

Guidelines for Contributors to AJOT

The *American Journal of Occupational Therapy* (AJOT) is the official journal of the American Occupational Therapy Association (AOTA). The primary mission of AJOT is to publish peer-reviewed research examining the effectiveness and efficacy of occupational therapy practice so that occupational therapy professionals can make informed, evidence-based decisions about best practice. In addition, the journal aims to publish (1) research documenting the reliability and validity of occupational therapy instruments; (2) studies demonstrating a relationship between occupational engagement and the facilitation of community participation and health; and (3) articles that provide a forum for scholars to debate professional issues that affect education, practice, and research. This *Guidelines for Contributors to AJOT* is also available at the *American Journal of Occupational Therapy* manuscript processing system website; go to <https://mc04.manuscriptcentral.com/ajot> and click “Instructions & Forms.” These guidelines are published annually in a supplement to the journal; any changes implemented in the interim are published at <https://research.aota.org/ajot/pages/authorguidelines>.

The *American Journal of Occupational Therapy* (AJOT) is the official journal of the American Occupational Therapy Association (AOTA). The primary mission of AJOT is to publish peer-reviewed research examining the effectiveness and efficacy of occupational therapy practice so that occupational therapy professionals can make informed, evidence-based decisions about best practice. In addition, the journal aims to publish (1) research documenting the reliability and validity of occupational therapy instruments; (2) studies demonstrating a relationship between occupational engagement and the facilitation of community participation and health; and (3) articles that provide a forum for scholars to debate professional issues that affect education, practice, and research. This *Guidelines for Contributors to AJOT* is also available at the *American Journal of Occupational Therapy* manuscript processing system website; go to <https://mc04.manuscriptcentral.com/ajot> and click “Instructions & Forms.” These guidelines are published annually in a supplement to the journal; any changes implemented in the interim are published at <https://research.aota.org/ajot/pages/authorguidelines>.

Manuscripts that are relevant to the study of occupation and the practice of occupational therapy are appropriate for submission. This includes articles on the following topics as they relate to occupational therapy and participation in occupation:

- 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
- Incidence and prevalence of client factors and how they relate to occupational engagement
- Patterns of occupational engagement, activity, and participation in various populations
- 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
- Health services research
- Health policy research relating to the facilitation of participation and healthy engagement
- Studies establishing the psychometric properties of instruments
- Manuscripts exploring timely topical or professional issues (*The Issue Is* and *Health Policy Perspectives* columns). (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.)

Citation: American Occupational Therapy Association. (2021). Guidelines for contributors to AJOT. *American Journal of Occupational Therapy*, 75(Suppl. 3), 7513430010. <https://doi.org/10.5014/ajot.2021.75S3010>

AJOT will not publish the following types of manuscripts:

- Intervention manuals
- 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)
- *N* = 1 case reports
- Clinical trials that were not registered
- Manuscripts whose English language is of inadequate quality to be clearly understood and interpreted by our readership.

Author Checklist

As of January 1, 2021, authors are required to complete a presubmission checklist and upload this document with all new AJOT submissions. The checklist is available in the Author Guidelines section of the AJOT website and under “Instructions & Forms” on the manuscript submission site. The purpose of this checklist is to assist authors in preparing manuscripts and to expedite the review process. The checklist should be uploaded as a supplemental file during the manuscript submission process.

Manuscript Types and Preparation

AJOT solicits six basic article types; the type of article dictates the allowed length of the article as well as specific preparation requirements. An overview of each article type and general guidelines are outlined in [Table 1](#).

AJOT follows the EQUATOR Network guidelines for research reporting ([Chan et al., 2014](#)). Specific guidelines are included in the sections that follow and are summarized in [Table 2](#); additional details can be found on the [EQUATOR website](#).

Original Research

Original research articles may fall into a variety of categories including effectiveness studies, instrument development and testing, health services research, education, methods development, qualitative inquiry, or basic research (e.g., studies establishing relationships between conditions and occupational limitations, research on the prevalence or incidence of conditions or client factors within a condition, or development of taxonomies). Original research may reflect a variety of design types including quantitative, qualitative, and mixed methodologies. During the manuscript preparation

Table 1. Manuscript Types Solicited by AJOT

Manuscript Type	Description	Word Count
Research articles: original research	Original research using quantitative, qualitative, or mixed methodology	5,000 words
Research articles: critical reviews	Critical reviews, including systematic reviews, scoping reviews, and mapping reviews	5,000 words ^a
Brief Reports	Original research that is pilot or exploratory in nature	3,000 words
The Issue Is . . .	Scholarly article addressing issues, policies, or professional trends important to the profession	3,000 words
Health Policy Perspectives	Column that offers perspectives on occupational therapy practice within the context of the health care system	3,000 words
Letters to the Editor	Scholarly letters contributing to the professional discussion around a topic	750 words

Note. Limits are inclusive of title page, abstract, acknowledgments, references, tables, figures and illustrations. AJOT = American Journal of Occupational Therapy.

^aSystematic reviews do not need to include references, evidence tables, or risk-of-bias tables in the word count; however, authors should strive for economy of expression and follow the guidelines for systematic reviews provided on the AJOT manuscript submission site.

Table 2. Guidelines by Study Type

Study Design	Reporting Guidelines	Required	Recommended
Randomized controlled trials	CONsolidated Standards Of Reporting Trials (CONSORT)	X	
Observational studies (e.g., cohort, case-control studies, cross-sectional studies)	STrengthening the Reporting of OBServational Studies in Epidemiology (STROBE)		X
Qualitative research	Standards for Reporting Qualitative Research (SRQR) and CONSolidated criteria for REporting Qualitative research (COREQ) when interviews and focus groups are included in the study design		X
Diagnostic/prognostic studies	Standards for Reporting of Diagnostic accuracy (STARD)		X
Systematic reviews and meta-analyses	Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA)	X	
Scoping reviews	PRISMA Extension for Scoping Reviews (PRISMA-ScR)	X	
Measurement studies	COnsensus-based Standards for the selection of health Measurement INstruments (COSMIN)		X

Note. Table based on recommended guidelines from the EQUATOR Network. Additional guidelines can be found at the [EQUATOR website](#).

phase, authors should review the reporting guidelines outlined in [Table 2](#); additional information is presented in this section.

Effectiveness studies at any level of evidence and design may be submitted. Authors should clearly identify the research as *feasibility* or *pilot*, as appropriate, referring to guidelines developed by [Eldridge and colleagues \(2016\)](#). For feasibility studies, only feasibility questions, rather than outcome data, should be addressed. A pilot study may ask similar questions as the feasibility study but will include results from a part of the proposed study or the proposed study completed on a smaller scale ([Eldridge et al., 2016](#)). Authors collecting data in a pilot trial must register their study with [ClinicalTrials.gov](#) or a similar international registry (see additional information regarding clinical trials registration in the following section).

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) 2010 Statement* ([Schulz et al., 2010](#)) for randomized trials. Several extensions of the CONSORT statement exist (e.g., extension checklist for reporting within-person randomized trials, extension to randomized pilot and feasibility trials) and should be considered on the basis of the study design and purpose.

Clinical Trial Registration

Clinical trial registration is required for all manuscripts describing clinical trials. Available registries include [ClinicalTrials.gov](#), the [International Standard Randomized Controlled Trial Number](#), and the [World Health Organization \(WHO\)](#) registry network. *AJOT* uses the [National Institutes of Health \(2014\)](#) definition of clinical trial:

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.

For trials in which participant recruitment started January 1, 2016, or later, registration must have occurred prior to participant recruitment to be considered for publication. 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.

Other Original Research Designs

Qualitative research submissions that have a high level of rigor are welcome at *AJOT*. Authors submitting manuscripts based on qualitative research should refer to the [Standards for Reporting Qualitative Research](#) (SRQR; O'Brien et al., 2014). In addition to SRQR guidelines, authors who use focus groups or interviews as part of their qualitative data collection process are encouraged to use the [COnsolidated criteria for REporting Qualitative research](#) (COREQ) checklist as part of their manuscript preparation process (Tong et al., 2007).

Additional guidelines for specific article types are highlighted here. See [Table 2](#) and the [EQUATOR Network](#) for details.

- *Observational studies* should follow the [STrengthening the Reporting of OBservational studies in Epidemiology guidelines](#) (STROBE; von Elm et al., 2007).
- *Diagnostic studies* (identification of specific impairments or occupational problems) should follow the [STAndards for the Reporting of Diagnostic accuracy studies](#) (STARD; Bossuyt et al., 2015).
- *Survey research* in which the purpose of the article is to describe how participant responses to the survey relate to the construct measured by the survey should use validated survey instruments, if possible. The instrument's psychometric properties must be briefly stated in the manuscript. If the study uses an author-created survey, *AJOT* will only consider manuscripts that describe the survey's development (e.g., creation of items, establishing psychometric properties) or that demonstrate that the authors established the psychometrics of their instrument before attempting to describe the survey results' relationship to the construct. *AJOT* will consider only survey research in which the participant numbers represent enough of the population to make it likely that the findings validly represent the population.

Critical Reviews

Critical reviews commonly published in *AJOT* include systematic reviews, scoping reviews, and meta-analyses. Other types of critical reviews will be considered (e.g., mapping reviews), but *AJOT* does not accept narrative reviews.

Systematic 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://mc04.manuscriptcentral.com/ajot>. These guidelines are in line with the [Preferred Reporting Items for Systematic Reviews and Meta-Analyses](#) (PRISMA) statement (Liberati et al., 2009; Moher et al., 2009) and provide additional information on formatting evidence tables.

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, such as the [Assessing the Methodological Quality of Systematic Reviews](#) (AMSTAR; Shea et al., 2017) checklist.

Authors should adhere to best practices in conducting systematic reviews, as detailed in the *Cochrane Handbooks for Systematic Reviews of Interventions* (Higgins et al., 2019) and the *Joanna Briggs Institute Reviewer's Manual* (Peters et al., 2015). As described in these documents, best practices for systematic reviews require that reviews be conducted by at least two researchers. Therefore, *AJOT* will not consider reviews conducted by a single researcher. Single-author manuscripts are acceptable as long as the text makes it clear that at least two researchers conducted the review. Authors are encouraged, but not required, to register their systematic review prospectively at <https://www.crd.york.ac.uk/PROSPERO/> or another registry site.

Scoping Reviews and Mapping Reviews

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 with 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. Authors of scoping and mapping reviews should follow the *PRISMA Extension for Scoping Reviews* (PRISMA-ScR; Tricco et al., 2018). Scoping reviews should cover topics that have not been reviewed in the past 5 years.

Brief Reports

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 earlier to the extent possible, given the size constraints.

The Issue Is

The Issue Is columns 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.

Health Policy Perspectives

Health Policy Perspectives columns offer perspective on occupational therapy practice in the changing health care system. They focus on the federal, state, or local policy questions that are critical to occupational therapy. The column provides an opportunity for expression of thoughtful opinions and is a forum for views; calls to action for the profession on practice, education, outreach, and research; and perspectives on how occupational therapy and health care policy intersect. Original research is not required, although preference is given to articles that reference published or ongoing research.

Letters to the Editor

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.

Formatting Guidelines

AJOT uses the **seventh edition** of the *Publication Manual of the American Psychological Association* (APA7; [American Psychological Association \[APA\], 2019](#)) as the primary style guide. Consult this manual for style questions not addressed in these guidelines. *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 et al., 2014](#); see also [APA Publications and Communications Board Working Group on Journal Article Reporting Standards, 2008](#)). 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; see [Table 2](#).

Formatting

All submissions must adhere to the following formatting guidelines:

- Double-space the entire manuscript, including abstract, text, quotations, acknowledgments, and references. Tables and figures may be single spaced.
- Leave 1-inch margins on all sides, and keep the right side unjustified.
- Number all pages, starting with the title page.
- Use line numbering in the text, starting with the page containing the abstract.
- Use only Times New Roman 12-point font.
- Include no more than four graphic elements (tables, figures, images, etc.).

Authorship

Manuscript authors are defined as those who have contributed significantly (e.g., in ideas, content development, writing) to the work. Consent should be secured by all authors before submission. Refer to the [APA \(2008\)](#) authorship guidelines.

Author Order

The order of authors in the byline follows APA guidelines. The principal contributor appears first, and subsequent names are in order of decreasing contribution. In some cases, the last author will represent the most senior author, advisor, or principal investigator in the study who supervised activities of the research team. Authors are encouraged to limit the number of coauthors to seven or fewer.

Title

The title should be no more than 15 words and reflect the primary focus of the article. Authors are encouraged to include method key words in the title, such as “a systematic review” or “a randomized controlled trial.” The title will be typed directly into the online submission system and will be included on the title page. Authors are discouraged from using abbreviations in the title.

Title Page

The title page for the original (masked) submission should include only the manuscript title. It should not include author names or affiliations. If the manuscript is accepted, the authors will be asked for an unmasked copy when production begins on the issue, several months before the publication date.

The unmasked version should contain the title and list full names, degrees, titles, and affiliations of all authors. Designate the corresponding author by providing their 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.

Keywords

Authors may assign keywords and research methodology descriptors to their article; these terms will be used to match the manuscript with reviewers. In addition, AOTA is working to improve the user experience by assigning terms from an occupational therapy-specific taxonomy to all the content it produces, including *AJOT* articles. *AJOT* authors will be asked to identify taxonomy terms that describe their article.

Abstract

For all research articles, a structured abstract of no more than 250 words is required. The content should provide a concise but comprehensive summary of the manuscript contents. *AJOT*'s guidelines for structured abstracts are derived from the approach used in the *Journal of the American Medical Association* (2018). Instructions for preparing the abstract are downloadable from the *AJOT* website and from the manuscript submission system. Abstracts for *The Issue Is* manuscripts and guest editorials should contain a synopsis of the main points and be limited to 150 words.

Each abstract should end with a section titled "What this Article Adds" (not included in the abstract word count). In this section, the authors should provide one or two sentences that provide a plain-language summary of what the research adds to occupational therapy or how the results could benefit occupational therapy clients.

During the submission process, authors will be asked to cut and paste the abstract into a designated section in the online system.

Body of Manuscript

Sections within the body of the manuscript will be similar for original research studies, critical reviews, and Brief Reports. Major headings are listed here; subheadings are encouraged to assist with the overall organization of the paper:

- **Introduction:** Focused review of the relevant background literature, rationale for or purpose of the study clearly stated, and clear statement of study aims, objectives, hypotheses, and research questions.
- **Method:** Identification of study design, setting, participants (including recruitment, eligibility, and consent process), measurement and outcomes, intervention protocol (if applicable), data collection, and data analysis plan.
- **Results:** Presents outcomes of data analysis and clearly links to explicitly stated research questions and hypotheses. Findings should be stated without bias or subjective interpretation.
- **Discussion:** Discuss the results within the context of current literature (what was already known) and explain any new insights gained from the research results. If hypotheses were set a priori, this section should indicate whether those hypotheses were supported. Include a section on limitations. 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. 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.
- **Implications for Occupational Therapy Practice** (described next).
- **Conclusions:** Consider the study results within the context of how they contribute to increasing real-life function, engagement, or satisfaction with occupations. Authors should indicate whether the study objectives were met.

"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 introductory 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.

Acknowledgments

Acknowledgments should be included in the unmasked copy only if identifiers have been removed; authors will have an opportunity to add information prior to publication. 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 (if applicable) should be provided in this section. Prior presentation of the paper at a meeting should be briefly described last.

References

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. Follow APA7 reference format for both in-text and reference page citations; however, in the reference list, follow APA6 format for the maximum number of authors cited in a given reference. In-text citations should use author–date format (e.g., Reynolds & Polk, 2020). The reference page should appear on the page after the last page of text (usually following the Acknowledgments section). 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 ajoteditor@aota.org in such situations.

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 APA7 for the correct format.

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.

Tables

Tables should be numbered and referenced sequentially in text; begin each table on a new page after the references section. Table titles should be descriptive, and data appearing in tables should supplement, not duplicate, the text. It is the authors' responsibility to 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 in.). 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 uploaded 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).

Limit on Number of Tables and Figures

No more than four (4) graphic elements—that is, any combination of tables, figures, or images—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 art element may be considered for this type of article. 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. We strongly encourage authors to report statistical results that extend beyond *p* values; *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 effect size related to the comparisons. In addition, a measure of precision (confidence intervals) can be included to help clarify results and assist with data interpretation.

In addition, the following criteria should be considered when preparing statistical results (Lang & Altman, 2013):

- Name the statistical package used for analysis
- Report the alpha level (e.g., .05) that defines statistical significance
- When reporting t and F statistics, provide degrees of freedom (df) and the actual test statistic; for example, $F(df, df) = X, p = .01$, not just the p values. df are not required for chi-square statistics, although the test statistic is required.
- Report means with standard deviations when the data are normally distributed; use the format $M (SD)$, not $M \pm SD$.
- Report median values for data that are not normally distributed; include interpercentile ranges, ranges, or both.
- Do not use the standard error of the mean (SEM) to indicate the precision of an estimate; use the 95% confidence interval instead.
- Nonsignificant p values should still be included in the manuscript; p values should be reported as exact values and to 2 decimal places (e.g., $p = .04$), except when $p \leq .001$.
- Report whether and how any statistical adjustments were made for multiple statistical comparisons.
- If relevant, identify the minimum clinically important difference (MCID).

For reporting guidelines for specific statistical tests, see Lang and Altman (2013).

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. Terms should be written out fully the first time used, then followed immediately by the abbreviation in parentheses. Avoid the use of *OT* as an abbreviation for *occupational therapy* or *occupational therapist*; please write out the terms *occupational therapist* and *occupational therapy assistant* in text.

Practitioner Roles

Consistent with the *Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services* (AOTA, 2020b), 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 articles were published must provide the publication information for those other articles in the cover letter. Authors should include a brief description of the design of the study from which the data were generated (e.g., randomized controlled trial, three-group cohort study).

Manuscript Submission

Online Submission

To submit a manuscript, go to <https://mc04.manuscriptcentral.com/ajot>. *AJOT* has implemented a new manuscript submission system, and authors who submitted before December 2021 will need to create a new account. Authors are encouraged to use an ORCID ID (see <https://orcid.org/register>).

Authors are responsible for ensuring that a blind review process can take place by submitting a **masked version of the manuscript**; that is, one that 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

Manuscripts are compiled and converted to PDF format during the online submission process. Tables may be placed at the end of the main text; figures should be uploaded as separate files.

Cover Letter

Cover letters are not required for submissions, but they are helpful for context and conveying any additional information to the editors. A cover letter may be pasted into the appropriate field in the manuscript submission system. If the manuscript is being submitted for a special issue, or the authors would like it to be considered in conjunction with other submitted papers, this should also be highlighted in the cover letter.

Funding Information

During the online submission process, authors will be asked to disclose any funding that was received to support the research. Authors should provide the name of the funding body and award number at the time of submission.

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. A completed, signed form must be uploaded as part of the submission process.

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

Peer-Review Process and Publishing

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.

Authors are encouraged to provide names of suggested reviewers during the submission process. 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.

The journal cannot assume responsibility for the loss of manuscripts.

Ethics

AJOT is a member of the Committee on Publication Ethics (COPE) and follows the COPE code on good publication practice; authors, editors, and reviewers are expected to adhere to this code (see <https://publicationethics.org/about/guide/authors>). It is expected that *AJOT* editors and reviewers will also adhere to ethical standards expressed in the *AOTA 2020 Occupational Therapy Code of Ethics* (AOTA, 2020a) and elsewhere. Violations of confidentiality will be handled in accordance with the processes set forth in the *Enforcement Procedures for the AOTA Occupational Therapy Code of Ethics* (AOTA, 2019). *AJOT* also follows the recommendations of the [International Committee of Medical Journal Editors](#) and uses checklists and guidance from recognized sources such as the [EQUATOR Network](#).

Appeals

AJOT receives far more submissions each year than can possibly be accepted for publication. As a result, challenging decisions have to be made regarding which papers to reject and which to accept. The Editor-in-Chief and the editorial board have the discretion to reject a manuscript at any phase of the submission and review process. This rejection notice will provide a brief description of why the paper is no longer being considered for the journal. Authors who believe their paper was unfairly rejected or rejected in error may appeal the decision by writing a letter to the Editor-in-Chief explaining why, in their estimation, the decision was erroneous. Letters can be submitted by email to ajoteditor@aota.org.

After Acceptance

If a manuscript is accepted for publication, the corresponding author will receive a notification from the Editor-in-Chief that identifies the volume and issue for which it is scheduled. All subsequent communications will come from AOTA's editorial and production staff. A final, unmasked copy of the manuscript will be requested immediately upon acceptance. Manuscripts are copy edited and returned to authors for review and approval, and typeset proofs are also provided for the authors to review. The corresponding author is the primary contact for this process. It is the authors' responsibility to review all documents carefully and make any corrections prior to publication.

Publishing Model

AJOT, the official journal of the American Occupational Therapy Association, is an online-only publication available at <https://research.aota.org/ajot>. Issues are published bimonthly, with two or three supplements each year. *AJOT* uses a continuous publishing workflow, whereby an article is published online as soon as it has been edited and prepared for

publication; in practice, this means that many articles are available a month or more before the issue date. The site contains all current issues of *AJOT* from 1980 to the present. Subscription is free to all AOTA members and available for a fee to nonmembers and other subscribers; for information, contact subscriptions@aota.org. Content that is more than 5 years old is available without a subscription.

AOTA grants editorial freedom to the Editor-in-Chief, who is appointed by AOTA's Board of Directors. The views expressed in *AJOT* are those of the authors and do not necessarily reflect the views of AOTA.

Open Access Policy

Authors of articles accepted for publication in *AJOT* have the option to make their article free to nonsubscribers for a fee of \$1,500 for research articles and \$1,200 for all other types of articles.

Deposit of Articles to Approved Public Repositories

On behalf of authors, *AJOT* will directly deposit content with declared funding from the National Institutes of Health or other federal government funding in the National Library of Medicine's PubMed Central. Funding information is collected at the time of article submission and should be included in the article's Acknowledgments section.

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.

Plagiarism

All articles accepted for publication in *AJOT* will undergo a scan for plagiarism using Search Results iThenticate Plagiarism Detection Software (<https://www.ithenticate.com>). Any article flagged for plagiarism concerns will be reviewed in depth by our editorial team. Articles found to have plagiarized the work of others, or self-plagiarized, will have acceptance rescinded. In some cases, additional action will be taken, including removing the article from the journal (in cases in which the article has already been published), publishing a correction, reporting the issues to relevant supervisors or governing bodies (e.g., the AOTA Ethics Commission), or taking legal action.

References

- American Medical Association. (2018). *JAMA instructions for authors*. <https://jamanetwork.com/journals/jama/pages/instructions-for-authors>
- American Occupational Therapy Association. (2019). Enforcement procedures for the AOTA Occupational Therapy Code of Ethics. *American Journal of Occupational Therapy*, 73, 7312410003. <https://doi.org/10.5014/ajot.2019.73S210>
- American Occupational Therapy Association. (2020a). AOTA 2020 occupational therapy code of ethics. *American Journal of Occupational Therapy*, 74(Suppl. 3), 7413410005. <https://doi.org/10.5014/ajot.2020.74S3006>
- American Occupational Therapy Association. (2020b). Guidelines for supervision, roles, and responsibilities during the delivery of occupational therapy services. *American Journal of Occupational Therapy*, 74(Suppl. 3), 7413410020. <https://doi.org/10.5014/ajot.2020.74S3004>
- American Psychological Association. (2008). *Publication practices and responsible authorship*. <https://www.apa.org/research/responsible/publication>
- American Psychological Association. (2019). *Publication manual of the American Psychological Association* (7th ed.).

- 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>
- Eldridge, S. M., Lancaster, G. A., Campbell, M. J., Thabane, L., Hopewell, S., Coleman, C. L., & Bond, C. M. (2016). Defining feasibility and pilot studies in preparation for randomised controlled trials: Development of a conceptual framework. *PLoS One*, *11*, e0150205. <https://doi.org/10.1371/journal.pone.0150205>
- Higgins, J. P. T., Thomas, J., Chandler, J., Cumpston, M., Li, T., Page, M. J., & Welch, V. A. (Eds.). (2019). *Cochrane handbook for systematic reviews of interventions* (Version 6.0). <https://www.training.cochrane.org/handbook>
- Lang, T. A. & Altman, D. G. (2013). *Reporting basic statistical analyses and methods in the published literature: The SAMPL guidelines for biomedical journals*. <https://www.equator-network.org/wp-content/uploads/2013/07/SAMPL-Guidelines-6-27-13.pdf>
- Liberati, A., Altman, D. G., Tetzlaff, J., Mulrow, C., Gøtzsche, P. C., Ioannidis, J. P., . . . Moher, D. (2009). The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: Explanation and elaboration. *PLoS Medicine*, *6*, e1000100. <https://doi.org/10.1371/journal.pmed.1000100>
- 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>
- National Institutes of Health. (2014). *Notice of revised NIH definition of "clinical trial."* <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-015.html>
- O'Brien, B. C., Harris, I. B., Beckman, T. J., Reed, D. A., & Cook, D. A. (2014). Standards for reporting qualitative research: A synthesis of recommendations. *Academic Medicine*, *89*, 1245–1251. <https://doi.org/10.1097/acm.0000000000000388>
- Peters, M. D., Godfrey, C. M., McInerney, P., Soares, C. B., Khalil, H., & Parker, D. (2015). *The Joanna Briggs Institute reviewers' manual 2015: Methodology for JBI scoping reviews*. Joanna Briggs Institute. https://joannabriggs.org/assets/docs/sumari/Reviewers-Manual_Methodology-for-JBI-Scoping-Reviews_2015_v2.pdf
- Shea, B. J., Reeves, B. C., Wells, G., Thuku, M., Hamel, C., Moran, J., . . . Henry, D. A. (2017). AMSTAR 2: A critical appraisal tool for systematic reviews that include randomised or non-randomised studies of healthcare interventions, or both. *BMJ*, *358*, j4008. <https://doi.org/10.1136/bmj.j4008>
- 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 of Quality in Health Care*, *19*, 349–357. <https://doi.org/10.1093/intqhc/mzm042>
- Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., . . . Straus, S. E. (2018). PRISMA extension for scoping reviews (PRISMA-ScR): Checklist and explanation. *Annals of Internal Medicine*, *169*, 467–473. <https://doi.org/10.7326/m18-0850>
- 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. [https://doi.org/10.1016/S0140-6736\(07\)61602-X](https://doi.org/10.1016/S0140-6736(07)61602-X)

Additional Resources

- 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.
- Levitt, H. M., Bamberg, M., Creswell, J. W., Frost, D. M., Josselson, R., & Suárez-Orozco, C. (2018). Journal article reporting standards for qualitative primary, qualitative meta-analytic, and mixed methods research in psychology: The APA Publications and Communications Board task force report. *American Psychologist*, *73*, 26–46. <https://doi.org/10.1037/amp0000151>
- 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.
- Schulz, K. F., Altman, D. G., & Moher, D.; CONSORT Group. (2010). CONSORT 2010 statement: Updated guidelines for reporting parallel group randomised trials. *BMC Medicine*, *8*, 18. <https://doi.org/10.1186/1741-7015-8-18>

- 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>
- 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>