with the Introduction, Materials (or Subjects) and Methods, Results, and Discussion sections as follows. There may also be a brief Conclusions section.

10. Introduction:

Expand on what you have already written in the 'Background and Aims' subsection of the abstract, and lay the groundwork on which your paper is based. Go into the history and background of the problem or condition in much more detail than in the abstract, and provide some references from the literature to show that the situation you are considering exists, what it consists of, and that the solution you are proposing has already attracted attention or at least has some potential merit in the study you have designed. Be careful not to have any editorializing or discussion in the Introduction section, or give even an abbreviated version of the results. The former belongs in the Discussion and the latter in the Results sections.

11. Materials (Subjects) and Methods:

- Describe your study materials or subjects. In the case of human subjects, say how they were recruited and from where. Summarize patient demographics in a table, if appropriate.
- **A statement about ethical considerations, including obtaining written informed consent to participate in the study for human subjects and for the use of clinical photography, if appropriate, is essential. If it is appropriate, information regarding approval of the study, human or otherwise, by an Institutional Review Board (IRB) or Ethics Committee is highly recommended. If no Ethics Committee or IRB approval is quoted, a statement must be included that the study was performed under the precepts of the World Medical Association's Declaration of Helsinki, as adopted in 2013 in Brazil.**
- In the case of animal subjects, give the kind of animal, numbers and strains if appropriate, and from where they were obtained. Describe how the animals were looked after and maintained before and during the trial.
- **A statement about humane handling and the local or international regulations under which any animals were handled and cared for is essential.**
- In the case of cellular targets, Give all necessary information about lines, handling and so on so that others can produce the same type of cells under the same conditions.
- **State your methods** clearly, logically and in detail so that others may replicate your trial or experiment. Give all steps and details of systems and settings, particularly **all of the parameters** used for light-based treatments: wavelength, beam mode, pulse width, incident power, spot size (irradiated area), exposure time, irradiance (power density) and dose (energy density).
- Additionally in this section give details about the statistical tests used in the study, if any.

12. Results:

- As the section name suggests, lay out the results of the study or trial in detail, which are usually ordered based on the subsections you may have listed in the Materials and Methods section. Provide any illustrations, tables or clinical photography that will clearly illustrate the results. Do not duplicate information in the text which is shown in the tables, and vice versa. Avoid any dis-

ussion of the results: that belongs in the next session.

13. Discussion:

- In this section, first list any limitations in the paper. For example, small subject populations can be discussed, or if the study was retrospective and should be backed up by a prospective study.
- Any potential bias in subject selection should be stated.
- Say if the study design could be open to misinterpretation.
- The Discussion section contains the meat of your paper, and should be written clearly and simply. This is where you take the data from your results and analyze them to show what has been proved, or not proved, by your trial or experiment. If hypotheses are required to explain why your results have not followed the usual trend, or if your results are new data with no previous studies, discuss these here.
- Do not confuse a trend with concrete statistically significant results.
- If the results are from a preliminary study, state whether or not further studies are justified, and why.
- If there is not a separate Conclusions section, draw the conclusions of the subject matter of the article based on the results obtained. If there is a separate Conclusions section, itemize these there, but do not state them twice. The conclusions should echo those in the abstract, but in more detail and summarizing the arguments in the Discussion section.
- Begin each section, including the References, on a new page.

14. Abbreviations:

- All abbreviations and acronyms should be preceded the first time they appear in the abstract and then in the body of the article by the full name. The exception is the SI symbols for these units which can be used without explanation. Please employ the meter/kilogram (m/kg) system of units and derivatives.
- In the case of SI units, please insert a space between the number and the unit (*e.g.*, 3 kg rather than 3kg)
- Mathematical symbols should be selected from the appropriate font set, as should Greek letters and unusual symbols. Careful distinction should be made between capital and lower case letters: between the letter O and zero; between the letter 'l' (lower case L) and the number one and prime; plus (+) and plus/minus (\pm); and between the Roman letter k and the Greek letter kappa (κ).

15. Generic and chemical names should be used for all compounds: materials and products should be identified, together with the manufacturer or supplier where appropriate, with an abbreviated address and country. The species of any animals used should be stated precisely. Sources of unusual materials and chemicals, and the manufacturer and model of laser or other equipment used should be indicated, with location. Materials and products should be identified in the text by the generic name followed by the trade name in brackets.

15. Taxonomy for bacteria and viruses

Please observe the correct form of the taxa when writing the names of bacteria and viruses. Note that 'bacteria' is the plural form, and 'bacterium' is the singular form. The correct bacterial taxonomy, from upper to lower, is [kingdoms, phyla, classes, orders, families, *genera* (singular form: *genus*), *species*, and *subspecies*]. Note that the genus and below are written in *italics*. Normally, only the genus and subspecies are required in most articles in *Laser Therapy*. When writing the name of a bacterium for the first time in both the Ab-

stract and again in the body of the text, write it out in full, for example '*Escherichia coli*'. Note the upper-case for the genus '*Escherichia*' and the lower-case for the species '*coli*', both in italics. Thereafter, abbreviate to *E. coli* maintaining the upper-case for the first letter in italics followed by a full stop and a space. Note that '*E.coli*' is incorrect, because the space has been omitted. The full taxonomy for *E. Coli* is:

Domain: Bacteria
Kingdom: Eubacteria
Phylum: Proteobacteria
Class: Gammaproteobacteria
Order: Enterobacteriales
Family: Enterobacteriaceae
Genus: *Escherichia*
Species: *Escherichia coli* (*E. coli*)

When a genus has more than one species, the species are abbreviated and written as in this example. "The *Enterococcus* species (or *Enterococcus* spp) are facultative anaerobic organisms. *E. faecalis* and *E. faecium* are the most prevalent species cultured from humans." However, note the use of italics in the following; "*Enterococcus* is a large genus of lactic acid bacteria". But; "Enterococci are gram-positive cocci." In other words, the actual genus is italicized, but the general term is not.

In the case of genes and proteins, in general, symbols for genes are italicized (e.g., *IGF1*, full name: *immunoglobulin factor 1* gene), whereas symbols for proteins encoded by the gene are not italicized (e.g., IGF1: immunoglobulin factor 1). Note that the full names of genes and proteins start with a lower-case letter unless they begin with a person's name.

17. References

- References should be supplied in the Vancouver style modified as below, using sequential square bracketed ([]) numbers on the same line as the text, outside the punctuation, and a numerical (not alphabetical) listing at the end of the chapter, as in the examples below.
- Start the References section on a new page.
- Please note the punctuation used; list all authors up to 5, and *et al.* thereafter; and use the abbreviated title for the journal cited as approved in the list from *Index Medicus*, refer to (http://images.webofknowledge.com/WOK46/help/WOS/A_abrvjt.html).
- Note that; for web-based items, the date when the item was accessed should be stated.

Examples

- **Book reference:**
 - 1: Steinbusch HWM and Tilders FJH: Immunohistochemical techniques for light-microscopical localization of dopamine, noradrenaline, adrenaline, serotonin and histamine in the central nervous system. In: (Steinbusch HWM, ed.) *Monoaminergic Neurons. Light Microscopy and Ultrastructure*. 1987, John Wiley, Chichester. pp 125 ~ 166.
- **Journal reference:**
 - 2: Crook RB, Farber MG, Pruisner SB (1984): Hormones and neurotransmitters control cyclic AMP metabolism in choroid plexus epithelial cells of choroid plexus. *J Neurochem*, 1984; 46: 489-493.
- **Website:**
 - 3: National Center for Health Statistics. National

NOTE:

To avoid delays in the production of the journal, and ensure prompt publication, the full postal address and email address should be given for the author to whom correspondence is to be addressed, complete with postal (ZIP) code, telephone and facsimile numbers where appropriate.

Health and Nutrition Examination Survey. Version current 1 October 2003. Internet: <http://www.cdc.gov/nchs/nhanes.htm> (accessed 13 October 2016).

• Online journal article

- 4: Sinha A, Madden J, Ross-Degnan D, Soumerai S, Platt R. Reduced risk of neonatal respiratory infections among breastfed girls but not boys. *Pediatrics* [serial online] 2003;112:e303. Internet: <http://pediatrics.aappublications.org/cgi/content/full/112/4/e303> (accessed 14 October 2016).

18. Color illustrations: A reasonable number of color illustrations will be accepted free of charge, included in the Page Charges as laid out in **item 3** above. For details of the limits on color illustrations without charge, or for costs regarding an excessive number of color illustrations, please contact the Managing Editor or Business Manager (email to them at lasertherapy@jml.co.jp).

GENERAL

19. No hard copy manuscript or figures will be returned following publication unless a request for return is made when the manuscript is originally submitted by postal mail.

20. An email will be sent from the Editorial Team to the first (or corresponding) author as soon as possible after receipt of an article by the journal office to confirm safe and full arrival of all documents and attachments. If such a confirmation email is not received within a reasonable time after sending, please email the journal to enquire (lasertherapy@jml.co.jp).

21. The journal Editorial Team guarantees that all original materials received via email or on a USB will be deleted once the article has been published. Any hard copy materials will be destroyed unless otherwise requested.

22. If hard copies of additional offprints are required, and individual copies or back issues of the journal, they may be purchased: an offprint order form will be sent out with the galley proofs (**Item 23** below). For PDF copies see the following. All correspondence including galley proofs will be sent to the first-named author (or corresponding author if indicated).

Note: Downloadable and printable PDF files of all published articles are available on a pay-per-view basis from the date of publication till 6 months thereafter. From longer than 6 months post-publication, printable PDF downloads are free of charge under the journal's open access policy. Articles can be retrieved by key word or author at <https://www.jstage.jst.go.jp/browse/islsm>.

23. Galley proofs

- Galley proofs in PDF format, with any queries from the Editorial Team, will be sent by email to the first author (or corresponding author where appropriate), but only for checking the typesetting accuracy.
- Galley proofs should be checked, any queries from the Editorial Team answered if applicable, and any errors marked up. The proofs and/or comments should be returned via email to the journal as soon as possible after receipt to ensure a smooth publication process.
- No major changes to the original manuscript will be accepted at this stage which are not the result of an error in typesetting the manuscripts. **Any major changes requested by the author in the proof stage may well be subject to a typesetting charge.**