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MUSCLE & NERVE

INSTRUCTIONS *for* AUTHORS

Manuscript Categories and Requirements

Manuscript Type	Abstract	Figures/Tables	Key Words	Word Count /References	Description
Clinical Research Articles	(250 words) Structured headings: Introduction/Aims, Methods, Results, Discussion	Maximum of 8 figures or tables. Additional ones must be submitted as on-line supplementary material	5 key words on the abstract page pertaining to all major points of the contribution	Maximum length 4000 words No limit on references, but authors are asked to focus on the most important ones of highest relevance	Original clinical research relevant to human neuromuscular disease. Click for more detail
Clinical Research Short Reports	(250 words) Structured headings: Introduction/Aims, Methods, Results, Discussion	Maximum of 3 tables or figures. Additional ones must be submitted as on-line supplementary material	5 key words on the abstract page pertaining to all major points of the contribution	Maximum length 1500 words. Maximum of 30 references	Preliminary communications, pilot studies, and reports of small patient series with limited data, or very extensive assessments of exceptional cases. Most case reports should be submitted as Letters to the Editor. Click for more detail
Basic Science Research Articles	(250 words) Structured headings: Introduction/Aims, Methods, Results, Discussion	Maximum of 8 figures or tables. Additional ones must be submitted as on-line supplementary material	5 key words on the abstract page pertaining to all major points of the contribution	Maximum length 4000 words No limit on references, but authors are asked to focus on the most important ones of highest relevance	Original laboratory research that has the potential to impact our understanding or treatment of human neuromuscular disease. Click for more detail
Basic Science Short Reports	(250 words) Structured headings: Introduction/Aims, Methods, Results, Discussion	Maximum of 3 tables or figures. Additional ones must be submitted as on-line supplementary material	5 key words on the abstract page pertaining to all major points of the contribution	Maximum length 1500 words. Maximum of 30 references	Preliminary communications and pilot studies of original laboratory research that has the potential to impact our understanding or treatment of human neuromuscular disease. Click for more detail
Invited Review Articles	(250 words) Non-Structured	Maximum of 8 figures or tables. Additional ones must be submitted as on-line supplementary material	5 key words on the abstract page pertaining to all major points of the contribution	Maximum length 6,000 words. No limit on references, but authors are asked to focus on the most important ones of highest relevance.	Review of current, relevant topics of importance. By invitation of the Editor. Click for more detail
Issues & Opinions	(250 words) Non-Structured	Maximum of 4 figures or tables. Additional ones must be submitted as online supplementary material	5 key words on the abstract page pertaining to all major points of the contribution	Maximum length 2,000 words. Maximum of 30 references.	Novel hypotheses and discussions of new, investigational, or controversial topics in neuromuscular disease. Click for more detail
Editorials	None	Generally no figures or tables	5 key words pertaining to all major points of the contribution	Maximum length 2,000 words. Maximum of 20 references.	Either free-standing brief commentary or discussion of an article published in the same issue of the Journal. By invitation of the Editor. Click for more detail
Letters to the Editor and Replies (Published on-line only)	None	Maximum of 2 figures or tables	None	Maximum length 750 words. Maximum of 7 references.	This is the only format permitted for case reports of patients with rare neuromuscular diseases or presentations. We also welcome comments on papers recently published in this journal. Click for more detail

INSTRUCTIONS FOR AUTHORS

MANUSCRIPT PREPARATION

- Microsoft Word format required
- Double Space entire manuscript, including reference section
- Organize manuscript in the following order:

Title page

- Article Title: A short informative title containing the major key words. The title should not contain abbreviations
- The full names of the authors (first name, middle initial, surname) and highest degree (s) obtained (no more than 2 per author)
- Author Affiliations (name of department if any, institution, city and state or country where work was done) **Authors with multiple affiliations should provide only their primary affiliation.
- Acknowledgments if applicable (grant support and individuals who were of direct help in preparation of the study
- Number of words in abstract
- Number of words in manuscript (excluding abstract, references, table titles, and figure legends).
- Name/address and email address of the corresponding author
- If part or all of the material is contained within a presentation made at a national or international meeting, the organization, city, and date of the presentation should be noted.

Ethical Publication Statement

- All papers must include the following statement to indicate that the authors have read the Journal's Position on Issues Involved in Ethical Publication and affirm that their report is consistent with those guidelines: "We confirm that we have read the Journal's position on issues involved in ethical publication and affirm that this report is consistent with those guidelines."

Disclosure of Conflicts of Interest

- One of the following sentences must be included: either "Author A has received support from, and/or has served as a paid consultant for .... Author B has received support from.... The remaining authors have no conflicts of interest." Or "None of the authors has any conflict of interest to disclose." Note: Disclosure is needed for financial income/payment from commercial sources, the interests of which are relevant to this research activity. Please identify sources from which financial assistance/income was obtained during the period of the research activity and generation of the current report. Grants from government and/or private agencies should be identified in the Acknowledgements section. For additional details see Muscle and Nerve's Position on Issues Involved in Ethical Publication below.

Abstract

- Include title of article
- No more than 250 words
- Depending on type of article, the abstract should include sections labeled Introduction/Aims, Methods, Results, Discussion.
- For basic research publications a statement of clinical relevance is encouraged.

Key Words

- The authors should provide 5 key words on the bottom of the abstract page pertaining to all major points of their contribution. This will help index the article for reference citations. To choose the best key words for search engine optimization, please refer to: https://authorservices.wiley.com/author-resources/Journal-Authors/Prepare/writing-for-seo.html

TEXT

- Organized in the following format; Introduction, Methods, Results, and Discussion. Other descriptive headings and subheadings may be used if appropriate. Every effort should be made to avoid jargon, to spell out all nonstandard abbreviations the first time they are mentioned, and to present the contents of the study as clearly and as concisely as possible.
- The methods, apparatus (including manufacturer's name and address), and procedures should be identified in sufficient detail to allow other investigators to reproduce the results. References should be given for all discussions of previous studies and for all nonstandard methods used. For experiments in which humans or animals were studied, see Muscle and Nerve's Position on Issues Involved in Ethical Publication below. For drugs and chemicals, the generic name should be used. Patients' names, initials, or hospital numbers should not be used.
- Be sure that all references and all tables and figures are cited within the text. The tables and figures should be numbered according to the order in which they appear. Data appearing in tables or figures should be summarized, not duplicated, in the text. All data cited in the text should be checked carefully against the corresponding data in the tables

to ensure that they correspond, and all names cited in the text should be checked carefully against the references to ensure that the spelling is correct. Any ambiguous symbols (e.g., the letter "O" versus the numeral "0," the letter "I" versus the numeral "1") should be identified.

Abbreviations

- All abbreviations used in the text should be listed and defined in alphabetical order on a separate page. This list should appear just before the references

REFERENCES

- Double-spaced
- Listed and numbered in the order of citation.
- Identify references in the text, tables, and legs by Arabic numerals typed as superscripts.
- Include ALL author names (surnames followed by initials, use "et al" after the sixth author in the case of multi-authored works),
- Include the title of the article with the same spellings and accent marks as in the original
- Include the journal title abbreviated as it is indexed in MEDLINE
- Include the date of publication
- Include the volume number
- Include inclusive page numbers.
- For books be sure to include the chapter title, chapter authors, editors of the book, title of the book (including volume or edition number), publisher's name and location, date of publication, and appropriate page numbers.
- Unpublished observations," "personal communications," and information that has been obtained from manuscripts "submitted for publication" but not yet accepted should not appear in the references but should be cited in parentheses in the text. Unpublished observations should include the authors, the year, and should be accompanied by letters of permission from all individuals cited; quotations from manuscripts that have been submitted for publication should include the authors, the title of the manuscript, and the date. Manuscripts that have been accepted for publication but have not yet been published may appear in the references. Include the authors, manuscript title, and name of journal, followed by "to be published" in parentheses.

Formatting of References

Article Type	Example
Journal article, up to 6 authors	Bigby ME. The end of the sunscreen and melanoma controversy: a quantitative review. *Ann Intern Med.* 2003;139 (12):966–978.
Journal article, more than 6 authors. First three authors and et al.	Klein R, Hein BEK, Moss SE, et al. The relation of retinal vessel ralilxtr to the incidence and progression of diabetic retinopathy, XIX: the Wisconsin Epidemiologic Study of Diabetic Retinopathy. *Arch Ophtbalmol* 2004;122(1):76–83.
Journal article with supplement	Fliesler SJ, Richards MJ, Peachey NS, Buchan B, Vaughan DK, Organisciak DT. Potentiation of retinal light damage in an animal model of Srnith-Lemli-Opitz syndrome. *Invest Ophthalmol Vis Sci.* 2001;42(suppl 4):S627.
DOI number	Smeeth L, Iliffe S. Community screening for visual impairment in the elderly. *Cochrane Database Syst Rev.* 2002; (2):CW01054. doi:10.1002/14651858.CD1001054.
Book	Weedon D. *Skin Pathology*. London, England: Churchill Livingstone; 2002.
Edited Book	Dybul M, Connors M, Fauci AS. Immunology of HIV infection. In: Paul WE, ed. *Fundamental Immunology*. 5th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2003:chap 42.
Web Site	Sullivan D. Major search engines and directories. SearchEngineWatch Web site. http://www.searchenginewatch. com/links/aicle.php/2l56221. Up dated April 28, 2004. Accessed December 6, 2005. Interim guidance about avian influenza A (H5N1) for US citizens living abroad. Centers for Disease Control and Prevention Web site, http://www.cdc.gov/travel/other/avian_flu_ig_americans_abroad_032405.htm. Updated November 18, 2005. Accessed December 6. 2005.

TABLES

- Double-spaced
- Separate pages
- Word file, NOT photograph or image files
- If table must exceed 1 typewritten page, duplicate headings on the second sheet
- Numbered in the order in which they are cited in the text
- Include a title at top of table but no additional legend.
- Every column should have a heading
- Define all abbreviations immediately below the table
- Indicate the units of measurements for all values
- Use commas for all numbers exceeding 999, and use zeros before decimals for numbers less than 1

- Organized so that like data are read vertically, not horizontally.
- Do not use internal horizontal or vertical lines to separate sections
- Explain all empty spaces or dashes
- Indicate footnotes to the table using the following symbols
  - * (asterisk), †(dagger), ‡ (double dagger), § (section mark), (parallels), (paragraph mark), # (number sign).
  - Letters of the alphabet, lower case and italic, should be used instead if there are more than 7 footnotes.
  - Symbols (or letters) should appear after commas and periods, before colons and semicolons, and should be superscript.
- If data from any other source, published or unpublished, are used, obtain permission for their use and cite the source in the legend.

Guidelines for electronic submission

- Microsoft Word .doc or .docx files are required.
- Refrain from complex formatting; the Publisher will style your manuscript according to the Journal design specifications.
- Do not use desktop publishing software. If you prepared your manuscript with one of these programs, export the text to a word processing format.
- Please make sure your word processing program's "fast save" feature is turned off.
- Do not deliver files that contain hidden text: for example, do not use your word processor's automated features to create footnotes or reference lists.
- Submit the text and tables of each manuscript as a single file.
- Name each file with your last name (up to eight letters).
- Text files should be given the three-letter extension that identifies the file format.
- Macintosh users should maintain the MS-DOS "eight dot three" file-naming convention.

FIGURES/IMAGES

- All print reproduction requires files for full color images to be in a CMYK color space (not RGB).
- If possible, ICC or ColorSync profiles of your output device should accompany all digital image submissions.
- If data from any other source, published or unpublished, are used, obtain permission for their use and cite the source in the legend.

Resolution

- Journal quality reproduction will require greyscale and color files at resolutions yielding approximately 300 ppi.
- Bitmapped line art should be submitted at resolutions yielding 600–1200 ppi.
- These resolutions refer to the output size of the file; if you anticipate that your images will be enlarged or reduced, resolutions should be adjusted accordingly.

File creation

- Avoid use of fine lines (point and below) for graphs and charts.
- Use only Adobe Type 1 fonts in creating images, and limit the number of fonts used.
- Do not reletter images in Photoshop. If relettering must be done, import the image into either Freehand or Illustrator and reletter, then make an EPS file.
- Make sure all scanned images are "clean." Look for and clean up dust specks, scratches, tape marks, and anything that is not part of the actual image. Files generated in Freehand should be saved in EPS format.
- Photomicrographs must include a calibration bar of appropriate length (e.g., 1mm, 0.1 mm, etc.). Symbols used in micrographs should contrast with the background.
- For photographs of persons, written permission from the subject must be supplied. Unless specified otherwise, the subject's eyes will be masked to prevent identification.

Figure Legends

- Less than 200 words
- Double spaced
- Numbered with Arabic numerals corresponding to the illustrations.
- When symbols, arrows, numbers, or letters are used to identify parts of the illustration, each should be explained clearly in the legend
- For photomicrographs, the internal scale markers should be defined and the methods of staining should be given. If the figure has been previously published a credit line should be included

Guidelines for electronic submission

- The only acceptable file formats are JPEG, TIFF, or EPS.
- Each file must include all subparts (A, B, C, etc.) to the figure. Subparts should not be uploaded individually.
- Illustration files should be given the 2- or 3-letter extension that identifies the file format used (i.e., .tif, .eps).

INSTRUCTIONS FOR AUTHORS

ARTICLE TYPE DESCRIPTION

Clinical Research Articles (top)

These may be prospective or retrospective studies, and must involve human subjects. Papers investigating diagnostic or therapeutic modalities are welcome, including phase 1, 2, or 3 clinical treatment trials. All papers must include a statement in the Methods section documenting approval by an Institutional Review Board, Ethics Committee, or equivalent body, and a statement that informed consent was obtained from participants or waived by the regulatory authority. Submissions that center on assessment and measurement techniques are welcome within the scope of the Journal. For example, tools such as hand-held dynamometry or functional rating scales both have rich histories of use in a variety of neuromuscular disorders. Similarly, electrophysiological or imaging techniques are known to be of interest to our core readership when they have been accepted as useful for diagnosis or tracking the progression of neuromuscular disorders, and are being used to study these disorders. Examples are MRI of muscles in dystrophies and myopathies, or ultrasound in various nerve and muscle disorders, or nerve conduction studies and electromyography for virtually all neuromuscular diseases. We also welcome descriptions of new techniques when they are being studied in the context of neuromuscular disorders, such as electrical impedance myography in dystrophies and ALS, or motor unit number estimation (MUNE) and motor unit number index (MUNIX) in denervating disorders. As a general rule, we will no longer be considering papers of more general diagnostic techniques such as silent period, transcranial magnetic stimulation, or evoked potentials unless they are being studied in the context of specific neuromuscular disorders (such as transcranial magnetic stimulation in ALS) or in animal models of these disorders. In general, the clinical relevance for human neuromuscular disorders will be the guiding principal for relevance of the submission. Finally, we no longer review articles on human exercise except for those directly related to specific neuromuscular diseases (for example, the effects of exercise on strength or endurance in ALS, or in Duchenne dystrophy) or those that look at measures that may be useful for the diagnosis, treatment, and follow-up of human disease (such as equipment and protocols designed to assess patients in clinical trials).

Clinical Research Short Reports (top)

These may be prospective or retrospective studies, and must involve human subjects. Papers investigating diagnostic or therapeutic modalities are welcome, including phase 1, 2, or 3 clinical treatment trials. All papers must include a statement in the Methods section documenting approval by an Institutional Review Board, Ethics Committee, or equivalent body, and a statement that informed consent was obtained from participants or waived by the regulatory authority. Submissions that center on assessment and measurement techniques are welcome within the scope of the Journal. For example, tools such as hand-held dynamometry or functional rating scales both have rich histories of use in a variety of neuromuscular disorders. Similarly, electrophysiological or imaging techniques are known to be of interest to our core readership when they have been accepted as useful for diagnosis or tracking the progression of neuromuscular disorders, and are being used to study these disorders. Examples are MRI of muscles in dystrophies and myopathies, or ultrasound in various nerve and muscle disorders, or nerve conduction studies and electromyography for virtually all neuromuscular diseases. We also welcome descriptions of new techniques when they are being studied in the context of neuromuscular disorders, such as electrical impedance myography in dystrophies and ALS, or motor unit number estimation (MUNE) and motor unit number index (MUNIX) in denervating disorders. As a general rule, we will no longer be considering papers of more general diagnostic techniques such as silent period, transcranial magnetic stimulation, or evoked potentials unless they are being studied in the context of specific neuromuscular disorders (such as transcranial magnetic stimulation in ALS) or in animal models of these disorders. In general, the clinical relevance for human neuromuscular disorders will be the guiding principal for relevance of the submission. Finally, we no longer review articles on human exercise except for those directly related to specific neuromuscular diseases (for example, the effects of exercise on strength or endurance in ALS, or in Duchenne dystrophy) or those that look at measures that may be useful for the diagnosis, treatment, and follow-up of human disease (such as equipment and protocols designed to assess patients in clinical trials).

Basic Science Research Articles (top)

These most commonly involve animal experiments, but may involve basic research in human muscle or nerve pathology or physiology. Institutional Review Board approval and consent policies are the same as those described under "Clinical Research Articles" for studies involving human subjects. Studies that involve animals must contain a statement that affirms that the experimental protocols were approved by the institutional animal care and use committee (IACUC). We no longer review articles on human exercise except for those directly related to specific neuromuscular diseases (for example, the effects of exercise on strength or endurance in ALS, or in Duchenne dystrophy) or those that look at measures that may be useful for the

diagnosis, treatment, and follow-up of human disease (such as equipment and protocols designed to assess patients in clinical trials). Similarly, articles studying the response of animal muscle to exercise will no longer be considered except for those related directly to a human disease (mouse model of a dystrophy or SOD1 model of ALS, for example). As a general rule, we will no longer be considering papers of more general diagnostic techniques such as silent period, transcranial magnetic stimulation, or evoked potentials unless they are being studied in the context of specific neuromuscular disorders (such as transcranial magnetic stimulation in ALS) or in animal models of these disorders. In general, the clinical relevance for human neuromuscular disorders will be the guiding principal for relevance of the submission.

Basic Science Short Reports (top)

These most commonly involve animal experiments, but may involve basic research in human muscle or nerve pathology or physiology. Institutional Review Board approval and consent policies are the same as those described under "Clinical Research Articles" for studies involving human subjects. Studies that involve animals must contain a statement that affirms that the experimental protocols were approved by the institutional animal care and use committee (IACUC). We no longer review articles on human exercise except for those directly related to specific neuromuscular diseases (for example, the effects of exercise on strength or endurance in ALS, or in Duchenne dystrophy) or those that look at measures that may be useful for the diagnosis, treatment, and follow-up of human disease (such as equipment and protocols designed to assess patients in clinical trials). Similarly, articles studying the response of animal muscle to exercise will no longer be considered except for those related directly to a human disease (mouse model of a dystrophy or SOD1 model of ALS, for example). As a general rule, we will no longer be considering papers of more general diagnostic techniques such as silent period, transcranial magnetic stimulation, or evoked potentials unless they are being studied in the context of specific neuromuscular disorders (such as transcranial magnetic stimulation in ALS) or in animal models of these disorders. In general, the clinical relevance for human neuromuscular disorders will be the guiding principal for relevance of the submission.

Invited Review Articles (top)

Interested authors should contact the editor (zsimmons@psu.edu) to discuss ideas for such articles prior to submission, as reviews are by invitation only, and depend not only on the relevance of the topic to our readership, but on other content recently published or accepted and awaiting publication in the Journal. Most commonly, Reviews center on clinical topics, although basic science articles with clear clinical relevance are also welcome, bearing in mind that the target audience for these articles consists primarily of clinicians. Although we make every effort to work with the author toward acceptance of Invited Reviews, such manuscripts are subject to the usual peer review, and may be rejected at the discretion of the Editor, following peer review.

Issues & Opinions (top)

No invitation is required, and these are subject to the usual peer-review. It is expected that such articles will reflect a combination of the presentation of existing knowledge in a field, and opinions that are data-based and that follow logical, scientific thinking. We do not accept articles that are purely opinion pieces without any foundation of published data on mechanisms, pathology, physiology, or other scientific research or hypotheses.

Editorials (top)

These most commonly accompany an article in the same issue, generally written by a content expert with the goal of placing the results of the article into the context of the existing literature and expert thinking. The goal is to educate our readers. Editorials may have a maximum length of 2,000 words, but we often find that 1,000 words are sufficient for those that accompany articles. Generally, when the Editor chooses to invite such an editorial, the author, after agreeing, is sent a formal invitation and a copy of the paper in its final, accepted form, shortly after the article is accepted. The author then has 6 weeks to submit the editorial. Review and turnaround are rapid.

Letters to the Editor and Replies (top)

This category consists of two types of submissions: 1) case reports and 2) comments on papers recently published in this journal. Publication of case reports is highly selective. They are not intended to be at a level suitable for a course presentation at an educational meeting or a Grand Rounds presentation or a resident or fellow teaching case. Rather, these should present data that is informative to experts in the field. Examples would be an in-depth genetic or histopathological analysis not previously published that sheds new light on etiology or mechanisms, or the initial description of an adverse event related to a therapeutic agent. We discourage the submission of all but the most striking phenotype variations of genetically-based disorders known to have widely variable presentations or the reporting of a new genetic mutation on a gene that is already known to be associated with a specific neuromuscular disorder. Such

reports are of clinical interest, but are more appropriately reported elsewhere. Comments relating to papers recently published in *Muscle & Nerve*, if accepted for publication, will be sent to the author of the original article for a response that will be published concurrently with the letter. The author of the original article may decline to respond, in which case the accepted letter will be published by itself.

COLOR POLICY

Figures will be published in color online at no charge. Authors are required to pay the cost of reproducing color figures in print. *Muscle & Nerve* charges per figure, $600 for the first figure. Second, third and fourth figures are billed at $400 each.

DATA ACCESS

For reports of original data, at least 1 author (e.g., the corresponding or principal investigator) is expected to have full access to all the data in the study and to take responsibility for its accuracy. Such access must be confirmed on the Author Responsibility section of the submission site.

ORCID

As part of the journal's commitment to supporting authors at every step of the publishing process, the journal requires the submitting author (only) to provide an ORCID iD when submitting a manuscript. This takes around 2 minutes to complete. Find more information here. (http://olabout.wiley.com/WileyCDA/Section/id-828034.html)

REVIEW AND PRODUCTION PROCESS

Manuscripts are evaluated by the editor and at least 2 reviewers, who are informed of the confidential nature of the review process. Decisions of the editor are final and rejected manuscripts will not be considered further. All material accepted for publication is subject to copy editing. Authors will receive page proofs of their article before publication, and should answer all queries and carefully check all editorial changes at this stage. Authors are asked to check for misprints or syntactic errors and not to otherwise revise the manuscript. The current policy of *Muscle & Nerve* calls for an editorial review of all notes added in proof but not minor modifications made in the text. Any major alteration that would substantially delay publication must be approved by the editor, in consultation with the reviewers, if necessary. Authors are responsible for the scientific content of their article.

Accepted Articles

Once a paper is accepted, all files in the final version of the manuscript will be placed in the Accepted Articles section of the journal website. The manuscript files will be in a pdf format. Each article will include a digital object identifier (DOI) and a collaborative reference linking service through which readers can click on a reference citation and immediately access article content. Once articles are published electronically, it is not possible for authors to make further changes before the print version appears. The print version will indicate the on-line publication date. This makes articles available before the print version and reduces publication time to a few days.

EarlyView

Once a corrected proof is received by the publisher from the author and reviewed with the Editor, individual articles are published on-line in the EarlyView service maintained by the publisher. Articles are available as PDF full-text and HTML full-text.

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Writing Support

In cases where writing support is necessary, the writer(s) should be acknowledged in the Acknowledgements section, and the source of funding for writing support should be provided under Disclosure of Conflicts of Interest. The corresponding/submitting author must, when submitting a manuscript, give assurance that all authors have read and approved the submitted manuscript. The corresponding/submitting author should also give assurance that all authors have seen and approved the final (accepted) manuscript, and that the manuscript includes all conflict of interest declarations. All individuals who have contributed to the work but do not meet criteria for authorship should be cited in the Acknowledgment section.

Muscle & Nerve's Position on Issues Involved in Ethical Publication

(1) Authorship/Credit
The journal follows the ICMJE definition of authorship (http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html), which indicates that authorship be based on the following 4 criteria:

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or revising it critically for important intellectual content; AND
- Final approval of the version to be published; AND
- 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.

(2) Funding
Sources of funding (for the research, data analysis, and manuscript generation) should always be disclosed in the Acknowledgements section. Sources may include government funding agencies, institutions and departments, private industry, and charitable organizations and foundations. Funding for all authors should be acknowledged.

(3) Procedures involving Human and Animal Subjects
The authors should include within the manuscript an explicit statement indicating that the submitted study was approved by the relevant research ethics committee or institutional review board (IRB), and that informed consent was obtained from research subjects. When the study involves human participants (including material from human subjects), authors should also provide assurance that appropriate consent was obtained. When studies involve animal subjects, authors should provide methodological details about steps taken to minimize pain/discomfort. Such papers must contain a statement that affirms that the experimental protocols were approved by the institutional animal care and use committee (IACUC).

(4) Confidentiality
In all cases, information and images derived from individual patients must be presented with assurance of appropriate consent and with details removed that might reveal identity of the individual.

(5) Disclosure
All authors are required to disclose associations which might affect their ability to present and/or interpret data objectively, particularly financial ties to funding sources for the work under review (e.g., membership on corporate scientific boards, stock ownership, consultant arrangements, patent ownership or application, etc.). Disclosure of such associations for the Editorial personnel of *Muscle & Nerve* (Editors-in-Chief, Associate Editors, Editorial Board members) will be published each year. Reviewers will also be asked to affirm that they have no conflict of interest when critiquing a manuscript.

(6) Research Misconduct (Data Fabrication/Falsification)
Muscle & Nerve will attempt to ensure that any allegations of misconduct are properly investigated. In the case of any allegations, authors will be given a right to respond. While the Journal is limited in its ability to investigate misconduct, we will seek COPEs (Committee on Publication Ethics) advice and alert appropriate bodies and encourage them to investigate.

(7) Plagiarism, Duplication, and Redundant Publication
Muscle & Nerve requires that work submitted for publication is the authors' own work and has not been misappropriated. When previously published material is used, appropriate credit must be given and written permission obtained (for use of copyrighted material). *Muscle & Nerve* also explicitly discourages duplication of published material and redundant publication. All manuscripts submitted to *Muscle & Nerve are* checked with the iThenticate® software to detect instances of overlapping and similar text. In the case of apparent or substantial overlap, authors will be asked to rewrite their article.

(8) Corrections of Erroneous Information
Authors are expected to proofread their articles carefully before returning page proofs for publication. They should make needed corrections at this time. We recognize that it is only human to err occasionally, and the Journal is committed to correcting mistakes when those errors affect the interpretation of data or information presented in an article. Such corrections will be published in the form of an Erratum, and linked to the original article electronically. Errors that result from author oversight in the proofing process, and that do not affect data interpretation, will not be corrected.

(9) Peer Review
Muscle & Nerve is committed to a peer-review system that is fair to the author and enhances the value of the articles published in the Journal. In order to encourage qualified reviewers to offer their time and efforts to the Journal, reviewer identity is kept confidential. Reviewers are chosen for their expertise in the field; conflicts of interest are avoided whenever the Editors are aware of such issues, and reviewers are asked to affirm that they have no conflicts of interest in reviewing a given *Muscle & Nerve* manuscript. Authors are encouraged to identify specific individuals who, they believe, cannot provide unbiased review.