



UNDERSEA and HYPERBARIC MEDICINE

The Journal of the Undersea & Hyperbaric Medical Society, Inc.

OVERVIEW

• Original manuscripts and subsequent revisions must be submitted electronically in MS WORD through Manuscript Manager® at

<https://www.manuscriptmanager.net/uhm>

Note: “Original manuscripts” means *UHM* will not consider simultaneous submissions nor papers that have not been released from consideration by other journals.

In the case of papers that have been reviewed and released by another journal, *UHM* reserves the right to request reviews and editor comments from the other journal(s) during its consideration of the paper.

• Only manuscripts written in the English language will be considered.

• Submit at:

<https://www.manuscriptmanager.net/uhm>

Please be sure to include:

- mailing address;
- telephone and fax number(s).

An email address for each author, affiliations as well as conflict of interest statements are collected through Manuscript Manager (MM) during submission.

LANGUAGE

The language of the journal is standard American English. Papers must be written in a clear, concise style for the best chance of acceptance.

UHM does not provide translation or writing services; authors who are not fluent in the language should have the manuscript edited before submission by a native English speaker or professional language editor.

NOTE: The journal will decline to review manuscripts that are not written clearly enough for an informed reader to follow the line of arguments.

MANUSCRIPT GUIDELINES

Membership in the Undersea and Hyperbaric Medical Society is not a prerequisite for publication in *UHM*.

Manuscripts are accepted for publication on the condition that they are contributed **solely** to *UHM*.

Authors submitting a manuscript do so with the understanding that if it is accepted for publication, **copyright is assigned exclusively** to the UHMS.

On written request, permission will be considered to quote from papers or to use tables and illustrations in other publications, provided proper credit is given to the original source. Requestors must seek reprint info through the Copyright Clearance Center link at:

<https://www.uhms.org/publications/uhm-journal/about-the-uhm-journal.html>

Acceptance of a manuscript is based on originality and quality of the work as well as clarity of presentation. At least one member of the Editorial Board in addition to two or more guest referees will be asked to evaluate all manuscripts for significance, soundness and conformance to journal format.

Authors are asked to recommend the names and email addresses of three qualified individuals as independent referees. The Editor-in-Chief welcomes suggestions but is not obliged to follow every recommendation.

PROOFS and FEES

Proofs are sent to corresponding authors via email in a PDF format and are to be checked carefully.

The CA, or corresponding author, is the responsible party for signing off on proofs. During this process *UHM* makes the reasonable assumption that the CA will consult with all co-authors or be designated by the co-authors to act on their behalf. For more, see the section entitled “Manuscript requirements,” #3.

Necessary changes must be clearly indicated on the galley, with corrections set in color text or highlighting. Proofs must be sent back within the time specified by the Managing Editor. A paper may be rescheduled if delay warrants. Authors whose original papers are accepted for publication in *UHM* can publish for no fee.

TREATMENT OF SUBJECTS

The UHMS endorses the principles of the Declaration of Helsinki on the treatment of human subjects and the guiding principles in the care and use of animals approved by the Council of the American Physiological Society. For more on these topics see the sections entitled “Scope of the Journal” and “Recommendations from the Declaration of Helsinki” Pages 5-7.

TYPES OF ARTICLES IN THE JOURNAL

To meet its responsibilities to its readers and to the public at large, the *Undersea and Hyperbaric Medicine* Journal strives to provide unbiased scientific information and fair analyses through its publication of the following types of papers.

Research articles/reports should not exceed 6,000 words and have approximately 25 references, four tables and four figures. Papers in this category should cover results of experimental, theoretical and clinical investigations on topics important to the understanding of undersea, submarine and hyperbaric medicine. Short reports that make a substantial scientific contribution as well as extensive studies will be considered.

Review articles should not exceed 6,000 words and have up to 150 references. Longer reviews of exceptional quality and relevance should be considered. These texts may cover scientific and practical subjects and may express personal opinions of the author, backed by documentation.

Short communications should not exceed 3,000 words, with approximately 12 references and a combined total of four tables/figures. This category includes:

Current issues: Well-reasoned essays on topics of interest to the journal’s readers; they may draw on new or published experimental data and may be controversial in nature.

Technical communications: Descriptions of new methods or equipment, these texts must include data to support contentions.

Clinical communications and clinical case reports should not exceed 3,000 words, with approximately 12 references and a combined total of four tables/figures. These papers should comprise observations of an exceptionally revealing nature and include a short introduction to provide perspective, details of the case, and discussion that includes references to pertinent literature.

Proceedings of symposiums or workshops usually comprise a group of short communications that have the flavor of reviews.

Letters to the editor include discussion of scientific papers that have appeared in the journal or scientific issues of interest to the journal’s readers. Letters should include an informative title and be as short as possible. References may be used if necessary, but tables and figures should be used sparingly. A letter can be signed by no more than three authors.

Book reviews may include personal observations by the author but should contain a solid overview of the contents.

PREPARATION OF MANUSCRIPTS

The overriding principles for papers considered for *UHM* are that the text is correct and unambiguous, clear and concise. When writing, the active voice is generally preferable to the passive voice.

Parallel construction of groups of like items and/or concepts aids in comprehension. Figures should be uncomplicated and legible. Abbreviations and acronyms should not be overused, be clearly defined at first appearance in the abstract as well as in the text and avoided in the title.

Specific items of information should appear only once in the manuscript. There should be no verbatim repetition of *Copyright©[dates] Undersea and Hyperbaric Medical Society, Inc.* in the text of material that appears in a table or figure. Avoid duplication of data in graphs and tables. There should be no repetition of information in the Discussion section that has already appeared in Results.

Authors are encouraged to use papers that have appeared in recent issues of *UHM* as models for their manuscript preparation. All accepted manuscripts are subject to final editing by the editors to improve readability and to conserve space.

MANUSCRIPT REQUIREMENTS:

1. Submission. Manuscripts must be submitted electronically through the online submission and review system Manuscript Manager at:

<https://www.manuscriptmanager.net/uhm>

Individuals submitting papers will be guided in the submission process, including full and short titles, keywords, conflict of interest statements, plus author names, affiliations and email addresses.

Direct submission enquiries to the Managing Editor.

2. References and legends for illustrations must be adjacent to corresponding graphics. Graphics can be embedded in the text or placed at the end of the paper with each placement clearly marked close to the text where they are to appear.

3. Author responsibility. If a submission is the work of a group within one center or at multiple centers, that group should select one individual who accepts direct responsibility for communicating with *UHM* as to the manuscript's content as well as the agreed sequence of contributing authors. This person will serve as corresponding author or guarantor. This designation must be clearly stated on the title page of the manuscript, with contact information as to mailing address, email address, telephone and fax numbers.

4. Text requirements: *Undersea and Hyperbaric Medicine* participates in the agreement established by the international Committee of Medical Journal Editors as set forth in Uniform Requirements for Manuscripts Submitted to Biomedical Journals: *Ann Intern Med.* 1988; 108:258-265 and *Br Med J* 1988; 296:401-405.

5. Title page: Should include the following.

- title of no more than 85 characters, including spaces;
- authors' full names and **highest** academic degree;
- laboratory or institution of origin, with city and state or country for all authors (if an affiliation has changed since the work was done, the new affiliation also should be listed);
- a running head, not to exceed 50 characters, including spaces; plus
- telephone and fax numbers as well as address for emailing proofs and print copies.

Titles should be informative; the implication that a manuscript is one of a series of related papers is discouraged (e.g., "Decompression sickness studies I").

6. Abstracts: An informative abstract of 250 words or fewer, suitable for abstracting agencies without rewording, should state the purpose of the research, what was done, what was found, and what was concluded. Titles should contain indexable words.

7. Text: Except in unusual situations (adjudicated by the Editor-in-Chief), the manuscript should be divided into *Introduction, Methods, Results* and *Discussion*. *Limitations* are also included, where applicable.

Long stretches of text should be broken into suitable paragraphs and by subheadings, but subheadings should not be overused.

Obscure symbols should be avoided.

Statistical methods should be described in *Methods*. Information about presentation of statistical material can be found in:

Bailer J, Mosteller F. Guidelines for statistical reporting in articles for medical journals: amplifications and explanations. *Adv Intern Med* 1988; 108: 268-273.

8. References: Authors are responsible for supplying complete references and verifying them against the original documents. References must be numbered consecutively in the order in which they first appear in the text, and identified in the text by Arabic numerals in parentheses or brackets.

References cited only in tables or legends should be numbered in accordance with a sequence corresponding to the first mention of the table or figure in the text.

Authors: List names and initials of all authors when six or fewer; when seven or more, list only the first three authors followed by *et al*. Citations in the reference list are to be in the form used by the U.S. National Library of Medicine (PubMed) and Index Medicus.

Kemper TCPM, de Jong VM, Anema HA, van den Brink A, van Hulst RA. Frostbite of both first digits of the foot treated with delayed hyperbaric oxygen: a case report and review of literature. *Undersea Hyperb Med.* 2014 Jan-Feb; 41(1): 65-70.

Hempleman HV. History of decompression procedures. In: Bennett PB, Elliott EH, eds. *The physiology and medicine of diving*. London: WB Saunders, 1993: 324-375.

Kindwall EP, Goldmann RW. *Hyperbaric medicine procedures*. Milwaukee, WI: St. Luke's Medical Center, 1970.

Manuscripts that have been accepted but are not yet in print should be cited in the reference list as regular references, with "Forthcoming + publication year" in place of journal pages. Manuscripts listed electronically before they are printed should be cited as "epub ahead of print."

Citations such as unpublished observations, personal communication, manuscript in preparation or to be published are not to appear in the reference list, although reference to such a communication, if it exists in written form, may be cited in the text in parentheses.

References to government reports should not be cited unless such reports are easily available to all readers.

9. Equations: Equations should appear in the text in an appropriate type style (*italics*, **bold**, etc.).

Authors should carefully distinguish between capital and lower-case letters, Roman and Greek characters, and letters and numerals.

Number equations sequentially, in parentheses on the left edge of the text. All constituent terms should be defined when they initially appear. Authors are responsible for correct formatting of each term in the equation. Equations should be considered camera-ready when they are submitted.

10. Tables: Tables should be limited to material needed to make the point and should be nearly self-explanatory. They should be numbered consecutively in Arabic numerals and bear a short title.

Explanatory matter, including definitions of the abbreviations used, should appear in table footnotes. Statistical measures of variation (SD, SE, etc.) should be stated.

Tables must be in one-column (3.125”) or two-column (6”) widths and no more than eight rows by eight columns of data, with one row for the column headings. Headings should use only horizontal text – no vertical.

11. Acknowledgments: Acknowledgments of persons who aided in the work and of funding agencies, along with any other special considerations about the paper, should appear at the end of the text, before references.

12. Footnotes: Footnotes to material in the text are discouraged. Footnotes to tables are acceptable and should be identified in sequence by lowercase letters of the alphabet in italic superscript.

13. Units of measure: The Systéme Internationale d’Unités (SI units) format should be used to express measurements of pressure, depth, length, weight, time, temperature, energy, power, force and concentration per: Standard Practice for Use of the International System of Units (SI) Document E380-89a, American Society for Testing and Materials, Philadelphia, Pa. 1989.

If the subject matter makes it appropriate to use non-SI units such as fsw, msw, atm or bar, a parenthetical conversion to pascals, kilopascals or megapascals should accompany the first mention of a pressure value in the abstract and in the text.

Units of fsw and msw should not be used to express partial pressure or when the nature of the subject matter requires precise evaluation of pressure.

The proper method for the expression of other units or appreciations may be found in Br Med J. 1978; 1:1334-1336 and Aviat Space Environ Med. 1984; 55: 93-100.

After all units, authors must include a parenthetical (a) or a parenthetical (g) to indicate whether units are in absolute or gauge terms.

14. Graphics

General: All graphics, which includes anything other than text, should be numbered in Arabic numerals, in sequence as they appear in the text and must conform to one-column (3.125”) width or two-column width (6”). Each is to be accompanied by a suitable legend not exceeding 40 words.

Symbols used should be defined in the legend.

Diagrams, charts and other line drawings should be sharp and clear.

Freehand or typewritten lettering on figures is not acceptable. Lettering must be proportional to the size of the illustration to ensure that it is legible after reduction. Size to fit the journal page should be considered.

An internal scale marker (a bar of defined length) should be drawn directly on all micrographs, and the length specified in the legend.

Good line drawings of equipment are usually more effective than photographs.

Upon acceptance of the manuscript, authors must be prepared to submit graphics in TIFF/JPEG format, 300 dpi or better.

If color is used, graphics must be CMYK, 300 dpi or better. Authors are responsible for visual clarity.

Depiction of animals: Animals must be depicted only by line drawing or other form of animation. It is the journal’s policy not to publish photographs that might be perceived as raising animal welfare concerns.

Depiction of patients: UHM publishes only photos of subjects who have provided express written permission to the author to do so. UHM will insert an editorial comment in articles in which such photos are included, specifically documenting that consent was obtained. The terms of the subject/patient consent determine whether a de-identified photo (i.e., with a black box obscuring the identity of the subject) would be used.

AUXILIARY PUBLICATIONS

Detailed tables, appendices, mathematical derivatives, extra figures and other supplementary matter may be deemed too voluminous to be included in the journal article. Such material may be submitted for deposition with the American Society for Information Sciences (ASIS), National Auxiliary Publication Service,

at no charge. The information is deposited by the editorial office with the consent of the author, and a footnote will appear in the published article to the effect that photoprint or microfiche copies are available at a moderate cost.

Revised November 2017 ■

SCOPE OF THE JOURNAL

Undersea and Hyperbaric Medicine Journal accepts manuscripts for publication that are related to the areas of diving research and physiology, hyperbaric medicine and oxygen therapy, submarine medicine, naval medicine and clinical research related to the above topics. To be considered for *UHM*, scientific papers must deal with significant and new research in an area related to biological, physical and clinical phenomena related to the above environments.

The following types of papers are published: research article/reports (theoretical and experimental); review articles; short communications (which may include current issues and technical communications); clinical communications and clinical case reports; proceedings from symposiums or workshops; letters to the editor; and book reviews. For specific information see Page 2 of 'Instructions for Authors.'

Reports of major contributions or symposiums will be considered and may be published as supplements to regular issues. Authors are referred to "Instructions for Authors" for more details on the categories of papers.

Undersea and Hyperbaric Medicine is abstracted and/or indexed in Chemical Abstract Service, Excerpta Medica, Oceanic Abstracts, Bioscience

Information Service of Biological Abstracts, Current Contents, Index Medicus, PubMed, EBSCO and Current Awareness in Biological Sciences.

Undersea and Hyperbaric Medicine is available on 16-, 35- and 105-mm microfiche from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

On file in the administrative offices of the Society are two documents pertaining to Institutional Review Board regulations CFR50 and 21cfr56. The UHMS, as publisher of the *UHM* journal, acknowledges that all human research requires informed consent and IRB approval in accordance with the laws of the country in which the work was performed. This includes abstracts as well since they are published in *UHM*

The Society endorses the principles embodied in the Declaration of Helsinki (next page) and expects that all investigations involving man reported in its journal will have been conducted in conformity with these principles.

The Society expects that the Guiding Principles in the Care and Use of Animals (see below) will have been observed in all animal experimentation reported in its journal. ■

Recommendations from the
DECLARATION OF HELSINKI

BASIC PRINCIPLES

1. Clinical research must conform to the moral and scientific principles that justify medical research and should be based on laboratory and animal experiments or other scientifically established facts.
2. Clinical research should be conducted only by scientifically qualified persons and under the supervision of a qualified medical man.
3. Clinical research cannot legitimately be carried out unless the importance of the objective is in proportion to the inherent risk to the subject.
4. Every clinical research project should be preceded by careful assessment of inherent risks in comparison to foreseeable benefits to the subject or to others.
5. Special caution should be exercised by the doctor in performing clinical research to which the personality of the subject is liable to be altered by drugs or experimental procedures.

CLINICAL RESEARCH COMBINED WITH PROFESSIONAL CARE

1. In the treatment of the sick person, the doctor must be free to use a new therapeutic measure, if, in his judgment it offers hope of saving life, re-establishing health, or alleviating suffering.
If at all possible, consistent with patient psychology, the doctor should obtain the patient's freely given consent after the patient has been given a full explanation.
In case of legal incapacity, consent should also be procured from the legal guardian; in case of physical incapacity the permission of the legal guardian replaces that of the patient.
2. The doctor can combine clinical research with professional care, the objective being the acquisition of new medical knowledge, only to the extent that clinical research is justified by its therapeutic value for the patient.

NON-THERAPEUTIC CLINICAL RESEARCH

1. In the purely scientific application of clinical research carried out on human beings, it is the duty of the doctor to remain the protector of the life and health of that person on whom clinical research is being carried out.
2. The nature, the purpose and risk of clinical research must be explained to the subject by the doctor.
 - 3a. Clinical research on a human being cannot be undertaken without his free consent after he has been informed; if he is legally incompetent, the consent of the legal guardian should be procured.
 - 3b. The subject of clinical research should be in such a mental, physical, and legal state as to be able to exercise fully his power of choice.
 - 3c. Consent should, as a rule, be obtained in writing. However, the responsibility for clinical research always remains with the research worker; it never falls on the subject even after consent is obtained.
 - 4a. The investigator must respect the right of each individual to safeguard his personal integrity, especially if the subject is in a dependent relationship to the investigator.
 - 4b. At any time during the course of clinical research the subject or his guardian should be free to withdraw permission for research to be continued.
The investigator or the investigating team should discontinue research if in his or their judgment, it may, if continued, be harmful to the individual.

GUIDING PRINCIPLES IN THE CARE AND USE OF ANIMALS

Only animals that are lawfully acquired shall be used in this laboratory, and their retention and use shall be in every case in strict compliance with state and local laws and regulations.

Animals in the laboratory must receive every consideration for their bodily comfort; they must be kindly treated, properly fed and their surroundings kept in a sanitary condition.

Appropriate anesthetics must be used to eliminate sensibility to pain during operative procedures. Where recovery from anesthetics is necessary during the study, acceptable technique to minimize pain must be followed. Curarizing agents are not anesthetics. Where the study does not require recovery from the anesthesia, the animal must be killed in a humane manner at the conclusion of the observation.

The postoperative care of animals shall be such as to minimize discomfort and pain, and in any case shall be equivalent to accepted practices in schools of veterinary medicine.

When animals are used by students for their education or the advancement of science, such work shall be under the direct supervision of an experienced teacher or investigator. The rules for the care of such animals must be the same as for animals used for research.

