

SPINELINETM

NORTH AMERICAN SPINE SOCIETY

THE CLINICAL AND NEWS MAGAZINE FOR SPINE CARE PROFESSIONALS

Instructions for Authors

Purpose and Scope

SpineLine serves as NASS' primary educational and informational vehicle. *SpineLine's* scope includes multi-disciplinary medical and scientific education, review and commentary on recent research, and pearls to assist caregivers in providing high-quality, cost effective care. *SpineLine* provides practical, timely information concerning economic, medicolegal and policy issues. Finally, *SpineLine* serves to promote the policies, products, and professional activities of the association.

Each issue of *SpineLine* includes both regular and invited features. The instructions below are designed to assist authors in preparing articles for *SpineLine*.

Unlike *The Spine Journal*, NASS' scientific journal, *SpineLine* seeks to maintain a more informal tone. Short, concise

sentences with active verbs are favored. Use medical jargon as needed, but recognize that *SpineLine's* readership includes spine care practitioners from a variety of different disciplines and keep descriptions clear.

SpineLine encourages authors to include practical examples including their favored practices ("what I do"). When appropriate, the author's stance should be clearly stated and supported. For controversial subjects, short commentary pieces may be added to Invited Reviews and other *SpineLine* contributions.

SpineLine also encourages authors to work closely with their *SpineLine* editors during development of articles, for example, by making inquiries early, submitting rough drafts and seeking any other general editorial guidance.

SpineLine Sections

Current Concepts:

- **Invited Reviews.** Literature review and discussion to reveal the state of the art of a particular spine topic. Manuscript should be approximately 4,000 words. Please include a brief abstract or synopsis (with key points) of no more than 250 words and organize the body text under the following headings: Introduction, Discussion and Conclusion. Please include no more than 50 references. (Please see References section on the next page for format and style.) Figures and tables are welcome; please refer to the next page for format and style.
- **Curve/Countercurve.** Responses from two or more specialists to a controversial question(s) raised in a case presentation. Each response, including four to six references, should be no more than 1,500 words.
- **The Spine in Sports.** An occasional feature looking at current treatment trends for sports-related spine injuries. Manuscript should not exceed 2,000 words.
- **Literature Review.** Brief reviews of articles appearing in current spine-related literature. Each commentary should be approximately 750-1500 words. Given that the abstract will be published directly ahead of the author's comments, please refrain from repeating large portions of the abstract. Discuss materials and methods, for example, only in critique or to amplify the information available in the abstract. The author should state why the paper was selected. Be sure to comment on whether the data truly support the authors' conclusions. The impact of the paper should be discussed as well. For example, compare the paper to others in the area. If the paper will impact the author's practice or if the author disagrees with the conclusions, these issues should be clearly stated and supported.
- **Best Papers Commentary.** The Best Papers from the NASS Annual Meeting are presented with commentary throughout the year. Authors are asked to attend paper presentations at the meeting and incorporate key points of discussion if relevant as well as their overall commentary.
- **Radiology Rounds.** Case presentations with interesting, unusual or controversial imaging studies. Manuscript should be approximately 1000-1,500 words. Image(s) should accompany the manuscript. The purpose of this section is to emphasize diagnostic issues in spine care. Therefore, EMG, differential diagnoses and other clinical material can be considered as well.
- **Meeting Redux.** Highlights of various specialty meetings, for example, important papers, presentations and/or debates presented during NASS and other national and international meetings relevant to spine practitioners.

SpineLine Sections. . . continued

Socioeconomics & Politics:

- **Technology.** Reviews of new technology, eg, hospital-based technologies such as CT, MRI or intraoperative CT, nav system technologies; office tech such as EMR, electronic prescribing, dictation services, scheduling, e-mail tech, coding services; personal technology such as mobile phones, computers, digital cameras in OR/procedure suite. Authors may also present any media or electronic products useful to their patients. For example, books, pamphlets, DVDs, or Web sites can be discussed. Manuscript should not exceed 1,500 words.
- **Coding.** Vignettes with correct coding and documentation, Q & A or other topics related to coding. Manuscript should be no more than 1,500 words.
- **Practice Management.** Tips for maximizing effectiveness of the processes and procedures in the spine practice. Manuscript should be no more than 1,500 words.
- **Ethical/Legal.** Ethical and/or legal discussion of relevance to spine specialists. Manuscript should be between 1,500–2,000 words.
- **Life Outside of the Spine.** Personal interest stories about medical and nonmedical subjects, eg, experiences as a patient or patient family member; interesting experiences with the FDA, CMS, insurance companies; hobbies; medical missions, etc. Manuscript should be 500–1,000 words.
- **Communications.** Discussions about how to address critical issues with patients, such as complications, poor outcomes, language barriers and cultural considerations, anger or threats of litigation, etc. Manuscript should be 500–1,000 words.
- **Advocacy, Legislative/PAC.** An overview of legislative & political issues and their impact on spine patients. Manuscript should be no more than 1,500 words.

SpineLine Style

With certain exceptions, NASS follows the *AMA Manual of Style*, 9th edition (Baltimore, MD: Lippincott, William & Wilkins, 1998). The format of the paper should observe the following guidelines:

- **Headings.** Sections of the paper should be headed in bold. Please do not underline or use all caps.
- **Numbers.** NASS style varies slightly from AMA Style concerning numbers. Preferred style is to use words for one through nine and numerals for double-digit numbers and beyond, ie, 10 and up. Exceptions are: spell out numbers that occur at the beginning of a sentence, or in a title, subtitle, heading or table; spell out common fractions (eg, two thirds); use words for accepted usage such as pronouns, and for ordinals first through ninth.
- **Drug Names.** Use generic names in referring to drugs, followed in parentheses after first mention by any commonly used proprietary/brand name. When citing a brand name, provide name and location (city, state) of manufacturer.
- **Abbreviations.** Please follow the *AMA Manual of Style* and note that punctuating periods are rarely used (for example, eg, ie, etc). For abbreviations of journal names, please refer to PubMed, available at: http://www.ncbi.nlm.nih.gov/entrez/citmatch_help.html#JournalLists.
- **References.** References should follow the format below from the *AMA Manual of Style*, 9th ed. Note that no periods are used after author's initials or after journal abbreviations. Also note that all author names must be listed when six or fewer; if seven or more, please list only the first three and add et al. References are to be listed consecutively in the Reference section as they appear in the text and cited by number in the text. Citations in the text are superscript (eg, Koes¹). When data are cited from an unpublished source, give complete information (eg, researcher's name and location). If work is in press, please provide the journal or book publisher by whom it is to be published.
 - **Journal article.** Gamradt SC, Wang JC. Lumbar disc arthroplasty. *Spine J*. 2005;5;95-103.
 - **Book.** Bonica JJ, Albe-Fessard D, eds. *Advances in Pain Research and Therapy*. New York, NY: Raven Press; 1978:inclusive pages.
 - **Chapter in a book.** Breivik H, Hesla PE, Molnar I, Lind B. Treatment of chronic low back pain and sciatica: comparison of caudal epidural injections of bupivacaine and methylprednisolone with bupivacaine followed by saline. In: Bonica JJ, Albe-Fessard D, eds. *Advances in Pain Research and Therapy*. New York, NY: Raven Press; 1978:927–932.
- **Symbols:** Please use symbols instead of words according to AMA Style, eg, >, <, %, ° except at the beginning of a sentence where both the number and the symbol are spelled out. Other nonstandard characters (Greek letters, mathematical symbols, etc.) should be used consistently throughout the text.

For editorial matters not explicitly treated here, or for more detail, such as principles of usage, punctuation, capitalization, hyphenation, alphabetization, etc, please consult the *AMA Manual of Style*.

Figures, Illustrations, Photos

Most *SpineLine* columns benefit from illustrations. Depending on your topic, consider adding clinical pictures, photographs, graphs, tables, bullet point lists, and even cartoons. Ideally, these figures should be cited in consecutive order in the text. Typically, limit illustrations to two per printed page, or four total. Depending on the topic and the types of illustrations, discuss additional illustrations with your *SpineLine* editor.

When preparing the file for publication, recognize that most illustrations will be rendered in black and white. If color reproduction is imperative, discuss this with your editor and the editorial office.

Electronic files are preferred. To print properly, the file's resolution must be at least 300 dpi. TIFF and JPEGs are most commonly used. If these are not available, provide 127x172 mm (or 5x7 inch) black and white prints. Photocopies are not acceptable.

Label the photo or the file with the first author's name and the figure number. Supply a legend for each figure at the end of the manuscript. Some bullet lists or other graphics may not require a legend.

Use a photo editing package or Powerpoint to obscure the patient's likeness. If this is not possible or if it obscures the illustration's value, a NASS Photo Release may be needed. Please see the end of this document.

Tables

Scientific, medical and economic information is often best presented as a table. Ensure that the data presented in the table is accurate and consistent with the text. Do not repeat information given in the text or use a table to represent data that could be summarized in one or two sentences. The table should be able to stand alone; all necessary information must be contained in the caption and table itself.

In addition, all measurements should be in Système International (SI) metric units. Provide each table, along with its title or caption as a freestanding item at the end of your manuscript or as a separate document. Also, please include written permission from publishers to reproduce any illustrations or tables that have been published previously.

Proofs

To expedite publication, electronic page proofs (Adobe PDFs) rather than galleys will be e-mailed to the author or section editor. Changes or approvals must be returned within three days of receipt. Please check text, tables, legends and references carefully.

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Each author must sign a disclosure form for the article to be considered for publication. This document requires that authors disclose any conflicts of interest (COI). Indicate the FDA status of devices or drugs discussed in the article.

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Manuscript Format

Please follow these general instructions:

- Use hard returns only at the end of paragraphs and display lines (eg, titles and subheadings).
- Please do not use an extra space after a period at the end of a sentence.
- Do not use an extra return between paragraphs, or tabs or extra space at the start of a paragraph or for list entries.
- Do not indent runover lines in references.
- Turn off justification and do not specify page breaks.
- Please include standard title page information, such as:
 - The article's title. Keep your title concise, but informative and attractive.
 - List each author's first name, middle initial, last name, and highest academic degree(s) earned along with their current institutional affiliation, city, state and country.
 - Identify the corresponding author's complete address, email address, and telephone and fax numbers.
 - If the authors wish to add disclaimers or acknowledgements to the publication, add them to the title page.

Manuscript Submission

Please e-mail, FTP or send a CD containing your manuscript to *SpineLine* in care of:

Pamela Towne: ptowne@spine.org

North American Spine Society
7075 Veterans Boulevard
Burr Ridge, IL 60527
Toll-free phone: 866.960.6277

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Name of Article: _____

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d. Loans from the sponsor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Speaking arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Holding a position in a company⁴				
f. Board of Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Scientific Advisory Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. Other office in the company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Receiving support from sponsors				
i. Endowments ⁵	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
j. Research support for investigator salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
k. Research support for staff and materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
l. Discretionary funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
m. Support of clinical staff or training ⁶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
n. Trips/travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
o. Other sponsorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

¹ None: less than \$250 per year.

² Minor: \$250 up to \$10,000 total support (from all sources combined) per year, or less than or equal to 5% company ownership if value of ownership is less than or equal to \$10,000.

³ Major: more than \$10,000 total support (from all sources combined) per year, or more than 5% company ownership.

⁴ For company office positions: minor is salary, benefits or other support valued between \$250 to \$10,000 per year; and major is salary, benefits or support valued at more than \$10,000 per year.

⁵ Endowments: minor is \$250 up to \$10,000 annual income from the endowment, major is more than \$10,000 annual income from the endowment.

⁶ Training includes sponsorship of fellowships, educational courses or other meetings.

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If a device or drug requiring FDA approval is identified as an important component of your article, you must indicate the FDA status for use as it will be discussed in your article.

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