

# Diving and Hyperbaric Medicine: Instructions to Authors

(updated June 2017)

*Diving and Hyperbaric Medicine* (DHM) is the combined journal of the South Pacific Underwater Medicine Society (SPUMS) and the European Underwater and Baromedical Society (EUBS). It seeks to publish papers of high quality on all aspects of diving and hyperbaric medicine of interest to diving medical professionals, physicians of all specialties, and members of the diving and hyperbaric industries. Manuscripts must be offered exclusively to *Diving and Hyperbaric Medicine*, unless clearly authenticated copyright exemption accompanies the manuscript. All manuscripts will be subject to peer review. Accepted contributions will also be subject to editing.

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**Contributions should be submitted electronically by following the link:**

<[www.manuscriptmanager.net/dhm](http://www.manuscriptmanager.net/dhm)>

In order to submit, the corresponding author needs to create an "account" with a user name and password (keep a record of these for subsequent use). The process of uploading the files related to the submission is simple and easy, please contact Nicky Telles <editorialassist@dhmjournal.com> if you have difficulties with the process, please follow our Instructions to authors carefully.

## Requirements for manuscripts

DHM welcomes contributions that meet the following requirements:

All submissions require a **Title Page** which lists the title of the paper, all authors' names in full and their affiliations and contact details for the first (and corresponding, if different) author(s) (see below).

**Original Articles, Technical Reports and Case Series:** up to 3,000 words is preferred, and up to 30 references (excluded from word count). Longer articles will be considered. These articles should be subdivided into the following sections: a **structured Abstract** of no more than 250 words, **Introduction, Methods, Results, Discussion, Conclusions, References, Acknowledgements**, which should be brief, **Funding** sources and any **Conflicts of Interest** should be listed after the references. **Legends** for illustrations, figures and tables should be placed at the end of the text file.

**Review Articles:** up to 5,000 words is preferred and 60 references (excluded from word count); include an informative **Abstract** of no more than 300 words (excluded from total word count); structure of the article is at the author(s)' discretion.

**Case Reports, Short Communications and Work In Progress reports:** maximum 2,000 words, and 20 references (excluded from word count); include an informative **Abstract** of no more than 200 words (excluded from word count).

**Educational articles, commentaries and case reports** for '*The Diving Doctor's Diary*', '*World as it is*', '*Opinion*' or '*Historical*' occasional sections may vary in format and length, but should generally be a maximum of 3,000 words and 15 references (excluded from word count); include an informative **Abstract** of no more than 200 words (excluded from word count).

**Letters to the Editor:** maximum 600 words, plus one figure or table and five references.

DHM follows as much as possible the *Recommendations for the conduct, reporting, editing and publication of scholarly work in medical journals*. International Committee of Medical Journal Editors; December 2015.

Available from: <<http://www.icmje.org/recommendations/>>.

Authors are strongly encouraged to read this and other documents on the ICMJE website in preparing their submission. Authors should also consult guidelines for specific types of study (e.g., the CONSORT guidelines for the reporting of randomized controlled trials); see <<http://www.equator-network.org/>>.

A completed **Mandatory Submission Form** must be signed by the principal (first) author and must accompany all submissions. Authors should be listed with the principal author first, followed by any other authors in order of their decreasing contribution. The Mandatory Submission Form is available for download on the DHM website <[http://www.dhmjournal.com/images/Docs/DHM-Instructions-to-Authors\\_Dec2017.pdf](http://www.dhmjournal.com/images/Docs/DHM-Instructions-to-Authors_Dec2017.pdf)>.

### **Formatting of submissions**

All submissions must comply with the following requirements. Manuscripts not complying with these instructions will be returned to the author for correction before consideration.

Inclusion of more than six authors in any one manuscript requires strong justification. Authors must have contributed significantly to the study (see guideline to authorship accessible at this address: <[http://www.dhmjournal.com/images/Docs/Guideline\\_to\\_authorship\\_in\\_DHM\\_journal-2015.pdf](http://www.dhmjournal.com/images/Docs/Guideline_to_authorship_in_DHM_journal-2015.pdf)>). Other contributors may be listed in the **Acknowledgements**.

All articles need to be accompanied by the detailed information asked for as part of the online submission process. Please ensure that as much information as possible is provided. One author must be identified as correspondent, with their full postal address, phone number and e-mail address supplied; if the corresponding author is a different author to the principal (first) author, then full contact details for both are required.

A maximum of seven **Key words** best describing the paper should be chosen from the list on the journal website <[http://www.dhmjournal.com/images/Docs/DHM\\_key\\_words\\_06-2016.pdf](http://www.dhmjournal.com/images/Docs/DHM_key_words_06-2016.pdf)> or on the Manuscript Manager website. New key words, complementary with the NLM US National Library of Medicine NLM MeSH, <<http://www.nlm.nih.gov/mesh/>> may be used but are at the discretion of the Editor. Key words should be placed at the bottom of the title page. Do not use key word terms that appear in the title of your article.

**Text:** The preferred format is Microsoft Office Word or Rich Text format (RTF), with 1.5 line spacing, using both upper and lower case throughout. The preferred font is Times New Roman, font size 11 or 12.

Headings should conform to the current format in DHM:

**Section heading**

**SUBSECTION HEADING 1**

*Subsection heading 2*

All pages should be numbered, but no other text should appear in the header and footer space of the document. Do not use underlining. No running title is required.

English spelling will be in accordance with the Concise Oxford Dictionary, 11th edition revised (or later). Oxford: Oxford University Press; 2006.

**Measurements** will be in SI units (mmHg are acceptable for blood pressure measurements) and normal ranges should be included where appropriate. Authors are referred to the online BIPM brochure, International Bureau of Weights and Measures (2006), The International System of Units (SI), 8th ed, available as a pdf: <[http://www.bipm.org/utis/common/pdf/si\\_brochure\\_8\\_en.pdf](http://www.bipm.org/utis/common/pdf/si_brochure_8_en.pdf)>, or Baron DN, McKenzie Clarke H, editors. Units, symbols and abbreviations. A guide for biological and medical editors and authors, 6th edition. London: Royal Society of Medicine; 2008. Atmospheric and gas partial pressures and blood gas values should be presented in kPa (ATA/bar/mmHg may be provided in parenthesis on the first occasion). The ambient pressure should always be given in absolute (a) not gauge (g) values. Water depths should be presented in metres' sea (or fresh) water (msw or mfw). Cylinder pressures and inspired gas pressures in a rebreather apparatus may be presented as 'bar'.

Abbreviations may be used once they have been shown in parenthesis after the complete expression. For example, decompression illness (DCI) can thereafter be referred to as DCI. This applies separately to the abstract and main text. Use generally accepted abbreviations rather than neologisms of your own invention.

## Reporting of trial design, sample size calculation, statistical methods and results

### 1. **Methods:**

- a. Include details of study design and how important relevant elements of design were accomplished. For example: In a clinical trial, were the subjects and outcome assessors blinded to treatment assignment; how was allocation to groups achieved; how was allocation concealment achieved?
- b. If the paper is a report of a comparative clinical trial, indicate the trial registry number (see MSF).
- c. Include a statement as to the method by which the sample size was determined including the assumptions used in any calculation.
- d. Include a list of all outcomes you intended to assess.
- e. Include a statement of all statistical tests used and how data will be presented (e.g., "*Data will be presented as mean ± standard deviation with range, where appropriate*").
- f. Any *a priori* choice of threshold for statistical significance should be described.
- g. Seeking advice from a biostatistician at the initial planning stage of a study can be advantageous.

### 2. **Choice of statistical methods:**

- a. Include a justification for the use of a parametric test. What is the basis for the assumption of normality?
- b. It is not acceptable to use parametric testing for a clearly non-normal distribution (e.g. a bimodal distribution).

### 3. **Testing for differences in multiple variables or at multiple time points:**

- a. When testing multiple variables, authors should use one of the Bonferroni or similar corrections for Type I error probability ( $\alpha$ ).
- b. If testing at multiple time points in the same subjects, authors should use appropriate repeated-measure methods.
- c. Authors should not model multiple collinear independent variables.

### 4. **Absolute and relative differences:**

- a. In general, the journal prefers the direct comparison of outcomes between groups in a comparative study, e.g., the chance of wound healing was 20% greater in the group that received HBOT (20% with sham versus 40% with HBOT, 95% CI for the difference 15% to 25%). Authors should avoid comparing the magnitude of change in each group as a measure of the impact of any (therapeutic) intervention, e.g., percentage increase or e.g., the pain score decreased significantly in the HBOT group (4 points,  $P = 0.04$ ), but not in the sham group (3 points,  $P = 0.06$ ).

### 5. **Presentation of results:**

- a. Results should be as clearly and simply stated as possible. Care should be taken that the non-specialist reader should understand the result.
- b. Differences between groups should include an estimate of the difference between groups as well as the confidence interval of that estimate (usually 95% CI). At this time the journal recommends the additional presentation of  $P$ -values as a measure of the statistical importance of the result.
- c. Any findings to be presented as trends (below the threshold for outright statistical significance) must be clearly described as such and cautiously (conservatively) discussed.

### 6. **Interpretation of findings:**

- a. The findings detailed in the results section of the submission should be interpreted in the discussion section.
- b. Interpretation will include the clinical and/or scientific implications of the results and the implications for future research. Authors should note both the clinical or practical importance and statistical significance when interpreting results.
- c. Care should be taken not to 'over-state' marginal results or those where there is a substantial threat of bias. NOTE: A substantial possibility of bias exists for any comparison between groups that was not achieved through a randomized trial of the highest methodological rigour.
- d. Limitations text should be fully developed as a separate section in the discussion to establish the most valid context for the findings and to help direct future research.

## References

The Journal reference style is based **exactly** on that of the International Committee of Medical Journal Editors (ICMJE) *Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals: Sample References* (updated December 2016). Available at: <[https://www.nlm.nih.gov/bsd/uniform\\_requirements.html](https://www.nlm.nih.gov/bsd/uniform_requirements.html)>

Examples of the formats for different types of references (journal articles, books, monographs, electronic material, etc.) are given in detail on this website

Additional requirements for referencing in DHM are:

- References should be numbered consecutively in the order in which they are first mentioned in the text, tables or figures as superscript numbers, either following the statement<sup>1</sup> referenced or at the end of the sentence, after the full stop.<sup>1,2</sup> Do not use references in the Abstract.
- References appearing in tables or figures or their legends should continue the sequence of references in the main text of the article in accordance with the position of first citing the table/figure in the text.
- Use MEDLINE abbreviations for journal names. Journals not indexed in MEDLINE should have the journal name written in full.
- Abstracts from meeting proceedings should not be used as references unless absolutely essential, as these are generally not peer-reviewed material.
- If using EndNote to prepare the references in the document, use the NLM template, downloadable from <<http://endnote.com/downloads/style/national-library-medicine-nlm>>. Once accepted, the final version of the submitted text should have all EndNote field codes removed (see EndNote website for advice on how to do this).
- Verifying the accuracy of references against the original documents is the responsibility of authors.
- Personal communications should appear as such in the text and not be included in the reference list (e.g., Smith AN, personal communication, year).

'Long' and 'short' examples of a journal reference in the ICMJE format are shown below:

Wilson CM, Sayer MDJ. Transportation of divers with decompression illness on the west coast of Scotland. *Diving Hyperb Med*. 2011 June;41(2):64-69.

If a journal uses continuous pagination throughout a volume (as many do) then the month and issue number should be omitted and the pagination reduced. Therefore, the shortened ICMJE version used in DHM is:

Wilson CM, Sayer MDJ. Transportation of divers with decompression illness on the west coast of Scotland. *Diving Hyperb Med*. 2011;41:64-9.

An example book reference is:

Kindwall EP, Whelan HT, editors. *Hyperbaric medicine practice*, 3rd ed. Flagstaff, AZ: Best Publishing Company; 2008.

Examples of all other types of references can be found on the uniform requirements website: <[http://www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html)> (updated 25 May 2016).

## Illustrations, figures and tables

Tables should be submitted as separate Word documents. Each figure and table must be mentioned within the text of the article, e.g., "Rates of decompression illness by demographic are presented in Figure 1...", "Differences in rates of decompression illness were not significant (Table 1)", etc. The approximate positions of tables and figures should also be identified in the text.

No title should appear within the body of the table or image, but should be placed in the legend. However, since the MM software removes all file names when they are uploaded, each Figure and Table needs to be labelled at the top of the file with "1st author name (not corresponding author) and the Figure/Table number; e.g., Smith Fig. 1. Legends should generally contain fewer than 40 words and should be thorough enough to be understood independently of the main text. Any definition of graph symbols used in a figure should appear within the white space of the figure or be submitted separately or be included in the legend rather than in the figure.

**Tables** should be presented either as tab-spaced normal text or using MS Word table format, with tab-separated columns auto-formatted to fit content. No grid lines, borders or shading should be used.

**Illustrations, photos and X-rays** should be submitted as separate electronic files in high resolution TIFF or JPEG format. Special attention should be given to ensuring that font sizes within a diagram are sufficiently large to be legible should the diagram be sized for single-column printing. The preferred font is Times New Roman. Magnification should be indicated for photomicrographs, and consideration given to the positioning of labels on diagnostic material as this can greatly influence the size of reproduction that can be achieved in the published article. Figures should be readable in black and white, with no unnecessary shading, grid lines or box lines. Both markers and lines should be unique to facilitate easy discrimination of the data being presented.

Any graphs or histograms created in Excel should be sent within their original Excel file, including the data table(s) from which they were produced. This allows the journal office to edit figures for maximum legibility when printed.

Colour is available only at the author's request and will be at the author's expense (currently approximately AUD350 for a single A4 page). Therefore, authors need to convert figures and images to grayscale to ensure that contrast within the image is sufficient for clarity when printed.

If any figures, images or tables are to be reproduced from previous publications, it is the responsibility of the author(s) to obtain the necessary permissions.

### **Consent and ethical approval**

Studies on human subjects must comply with the Helsinki Declaration of 1975, as revised in 2013 (see <[http://www.dhmjournal.com/images/Docs/DHM-Instructions-to-Authors\\_Dec2017.pdf](http://www.dhmjournal.com/images/Docs/DHM-Instructions-to-Authors_Dec2017.pdf)> for a copy.

Studies using animals must comply with National Health and Medical Research Council Guidelines or their equivalent in the country in which the work was conducted. It is insufficient to refer to previous publications for details of animal welfare and procedural care. The Physiological Society provides detailed advice regarding animal experimentation and its reporting in research publications and this link is provided with their kind permission: <<http://physoc.onlinelibrary.wiley.com/hub/animal-experiments.html>>

A statement affirming Ethics Committee (Institutional Review Board) approval (and the approval number) should be included in the text. A copy of that approval should be provided with the submission. Patient details must be removed and photographs made unrecognizable. Written informed consent should be indicated in the article.

Clinical trials commenced after 2011 must have been registered at a recognised trial registry site such as the Australia and New Zealand Clinical Trials Registry <<http://www.anzctr.org.au/>> or EudraCT in Europe <<https://eudract.ema.europa.eu/>> and details of the registration provided in the accompanying Mandatory Submission Form.

For individual case reports, evidence of patient consent to anonymous publication of images or their clinical details must be provided. Case series, where only limited, anonymous summary data are reported, do not require patient consent, but must have been assessed by an ethics committee and, if indicated, have ethics approval (see *Is ethics approval needed* pdf at <[http://www.dhmjournal.com/images/Docs/DHM-Instructions-to-Authors\\_Dec2017.pdf](http://www.dhmjournal.com/images/Docs/DHM-Instructions-to-Authors_Dec2017.pdf)> if you are unsure.

### **English as a second language**

Adequate English usage and grammar are prerequisites for acceptance of a paper. However, some editorial assistance may be provided to authors for whom English is not their native language. [English language services](http://www.ease.org.uk/) can be accessed through the European Association of Science Editors (EASE) website <<http://www.ease.org.uk/>>. Alternatively, the journal office may be able to put you in touch with a commercial scientific ghost writer.

### **Copyright**

Manuscripts must be offered exclusively to *Diving and Hyperbaric Medicine*, unless clearly authenticated copyright exemption accompanies the manuscript. Authors must agree to accept the standard conditions of publication. These grant DHM a non-exclusive licence to publish the article in printed form in *Diving and Hyperbaric Medicine* and/or in other media, including electronic form; also granting the right to sublicense third parties to exercise all or any of these rights. *Diving and Hyperbaric Medicine* agrees that in publishing the article(s) and exercising this non-exclusive publishing sub-licence, the author(s) will always be acknowledged as the copyright owner(s) of the article.

Articles are embargoed for one year from the date of publication, after which they will be free to access. If authors wish their article to be free to access immediately upon publication, then a fee (determined by the publishers, EUBS and SPUMS) will be charged for its release. Authors may place their publication on their own institutional website using the 'restricted distribution' pdf version provided but not elsewhere during the first year following publication. Thereafter, the non-watermarked pdf may be used ad lib.

## **SPUMS and EUBS Annual Scientific Meetings**

DHM has published articles based on many of the presentations from SPUMS annual scientific meetings (ASM). Presenters, including the Guest Speaker(s), are reminded that this is an explicit condition of their participation in the SPUMS meetings but, at the same time, recognizing that not all presentations are suitable for publication in DHM. Speakers at EUBS meetings, both those giving keynote addresses and those presenting previously unpublished research are strongly encouraged to submit manuscripts to DHM. All such articles are subject to the above requirements of standards, presentation and peer review.

## **Zetterström Award**

The author(s) of the scientific poster winning the Zetterström Award at each EUBS ASM explicitly agree(s) to submit an article based on their poster to DHM, otherwise the award will be withdrawn. This paper is subject to the above requirements of standards and presentation and will be subject to peer review.

## **Musimu Award**

Recipients of the Musimu Award of the EUBS are strongly encouraged to publish their research in DHM.

## **SPUMS Diploma dissertations**

It is the policy of SPUMS that diploma candidates are strongly encouraged to publish their dissertation in DHM. Most dissertations require editing for submission, and these Instructions to Authors should be used to guide this.

Synopses or summaries of master's or doctoral theses will also be considered in order to draw the diving and hyperbaric medical and scientific community's attention to the work of young researchers. Permission to reprint such material may be required from the host institution, and obtaining this is the author's responsibility.

## **Peer review and publication schedule**

All submitted manuscripts will be subject to open peer review usually by a member of the Editorial Board and/or external reviewers. Reviewer comments will be provided to authors with any recommendations for improvement before acceptance for publication, or if the article is rejected. DHM believes that a transparent review process is indicated in such a small specialty; reviewers are often able to identify the origin of manuscripts and, in the interests of fairness, the authors are therefore provided the names of reviewers of their articles. The review process typically takes about eight weeks to complete, but can be longer. If additional reviews are needed, this will prolong the process. Papers are generally scheduled for publication in order of final acceptance. The Editor retains the right to delay publication in the interests of the Journal.

If the submission requires revision and resubmission before it can be accepted for publication (and the majority of papers do), then the revised files must be submitted by logging on at <[www.manuscriptmanager.net/dhm](http://www.manuscriptmanager.net/dhm)> again with the same user name and password created for the original submission, then the article can be **resubmitted** by clicking the **resubmit** link NOT the new submission link. Do NOT create a new account.

Proofs of articles to be published will be sent to authors in pdf format by e-mail close to the time of publication. You will require Adobe Reader to access this, which may be downloaded from <<https://get.adobe.com/reader/>>. Authors are expected to read the proofs very carefully and inform the editorial office within five working days of any minor corrections they require. Corrections should be listed in an e-mail sent to the journal address <[editor@dhmjournal.com](mailto:editor@dhmjournal.com)>, or annotated electronically within the pdf file and returned to the same address.

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