

# Guidelines for Contributors to *AJOT*

*Note.* The *Guidelines for Contributors to AJOT* is also available at the *American Journal of Occupational Therapy* manuscript processing system website; go to <https://ajot.submit2aota.org> and click “Instructions for Authors.” These guidelines are published annually in a supplement to the journal; any changes implemented in the interim are published at <https://ajot.aota.org/ss/authors.aspx>.

The *American Journal of Occupational Therapy (AJOT)* is the official journal of the American Occupational Therapy Association (AOTA). Manuscripts for all categories are peer reviewed. We welcome the submission of manuscripts that are relevant to the study of occupation and the practice of occupational therapy. These include articles on the following topics as they relate to occupational therapy and participation in occupation:

- Incidence and prevalence of client factors and how they relate to occupational engagement, activity and participation, and roles
- Patterns of occupational engagement, activity, and participation in various populations (e.g., how people spend their time)
- Relationship of engagement in occupations to health and development across the lifespan
- Physiological and psychological mechanisms of health and of conditions commonly encountered in occupational therapy practice that present barriers to occupational engagement, activity and participation, and roles
- Studies of the effectiveness, efficacy, and effects of interventions and programs that fall within the scope of occupational therapy (i.e., clinical trials) as well as cost–benefit studies of such interventions and programs
- Health services research
- Health policy research relating to the facilitation of participation and healthy engagement
- Studies establishing the psychometric properties of instruments
- Pedagogy relating to the entry-level, postprofessional, or continuing education of occupational therapy practitioners; interprofessional education of health professionals in general may be considered as it relates to the education of occupational therapy practitioners

- Manuscripts exploring timely topical or professional issues (*The Issue Is* articles). (Note that space for these articles is limited, and manuscripts may not be accepted for review if they cannot be published within a reasonable time frame; see “Information for Authors” at <https://otjournal.net> for updated information.)

*AJOT* aims to publish a variety of articles to reflect the broad range of occupational therapy. However, the goal is for the majority of articles to be effectiveness and instrument development studies. *AJOT* will not consider manuscripts on the following topics:

- Manualization of interventions
- Descriptions of clinical trial protocols that do not include outcome data
- Descriptions of clinical programs (i.e., articles that do not answer a research question)
- Case studies.

To be considered for publication, manuscripts on the following topics must meet certain requirements:

- Single-subject design studies and case series studies must have a sample size of at least 3 participants.
- Articles describing research related to psychometric properties of translated assessment instruments must have evidence that the researchers used best practice in translating the instrument (i.e., language and transcultural translation and back-translation).
- Manuscripts on psychometric properties of instruments that examine only one psychometric factor will be considered for publication only as a *Brief Report* and must meet the page limits for this type of article. If the manuscript describes the phases of the instrument’s development and at least one of the psychometric properties, it may be considered as a feature-length manuscript.

## Clinical Trial Registration

Manuscripts describing clinical trials must be registered in a clinical trial registration system (e.g., [Clinicaltrials.gov](http://Clinicaltrials.gov)); for trials in which participant recruitment started Jan 1, 2016, or later, registration must occur prior to participant recruitment to be considered for publication. *AJOT* uses the National Institutes of Health definition of clinical trial (<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-015.html>):

A research study in which one or more human subjects are prospectively assigned to one or more interventions (which may include placebo or other control) to evaluate the effects of those interventions on health-related biomedical or behavioral outcomes.

Trials whose participant enrollment began before January 1, 2016, must be registered retrospectively. Manuscripts that are accepted must provide the trial registration website address and trial registration number in the final, unmasked manuscript in the “Acknowledgments” section. The following types of trials do not need to be registered:

- Trials that evaluate the effects, efficacy, or effectiveness of educational methodologies and techniques for occupational therapy practitioners or for continuing education
- Trials that do not have client health-related biomedical or behavioral outcomes.

## Submission Process

To submit a manuscript, go to <https://ajot.submit2aota.org/> and follow the online instructions. Authors are encouraged to use an ORCID iD with the *AJOT* manuscript submission system (see <https://orcid.org/register>). Manuscripts must be submitted with the authors’ explicit assurance that the manuscript is not simultaneously under consideration by any other publication. The journal cannot assume responsibility for the loss of manuscripts. *AJOT* uses a continuous publishing workflow, whereby an article is published online as soon as it has been edited and prepared for publication.

### Authors’ Responsibilities

It is the authors’ responsibility to follow all the instructions in these guidelines. Manuscripts and resubmissions not following the guidelines will be returned.

### Copyright, Authorship, and Financial Form

As part of the submission process, all authors must provide original signatures for copyright release, authorship responsibility, and financial disclosure. The statement of authorship responsibility is certification that each author has made substantial contributions to (1) the study conception and design, acquisition of data, or analysis and interpretation of data; (2) the drafting and revision of the article; and (3) the approval of the final version. Moreover, each author takes public responsibility for the work. *AJOT* publishes only original content; manuscripts that have been published in whole or in substantial part, whether in print or online, will be rejected. The only exceptions to this policy are (1) research presented at conferences and (2) dissertations and theses that have been archived in university library systems.

The combined Copyright Transfer/Author Certification/Financial Disclosure Form may be downloaded from the *AJOT* submission website at [https://ajot.submit2aota.org/journals/ajot/forms/ajot\\_certification.pdf](https://ajot.submit2aota.org/journals/ajot/forms/ajot_certification.pdf). A completed, signed form must be uploaded before submitting a manuscript.

## Manuscript Preparation

*AJOT* uses the **sixth edition** of the *Publication Manual of the American Psychological Association* (APA6; 2010) as the style guide. Consult this manual for style questions not addressed in these guidelines (see also APA Publications and Communications Board Working Group on Journal Article Reporting Standards, 2008).

*AJOT* is participating with several other major rehabilitation and disability journals in a collaborative initiative to enhance clinical research reporting standards through adoption of the EQUATOR Network reporting guidelines (Chan, Heinemann, & Roberts, 2014). Authors are required to use established guidelines appropriate to their research design in the preparation of manuscripts submitted to *AJOT*, and reviewers refer to the guidelines in evaluating all *AJOT* submissions.

### Author Order

The order of authors in the byline follows APA6 guidelines. The principal contributor appears first, and subsequent names are in order of decreasing contribution. Authors are encouraged to limit the number of coauthors to seven or fewer.

### Types of Articles

*Research Articles—Nonreview, Feature Length.* Feature-length research articles are original research reports that focus on philosophical, theoretical, educational, occupational science, or practice topics. Unless the manuscript is unique to occupational therapy practice or education, manuscripts should be written to the topic rather than occupational therapy’s importance in the area (e.g., the importance of sleep hygiene to function throughout the day, rather than occupational therapy’s unique role in sleep hygiene). **(22 pages maximum, or 4,000 words, including title page, abstract, acknowledgments, references, tables, figures, and illustrations)**

Feature-length research articles must include an “Implications for Occupational Therapy Practice” section summarizing the implications of the research for occupational therapy practice or general interprofessional clinical practice; this section must include a bulleted list of the key points. Authors must be careful in this section to not go beyond their data and level of evidence of their study. If the research is still at a feasibility or low level of evidence,

the data can be only promising (or not promising) for potential use, and further testing is required. Thus, practitioners would need to make practice decisions about the data with extreme caution and acknowledgment of the limited evidence that the study provides. The intent of the “Implications for Occupational Therapy Practice” section is to specify what this research adds to our knowledge for practice.

Studies on intervention effectiveness at any level of evidence and design may be submitted. For feasibility studies, however, only feasibility questions, rather than outcome data, are addressed. Manuscripts must include the following information, as appropriate:

- *The standard error of measurement (SEM) of the quantitative outcome measures* (Page, 2014). The article must either discuss how the changes on the outcome measures after intervention compare with the outcome assessments’ SEMs or provide the number of participants who exceeded and did not exceed the SEM for each group. Only changes exceeding the SEM can be considered true change and not just measurement error. If SEMs have not been determined for a particular outcome measure, authors should discuss what the field commonly considers the minimally detectible change for that measure.
- For randomized controlled trials (RCTs), *a primary outcome and a primary testing time for that outcome* (if there is more than one postintervention testing time) so that ratings of trial quality that include retention can be completed. It is common for study retention to be high at immediate postintervention testing but for participant attrition to occur over time. When a primary endpoint has not been identified, it is not clear how to score the study’s quality related to the retention time. Testing differences at other testing times is acceptable but will be considered secondary outcomes.
- *Effect size and Fragility Index*. *P* values do not indicate the size or robustness of the effect. It is possible for results that have little clinical or real-world significance to achieve statistical significance. Therefore, when appropriate, authors need to include the following information in efficacy trials (i.e., Phase 2, small RCTs; two-group nonrandomized trials; and one-group pretest–posttest trials) and effectiveness trials (i.e., Phase 3, medium and large RCTs):
  - Effect size related to the comparisons.
  - Fragility Index (Feinstein, 1990; Walsh et al., 2014) for the authors’ primary outcome and any other outcomes used to indicate the effectiveness or efficacy of the intervention. The Fragility Index is a measure of the robustness of the effect by examining the number of

participants who would need to not successfully respond to the intervention before the effect would become nonsignificant. The higher the Fragility Index is, the more robust the outcomes of a trial are. It is calculated by creating a binary outcome for each outcome of interest (i.e., the amount of change that would be classified as successful is determined, and participants in each group are classified as successful or not). Then, a  $2 \times 2$  contingency table is constructed (Intervention Group  $\times$  Success Status). Cells consist of the number of participants in each group. Participants are added iteratively to the cell with the smallest number, and Fisher’s exact test is computed until  $p > .05$ . The number of added participants is the Fragility Index.

In the “Discussion” section, authors must discuss the real-world impact of their results. They should consider the effect size, the robustness of the effect, and the meaning of the amount of change for increasing real-life function, engagement, or satisfaction with occupations. Authors should not simply rely on expert definition of clinically significant change for an outcome measure; instead, they should comprehensively evaluate the meaning of the magnitude of changes.

Multiple methods exist for determining clinical significance. The most common approaches use either distribution methods or anchor measures to determine the minimally important difference (Jaeschke, Singer, & Guyatt, 1989). *Distribution methods* use the distribution of the data and compute several statistics to arrive at clinical significance. *Anchor measures* use data indicating participants’ perception of the importance of the intervention-related changes (e.g., what they can do now that they could not do before; activities being easier, less time consuming, more satisfying). When the Fragility Index is low, the discussion should reflect the lack of robustness in the data.

Thus, when effect sizes have small clinical significance or robustness is low, results may be promising, but more exploration of the intervention is warranted, either to refine the intervention protocol to make it more effective or to determine whether the intervention is more effective for subgroups in the population. Ultimately, of course, such research might result in a conclusion that the intervention is not very effective. The discussion needs to reflect this uncertainty.

To increase the transparency of clinical research and improve the ability to evaluate published articles for methodological and analytical rigor, *AJOT* has adopted reporting standards based on the *CONsolidated Standards Of Reporting Trials* (CONSORT) Statement (Moher, Schulz, & Altman, 2001; see <http://www.consort-statement.org>) for randomized trials and *SCRIBE* (Tate et al., 2016) for *N*-of-1

trials. Also see “Reporting Standards for Intervention Effectiveness Studies” (Gutman, 2010) at <https://ajot.aota.org/article.aspx?articleid=1854539> and “Information Commonly Unreported in Intervention Effectiveness Studies” (Gutman & Murphy, 2012) at <https://ajot.aota.org/article.aspx?articleid=1851543>

**Research Articles—Critical Reviews, Feature Length.** Authors of critical reviews of all types (e.g., systematic reviews, scoping reviews, mapping reviews) are encouraged to adhere to the page and word count limits for other feature-length articles; the accompanying tables will be published online only and are not included in those limits. Review articles covering an exceptionally extensive body of research may be as long as **26 pages, or 5,000 words** (title, abstract, body, and references; tables and figures do not count in this limit because they will be placed online). Tables and figures for review articles are limited to no more than five total. *AJOT* does not accept narrative reviews.

**Systematic reviews** are conducted when sufficient studies exist to be able to assess the strength of the evidence related to a topic. Systematic review articles should attempt to answer a narrowly focused question; questions that are unfocused in terms of intervention, outcome targets, or populations create difficulty in interpreting findings in a useful manner. Authors should follow *AJOT*'s guidelines for systematic reviews, available at [https://ajot.submit2aota.org/journals/ajot/forms/systematic\\_reviews.pdf](https://ajot.submit2aota.org/journals/ajot/forms/systematic_reviews.pdf).

Authors conducting systematic reviews who find sufficient homogeneity in the discovered literature should conduct a meta-analysis. When homogeneity exists in only part of the literature, the authors should conduct a meta-analysis of the homogeneous domain, followed by narrative results of the part of the literature that is not homogeneous. Generally, previous systematic reviews should not be used as primary data, but they may be included in introductory material and the discussion. If the authors choose to use previous systematic reviews as primary data, they must include a separate risk-of-bias table for included systematic reviews.

Systematic reviews must include clear statements about the status of the answer to the research question and strength of the evidence related to that status. They should also provide an “Implications for Occupational Therapy Practice” section that is consistent with the answer to the research question and the level of evidence. When it is clear that more research is needed or that additional questions that may potentially modify the answer to the research question must be answered, authors should include statements related to this research need.

Authors of systematic reviews should follow the *Preferred Reporting Items for Systematic reviews and Meta-Analyses* (PRISMA; Moher, Liberati, Tetzlaff, &

Altman, 2009) for systematic reviews and meta-analyses (<http://www.prisma-statement.org/PRISMAStatement/Default.aspx>). Authors are encouraged, but not required, to register their systematic review protocols prospectively at <https://www.crd.york.ac.uk/PROSPERO/>.

**Scoping reviews** and **mapping reviews** attempt to answer questions about a broad field or a topic for which limited data are available. These review types typically describe what is known about a topic rather than review the strength of the intervention evidence. These reviews should include a clear statement of what the research gaps are and recommendations for future research. An evidence table should be included in the manuscript. The table format may vary, but all evidence tables should include the important characteristics of each study included in the review. A diagram (map) of the findings may be included, but it cannot substitute for the table. Because guidelines for scoping reviews have not yet been developed, authors should follow the procedures of the Joanna Briggs Institute (Peters et al., 2015) and the PRISMA-P guidelines (<http://prisma-statement.org/Extensions/Protocols.aspx>).

**Research Articles—Other Types, Feature Length.** Other types of feature-length research should follow published guidelines:

- Qualitative studies should follow the *CO*nsolidated criteria for *RE*porting Qualitative research (COREQ; Tong, Sainsbury, & Craig, 2007; <http://www.equator-network.org/reporting-guidelines/coreq/>).
- *N*-of-1 studies (single subject or case series) should follow the *Single-Case Reporting* guideline *In BE*havioural interventions (SCRIBE; Tate et al., 2016) guidelines for single-case research in the behavioral sciences.
- Observational studies should follow the *ST*rengthening the *Reporting of OB*servational studies in *Epidemiology* guidelines (STROBE; von Elm et al., 2007; <https://strobe-statement.org/>).
- Diagnostic (identification of specific impairments or occupational problems) studies should follow the *ST*andards for the *Reporting of Di*agnostic accuracy studies (STARD; Bossuyt et al., 2015; <http://www.equator-network.org/wp-content/uploads/2015/03/STARD-2015-paper.pdf>).

For all studies, authors should consider the size of the effect and its clinical relevance in forming their discussion to keep the discussion within the bounds of their data and to not overstate the impact on occupational therapy.

**Brief Report.** A *Brief Report* is a short report of original research that is of a pilot or exploratory nature or that addresses a discrete research question and lacks broad implications. The research can be of any design. Authors should follow the reporting guidelines stated above to the

extent possible, given the size constraints. (**15 pages maximum, or 3,000 words**, including title page, abstract, acknowledgments, references, tables, figures, and illustrations)

*The Issue Is.* *The Issue Is* articles address timely issues, policies, or professional trends or express opinions supported by cogent argument from the literature. They provide a forum for scholars to debate professional issues that have an impact on the evolution of the profession. *The Issue Is* articles have three primary sections: (1) background information about the problem in question as it relates to the profession and to the larger society, (2) logically presented arguments supporting the author's position, and (3) the steps the profession must take to promote positive change. Limited space is allocated to *The Issue Is* articles, and otherwise acceptable manuscripts may be rejected if they cannot be published within a reasonable time frame. Authors should check the *AJOT* website at <http://ajot.aota.org/ss/authors.aspx> to see whether *AJOT* is accepting manuscripts for this type of article. (**15 pages maximum, or 3,000 words**, including title page, abstract, acknowledgments, references, tables, figures, and illustrations)

*Letters to the Editor.* Beginning in 2019, letters to the editor discussing a recent *AJOT* article or other broad issue relative to the journal will be considered for publication. Letters must be scholarly, contribute to the professional discussion of a topic, include references as appropriate, and be no more than 750 words in length, including references. Letters may be edited for length and to conform with *AJOT* editorial style and will be published at the sole discretion of the Editor-in-Chief. Letters should be submitted by email to [ajotproduction@aota.org](mailto:ajotproduction@aota.org).

### *Editorial Style and Manuscript Format*

Refer to APA6, along with recent issues of *AJOT*, for guidance on manuscript format. Careful attention to style details will expedite the peer review process. Manuscripts will be returned to authors if there are extensive issues with APA style.

Authors are responsible for ensuring that a blind review process can take place by **submitting a masked version** of the manuscript, which contains no identifying information, including names and affiliations of all authors and acknowledgments. Unmasked articles will be returned for masking before they are reviewed. Authors of manuscripts that are accepted will be asked to provide an unmasked version.

**Double-space** the entire manuscript, including abstract, text, quotations, acknowledgments, tables, figure captions, and references. Leave 1-inch margins on all sides, and keep the right side unjustified.

**Number all pages**, starting with the title page, and **use line numbering in the text**, starting with the page containing the abstract and key words. Use only Times New Roman 12-point font. Manuscripts are compiled and converted to PDF format during the online submission process. Specific instructions are provided at <https://ajot.submit2aota.org/>.

During the submission process, manuscripts are converted from Word to PDF. However, if the manuscript is written on a system whose default language is written right to left (e.g., Arabic, Hebrew), the conversion process will not work properly. In such cases, please send the Word version with line numbers to Lorie Richards, *AJOT* Editor-in-Chief, at [lorie.richards@hsc.utah.edu](mailto:lorie.richards@hsc.utah.edu), for conversion to PDF. The authors will then upload this PDF as the manuscript file.

**Authors must follow the instructions for uploading manuscript files exactly as provided on the manuscript submission site.** All tables, figures, and appendixes must be provided to the reviewers. Figures must be uploaded as separate files; if they are left in the main document, they will be removed during the PDF conversion process. Tables and appendixes should be left in the main document file. **Any files that are uploaded using the supplemental files field of the submission website will not be provided to the reviewers.** Uploading figures, tables, or appendixes as supplemental files will result in the manuscript being returned to the authors.

Manuscripts should have the following components:

*Title Page.* The title should be short (no more than 15 words) and reflect the primary focus of the article. The title page should not include author names or affiliations. If the manuscript is accepted, the authors will be asked for an unmasked copy. The title page for accepted manuscripts should contain the title and list full names, degrees, titles, and affiliations of all authors. Designate the corresponding author by providing his or her full address and email address. Before uploading the final, unmasked manuscript, authors should ensure that the corresponding author's contact information in the manuscript submission system is correct.

*Abstract.* A structured abstract of **no more than 250 words** is required for all articles. Refer to the "Guidelines for Structured Abstracts" available in the Author Area in the manuscript submission system, <https://ajot.submit2aota.org/>. Abstracts for *The Issue Is* manuscripts, *A Brief Report* manuscripts, and guest editorials should contain a synopsis of the main points and be limited to 150 words.

Authors of accepted manuscripts will be asked to provide a one-sentence "blurb" summarizing the article for the annotated table of contents.

*“Implications for Occupational Therapy Practice” Section.* Feature-length articles, including evidence reviews, must include a separate section summarizing the implications of the research for occupational therapy practice after the discussion and before the conclusion. This section should consist of a short paragraph followed by a bulleted list of the practice implications, and it should be included in the manuscript’s word count. Although *Brief Reports* do not require a separate section, they should clearly indicate the implications for clinical practice in their discussion.

This section is meant to be a brief section highlighting the study’s implications for clinical practice. It should be written in lay language and should not include implications for research or restate the results or discussion. Rather, it should look ahead to how the findings might be extended to routine clinical practice.

The points discussed in this section should stay within the limits of the study findings:

- If the study tests the effects of a particular intervention, then mention what those effects might mean for clinical practice. Do not include statements about general occupational therapy practice unless tested in the study.
- Do not include statements related to a particular assessment approach if the study did not test assessment practices.
- If the study provides confirmatory evidence, then use wording such as “this study confirms previous work that. . .” or “the results offer further evidence that. . .”
- If the study suggests a promising type or amount of service that is not feasible as a result of current health care or reimbursement policies, it may be more appropriate to suggest that practitioners advocate for changes in policies rather than provide that service.
- For pilot or feasibility studies, the only statements that can be made are as to whether the intervention may have potential to facilitate benefits if larger studies show similar results. In addition, the following statement may be made: “If practitioners choose to implement this approach clinically, they need to carefully document treatment content, client responses to the treatment, and changes in client functioning (or occupational engagement) from start to termination of treatment.”

If the findings have relevance for occupational therapy education, authors may include a section on implications for occupational therapy education (this would be the only “implications” section if the study is educational research). It is not sufficient to argue that new content must be included in entry-level curricula. Occupational therapy education programs typically are overloaded with content; therefore, authors making recommendations to add content should

provide an idea of what could be replaced in current curricula.

Future research directions can be a separate section or included in the discussion section; either way, the section should be indicated with its own heading.

*Acknowledgments Page.* The acknowledgments are included in the unmasked copy only. This section follows the last page of the text and precedes the reference list. Acknowledgments should be brief and may include names of persons who contributed to the research or article but who are not authors (e.g., a statistician), followed by any funding bodies that supported the research and appropriate grant numbers. The study’s clinical trial registration number should be provided in this section. Prior presentation of the paper at a meeting should be briefly described last.

*References.* Follow APA6 for reference format. List references in alphabetical order starting on the page after the last page of text (in the masked version) or after the acknowledgments (in the unmasked version). All references cited in the manuscript should appear in the reference list, including studies listed in evidence tables. Studies that are included in systematic reviews or scoping reviews should have an asterisk placed at the start of the reference entry in the reference list. Occasionally, the number of references for a critical review is so large that the manuscript would significantly exceed page limitations if all the reviewed studies were included in the reference list. Please contact the Editor-in-Chief at [lorie.richards@hsc.utah.edu](mailto:lorie.richards@hsc.utah.edu) for guidance in such situations.

In-text citations should use author–date format. References to journal articles must include the digital object identifier (DOI), and URLs must link to the specific document being cited, not a home page. Personal communications and other nonretrievable citations are described in the text only; consult APA6 for the correct format.

Authors are solely responsible for the accuracy and completeness of their references and for correct text citation; manuscripts with significant deficiencies in citation format will be returned to authors for correction.

Because articles can be added to an issue until close to the print publication date, the journal’s pagination uses unique article identifiers instead of standard page numbers. When citing an *AJOT* article published in or after 2015, the article identifier appears in place of article page numbers. The APA-formatted citation is provided after the abstract in each published *AJOT* article for the convenience of authors wanting to cite the article.

The following are examples of commonly used reference citations:

- *Journal Article (hard copy or not available online)*: Dunton, W. R., Jr. (1926). An historical note. *Occupational Therapy and Rehabilitation*, 5, 427–439.
- *Journal Article (online version, with DOI)*: Arbesman, M., & Lieberman, D. (2011). Methodology for the systematic reviews on occupational therapy for adults with Alzheimer's disease and related dementias. *American Journal of Occupational Therapy*, 65, 490–496. <https://doi.org/10.5014/ajot.2011.002576>
- *Journal Article (online version, no DOI)*: Gram, M., & Smed, K. (2011). We can drink our coffee more slowly: Discursive uses of age in relation to holiday consumption—Examples among Danish and German mature travellers. *E-Journal of Applied Psychology*, 7(1), 2–7. Retrieved from [http://vbn.aau.dk/en/publications/we-can-drink-our-coffee-more-slowly-discursive-uses-of-age-in-relation-to-holiday-consumption--examples-among-danish-and-german-mature-travellers\(7a54a952-b230-44b7-8ebd-0c0b1aee13f4\).html](http://vbn.aau.dk/en/publications/we-can-drink-our-coffee-more-slowly-discursive-uses-of-age-in-relation-to-holiday-consumption--examples-among-danish-and-german-mature-travellers(7a54a952-b230-44b7-8ebd-0c0b1aee13f4).html)
- *Book With Corporate Author and Author as Publisher*: American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- *Book With Author(s)*: World Health Organization. (2001). *International classification of functioning, disability and health*. Geneva: Author.
- *Book With Author(s)*: Frank, G. (2000). *Venus on wheels: Two decades of dialogue on disability, biography, and being female in America*. Los Angeles: University of California Press.
- *Edited Book*: Law, M. (Ed.). (1998). *Client-centered occupational therapy*. Thorofare, NJ: Slack.
- *Chapter in Edited Book*: Case-Smith, J. (2010). Evidence-based practice in occupational therapy for children with an autism spectrum disorder. In H. M. Kuhaneck & R. Watling (Eds.), *Autism: A comprehensive occupational therapy approach* (3rd ed., pp. 701–742). Bethesda, MD: AOTA Press.

**Tables.** Provide descriptive titles, and begin each table on a new page after the references. Number tables consecutively as they appear in the text. Data appearing in tables should supplement, not duplicate, the text. Double-check column totals and percentages. Be sure that any numbers in the text match the numbers that appear in the table. Define all abbreviations and explain any empty cells

in a table footnote. Tables should be understandable by themselves without the reader having to return to the text to understand them. Tables must be included in the main manuscript file and should not be uploaded as supplemental files during submission. Manuscripts with missing tables or with tables submitted as supplemental files will be returned to the authors.

**Figures and Illustrations.** Number figures in order of mention in the text. Figures (including charts, diagrams, and photographs) must be submitted as high-resolution digitized electronic files (minimum 600 dpi). Figures may be submitted in black and white or color and should be reproducible with minimal editing, retouching, or resizing. All text within figures should be legible at the size at which it will be printed (maximum width is 7 inches). Each figure must be uploaded to the manuscript submission system as a separate file that is named in accordance with the figure number (e.g., “Figure 1.tif”); figures that are embedded in the manuscript will be removed from the file by the manuscript processing system. Figures and illustrations **must not** be submitted into the supplemental files field during submission.

Provide a caption for each figure; place all captions after the reference list on one page, double-spaced. Because figures should be understandable without reference to the text, ensure that the caption clearly describes the figure. Provide source information for photographs and line art, and ensure that permission has been obtained to reprint figures that have been previously published or have not been created by the article authors (see “Permissions” below). Obtain photo releases from all identifiable persons appearing in photos (form is available from AOTA Press; email [ajotproduction@aota.org](mailto:ajotproduction@aota.org)).

### *Limit on Number of Tables and Figures*

**No more than four (4)** art elements—that is, any combination of tables and figures—may be submitted with each feature-length or *Brief Report* article. If there is strong rationale for an additional table or figure for a systematic, scoping, or mapping review, an additional, fifth art element may be considered for this type of article. Reviewers will not consider more than the appropriate number of elements. Authors of accepted manuscripts who believe readers will benefit from additional tables or figures may submit those items during the production process as supplemental materials. Supplemental data and other materials are not typeset and are posted, at the Editor-in-Chief's discretion, with the online version of the article exactly as they are submitted.

## Statistics

Authors must provide references for statistical tests used or described in the article. When reporting  $t$  and  $F$  statistics, provide degrees of freedom ( $df$ ) and the actual test statistic (e.g.,  $F(df; df) = X, p = .01$ ), not just the  $p$  values.  $df$  are not required for  $\chi^2$  statistics, although the test statistic is required.

**Tests and Assessment Tools.** Authors must provide references for all tests and assessment tools mentioned in the article or used in the research being described, including tools mentioned in tables or lists of assessments. Tests and assessment tools listed in supplemental evidence tables, however, do not need to be referenced.

## Abbreviations

Do not use abbreviations in the title or abstract of the article; the use of abbreviations in the text should be kept to a minimum.

## Practitioner Roles

Consistent with the *Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services* (AOTA, 2014), the roles of the occupational therapist and occupational therapy assistant shall be considered, and when appropriate, role distinctions shall be clarified.

## Derivative Work

Authors who are submitting derivative work using a data set from which other papers were published must provide the publication information for those other papers in the cover letter. Authors should include a brief description of the study design of the study from which the data were generated (e.g., RCT, three-group cohort study).

## Copyright and Patent

On acceptance of the manuscript, authors are required to convey copyright ownership to AOTA; a completed copyright transfer form must be uploaded with the submission of the manuscript, as noted earlier. Manuscripts published in the journal are copyrighted by AOTA and may not be published elsewhere without permission. To obtain permission to reprint journal material, go to the Copyright Clearance Center website at <http://www.copyright.com>.

Any device, equipment, splint, or other item described with explicit directions for construction in an article submitted to *AJOT* for publication is not protected by AOTA copyright and can be produced for commercial purposes and patented by others, unless the item was already patented or its patent is pending at the time the article is submitted.

## Manuscript Review

Manuscripts and reviews are confidential materials. The existence of a manuscript under review is not revealed to anyone beyond the editorial staff. All submitted manuscripts are initially reviewed by the Editor-in-Chief for suitability for the journal. Suitable manuscripts are then sent to editorial board members or guest editors (for special issues) as the first phase of peer review. Manuscripts may be rejected or returned to the authors for revisions at this stage. At the second stage of peer review, manuscripts are sent to at least two reviewers. The identities of the reviewers and of the authors are kept confidential.

Initial and subsequent reviews require approximately 3 months. It is **strongly encouraged** that authors provide names of suggested reviewers. Author-provided reviewer suggestions are of great assistance, particularly when a manuscript represents a new or small area of study in occupational therapy or the investigators have used methodology (including data analysis) that is not typically found in occupational therapy or rehabilitation research. *AJOT* has a limited pool of reviewers, and at times the volume of submissions leads to slower turnaround times for reviews; author-suggested reviewers can help expedite review in these situations.

Revisions of manuscripts may be sent out for rereview. When reviews are returned with mixed recommendations, a third review may be solicited to assist the Editorial Board with manuscript decisions.

All accepted manuscripts are subject to copyediting. Authors will receive a copy of the edited manuscript for review and final approval before publication. The authors assume final responsibility for the content of articles, including changes made in copyediting.

## Permissions

Authors who wish to reprint tables, figures, or long quotations from other sources are responsible for obtaining permission from the copyright holder. In addition, permission must be obtained to reprint assessment items that have been published elsewhere. Letters of permission with original signatures from the copyright holder or an authorized representative must be submitted to the Editor-in-Chief at the time of the initial submission. AOTA does not reimburse authors for any expense incurred when obtaining permission to reprint. The need for permission applies to adapted tables and figures as well as to exact copies.

Signed statements of permission to publish must accompany all photographs of identifiable persons at the time



of submission. Release forms are available from AOTA Press; email [ajotproduction@aota.org](mailto:ajotproduction@aota.org).

Authors must provide signed statements of permission from people cited for personal communications at the time of submission.

## Author and Reviewer Ethics

It is expected that *AJOT* authors and reviewers will adhere to ethical standards expressed in the *Occupational Therapy Code of Ethics* (AOTA, 2015b) and elsewhere. Plagiarism and violations of confidentiality will be handled in accordance with the processes set forth in the *Enforcement Procedures for the Occupational Therapy Code of Ethics* (AOTA, 2015a). *AJOT* is a member of the Committee on Publication Ethics; resources for authors are available at <https://publicationethics.org/about/guide/authors>.

## References

- American Occupational Therapy Association. (2014). Guidelines for supervision, roles, and responsibilities during the delivery of occupational therapy services. *American Journal of Occupational Therapy*, 68(Suppl. 3), S16–S22. <https://doi.org/10.5014/ajot.2014.686S03>
- American Occupational Therapy Association. (2015a). Enforcement procedures for the Occupational Therapy Code of Ethics. *American Journal of Occupational Therapy*, 69(Suppl. 3), 6913410012. <https://doi.org/10.5014/ajot.2015.696S19>
- American Occupational Therapy Association. (2015b). Occupational therapy code of ethics (2015). *American Journal of Occupational Therapy*, 69(Suppl. 3), 6913410030. <https://doi.org/10.5014/ajot.2015.696S03>
- American Psychological Association. (2010). *Publication manual of the American Psychological Association* (6th ed.). Washington, DC: Author.
- APA Publications and Communications Board Working Group on Journal Article Reporting Standards. (2008). Reporting standards for research in psychology: Why do we need them? What might they be? *American Psychologist*, 63, 839–851. <https://doi.org/10.1037/0003-066X.63.9.839>
- Bossuyt, P. M., Reitsma, J. B., Bruns, D. E., Gatsonis, C. A., Glasziou, P. P., Irwig, L., . . . Cohen, J. F.; STARD Group. (2015). STARD 2015: An updated list of essential items for reporting diagnostic accuracy studies. *BMJ*, 351, 5527. <https://doi.org/10.1136/bmj.h5527>
- Chan, L., Heinemann, A. W., & Roberts, J. (2014). Elevating the quality of disability and rehabilitation research: Mandatory use of the reporting guidelines. *American Journal of Occupational Therapy*, 68, 127–129. <https://doi.org/10.5014/ajot.2014.682004>
- Feinstein, A. R. (1990). The unit Fragility Index: An additional appraisal of “statistical significance” for a contrast of two proportions. *Journal of Clinical Epidemiology*, 43, 201–209. [https://doi.org/10.1016/0895-4356\(90\)90186-S](https://doi.org/10.1016/0895-4356(90)90186-S)
- Gutman, S. A. (2010). Reporting standards for intervention effectiveness studies. *American Journal of Occupational Therapy*, 64, 523–527. <https://doi.org/10.5014/ajot.2010.09644>
- Gutman, S. A., & Murphy, S. L. (2012). Information commonly unreported in intervention effectiveness studies. *American Journal of Occupational Therapy*, 66, 7–10. <https://doi.org/10.5014/ajot.2012.003673>
- Jaeschke, R., Singer, J., & Guyatt, G. H. (1989). Measurement of health status: Ascertaining the minimal clinically important difference. *Controlled Clinical Trials*, 10, 407–415.
- Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G.; PRISMA Group. (2009). Preferred Reporting Items for Systematic reviews and Meta-Analyses: The PRISMA statement. *PLoS Medicine*, 6, e1000097. <https://doi.org/10.1371/journal.pmed.1000097>
- Moher, D., Schulz, K. F., & Altman, D. G.; CONSORT Group. (2001). The CONSORT statement: Revised recommendations for improving the quality of reports of parallel-group randomized trials. *Annals of Internal Medicine*, 134, 657–662. <https://doi.org/10.7326/0003-4819-134-8-200104170-00011>
- Page, P. (2014). Beyond statistical significance: Clinical interpretation of rehabilitation research literature. *International Journal of Sports Physical Therapy*, 9, 726–736.
- Peters, M. D., Godfrey, C. M., McInerney, P., Soares, C. B., Kahlil, H., & Parker, D. (2015). *The Joanna Briggs Institute reviewers' manual 2015: Methodology for JBI scoping reviews*. Adelaide, South Australia: Joanna Briggs Institute. Retrieved from [https://joannabriggs.org/assets/docs/sumari/Reviewers-Manual\\_Methodology-for-JBI-Scoping-Reviews\\_2015\\_v2.pdf](https://joannabriggs.org/assets/docs/sumari/Reviewers-Manual_Methodology-for-JBI-Scoping-Reviews_2015_v2.pdf)
- Tate, R. L., Perdices, M., Rosenkoetter, U., Shadish, W., Vohra, S., Barlow, D. H., . . . Wilson, B. (2016). The Single-Case Reporting guideline In Behavioural interventions (SCRIBE) 2016 statement. *American Journal of Occupational Therapy*, 70, 7004320010. <https://doi.org/10.5014/ajot.2016.704002>
- Tong, A., Sainsbury, P., & Craig, J. (2007). COnsolidated criteria for REporting Qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, 19, 349–357. <https://doi.org/10.1093/intqhc/mzm042>
- von Elm, E., Altman, D. G., Egger, M., Pocock, S. J., Gøtzsche, P. C., & Vandenbroucke, J. P.; STROBE Initiative. (2007). The STrengthening the Reporting of OBservational studies in Epidemiology (STROBE) statement: Guidelines for reporting observational studies. *Lancet*, 370, 1453–1457.
- Walsh, M., Srinathan, S. K., McAuley, D. F., Mrkobrada, M., Levine, O., Ribic, C., . . . Devereaux, P. J. (2014). The statistical significance of randomized controlled trial results is frequently fragile: A case for a Fragility Index. *Journal of Clinical Epidemiology*, 67, 622–628. <https://doi.org/10.1016/j.jclinepi.2013.10.019>