

Research in Vestibular Science (Res Vestib Sci) is an official journal of the Korean Balance Society. It was first published in 2002 and is published quarterly (15th day of March, June, September, and December). We invite the submission of articles on topics pertaining to the science and art of medicine that will fulfill the Journal's mission of publishing "contemporary, ethical, and clinically relevant information on vestibular science that can assist neurotologists, vestibular scientists, or related fields." To prevent the Journal from being overrun by inadequate materials or troubled by certain conflicts, the Editorial Board has established a set of regulations. Articles that do not contain adequate context or fail to meet editorial regulations are subject to correction recommendations, which may result in delayed publication or rejection.

1. MANUSCRIPT TYPE

Res Vestib Sci accepts six categories of publications: Original Articles, Review Articles, Case Reports, Brief Communications, Video Reports, and Letter to the Editor, which focused on basic science and clinical issues.

Original Articles are papers containing the results of basic and clinical investigations, which are sufficiently well documented to be acceptable to critical readers. Although there is no set limit for the length of Original Articles, it is highly recommended that they be no longer than 3,500 words in English or Korean, excluding the abstract, tables, figure legends, and references. The abstract must be no longer than 250 words, and it should contain the following headings: Objectives, Methods, Results, and Conclusions. A combined total of 10 figures and tables is allowed; additional tables and figures may be provided as online Supplementary Data. The number of total references is limited to 30.

Review Articles are usually solicited by the Editor-in-Chief and describe a concise review on subjects of importance to medical researchers. Reviews are subject to the same review process as the other types of the manuscript prior to being accepted for publication. Reviews must have an abstract, but the structured format of the Original Article is not necessary. It is recommended that Reviews have a minimum length of 3,000 words excluding the abstract, tables, figure legends, and references. There is no limit to the number of references, but list the references only cited in the text.

Case Reports or **Brief Communications** deal with issues of importance to medical researchers. Case Reports or Brief Com-

munications should be no longer than 1,500 words, excluding the title page and references. It is allowed that the maximum of 150 words for abstracts, up to 15 references, and a total of four authors.

Video Reports are submitted where the video is the major component of the manuscript. Text for video should not be more than 150 words. References should not exceed three. A figure or table is allowed.

Letter to the Editor is selected for publications that discuss problems of general interest: opinions on papers pushing within the last 6 months in this journal, interesting short cases or imaging, editorials, or essays. Letters may be subject to review by the Editorial Board. The letters are intended to reflect the range of opinions received. The authors of the paper in question (authors of the original article) are usually given an opportunity to reply. Letters to the Editor should be no longer than 1,000 words, including the title page and references. Two figures or tables are allowed, and subheadings should not be used. The maximum eight references are allowed.

2. RESEARCH AND PUBLICATION ETHICS

Res Vestib Sci adheres to the guidelines and best practices published by professional organizations, including International Committee of Medical Journal Editors (ICMJE) Recommendations (<http://www.icmje.org/recommendations/>) and the Principles of Transparency and Best Practice in Scholarly Publishing (joint statement by the Committee on Publication Ethics, COPE; the Directory of Open Access Journals, DOAJ; the World Association of Medical Editors, WAME; and Open Access Scholarly Publishers Association, OASPA; <https://doaj.org/bestpractice>). Furthermore, all processes of handling research and publication misconduct shall follow the applicable COPE flowchart (<https://publicationethics.org/resources/flowcharts>).

1) Authorship

Authorship is accredited only when a substantial contribution to the published work is made by meeting all of following four criteria produced by the ICMJE (<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>):

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or revising it critically for important

intellectual content; AND

- Final approval of the version to be published; AND
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

All criteria must be met for an individual to be listed as an author or co-author on a published paper. Each author should be accountable for the parts of the work they have contributed to. In addition, each author should be able to identify which coauthors are responsible for specific other parts of the work, and should have confidence in the integrity of the contributions of all coauthors. Any other form of contribution should be included in the “Acknowledgments” section of the manuscript.

- Correction of authorship: After initial submission of a manuscript, any changes whatsoever in authorship (adding author(s), deleting author(s), or rearranging the order of authors) must be explained in a letter to the editor from the authors concerned. This letter must be signed by all authors of the paper. *Res Vestib Sci* does not correct authorship after publication unless a mistake has been made by the editorial staff. Changes will be done by COPE flowcharts. One of the outcomes of the COPE flowcharts is to publish a correction.

2) Originality and duplicate publication

All submitted manuscripts should be original and should not be under consideration for publication by other scientific journals at the same time. No part of an accepted manuscript should be duplicated in any other scientific journal without the permission of the Editorial Board. If duplicate publication of any paper published in this journal is detected, the authors will be announced in the journal, their institutions will be informed, and penalties will be imposed upon the authors.

- Plagiarism: *Res Vestib Sci* defines plagiarism as a situation in which a paper reproduces another work with at least 25% similarity and without citation. If evidence of plagiarism is found before/after acceptance or after publication of the paper, the author will be offered a chance for rebuttal. If the arguments are not found to be satisfactory, the manuscript will be retracted and the author sanctioned from publishing papers for a period to be determined by the responsible editor(s). The authors must remember that the use of data, tables, figures, or videos (except for lectures) published in *Res Vestib Sci* without written permission of the copyright holder is plagiarism, even if they are taken from the authors' own manuscripts.
- Secondary publication: Manuscripts may be republished if

they satisfy the conditions for secondary publication of the ICMJE Recommendations (<http://www.icmje.org/icmje-recommendations.pdf>).

3) Conflict-of-interest statement

The corresponding authors should ensure that information about any conflict of interest related to the submitted manuscript is included in the manuscript, and they should take responsibility for it. In particular, all sources of funding for a study should be stated explicitly in the “Acknowledgments” section. If there is no conflict of interest, this should also be stated explicitly as none declared.

4) Statement of human and animal rights

Clinical research should be conducted in accordance with the WMA Declaration of Helsinki: Medical Research Involving Human Subjects (<https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/>). Clinical studies that do not meet the Declaration of Helsinki will not be considered for publication. For human, identifiable information, such as patients' names, initials, hospital numbers, dates of birth, or other protected healthcare information should not be disclosed. For animal subjects, research should be performed based on the National or Institutional Guide for the Care and Use of Laboratory Animals, and the ethical treatment of all experimental animals should be maintained.

5) Registration of clinical trial research

Any research involving a clinical trial should be registered with the primary national clinical trial registry site, such as the Korea Clinical Research Information Service (CRiS, <http://cris.nih.go.kr>), any other primary national registry site accredited by the World Health Organization (<https://www.who.int/clinical-trials-registry-platform/network>), or ClinicalTrials.gov (<http://clinicaltrials.gov/>), a service of the United States National Institutes of Health.

6) Statement of informed consent and IRB approval

Copies of written informed consent and Institutional Review Board (IRB) approval for clinical research should be kept. If necessary, the editor or reviewers may request copies of these documents to resolve questions about IRB approval and study conduct. In addition, for studies conducted with human subjects, the method by which informed consent was obtained from the participants (i.e., verbal or written) also needs to be stated in the Materials and Methods section.

7) Processes to manage research and publication misconduct

Should the journal encounter suspected cases of research and publication misconduct, such as a redundant (duplicate) publication, plagiarism, fabricated data, changes in authorship, undisclosed conflicts of interest, an ethical problem discovered with the submitted manuscript, a reviewer appropriating an author's idea or data, complaints against editors, and other issues, resolution processes will follow the applicable COPE flowchart (<http://publicationethics.org/resources/flowcharts>). Suspected cases will be discussed and decided upon by the Editorial Board of *Res Vestib Sci*.

8) Editorial responsibilities

The Editorial Board will continuously work to monitor and safeguard publication ethics through: guidelines for retracting articles; maintaining the integrity of the academic record; precluding business needs from compromising intellectual and ethical standards; publishing corrections, clarifications, retractions, and apologies when needed; and excluding plagiarism and fraudulent data. The editors maintain the following responsibilities: authority to reject and accept articles; avoiding any conflict of interest with respect to articles they reject or accept; promoting publication of corrections or retractions when errors are found; and preserving reviewers' anonymity.

3. COPYRIGHTS, OPEN ACCESS, OPEN DATA, ARCHIVING, AND DEPOSIT POLICY

1) Copyright

Copyright in all published material is owned by the Korean Balance Society. Upon the acceptance of an article, the authors should download the "Copyright Release and Author Agreement." The copyright transfer agreement should be completed and submitted electronically when the manuscript is submitted. This transfer will ensure the widest possible dissemination of information.

2) Open access policy

Res Vestib Sci is an open access journal. Articles are distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits unrestricted noncommercial use, distribution, and reproduction in any medium, provided the original work is properly cited. Author(s) do not need to be permitted for use of tables or figures published in *Res Vestib Sci* in other periodicals, books, or media for scholarly and educational purposes.

3) Data sharing

Res Vestib Sci encourages data sharing wherever possible unless this is prevented by ethical, privacy, or confidentiality matters. Authors wishing to do so may deposit their data in a publicly accessible repository and include a link to the DOI within the text of the manuscript.

Res Vestib Sci accepts the ICMJE Recommendations for data sharing statement policy (<http://icmje.org/icmjerecommendations.pdf>). Authors may refer to the editorial, "Data Sharing Statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors," in *J Korean Med Sci* 2017;32(7): 1051-1053 (<https://doi.org/10.3346/jkms.2017.32.7.1051>).

4) Archiving policy

Res Vestib Sci provides the electronic backup and preservation of access to the journal content in the event the journal is no longer published by archiving in the National Library of Korea (<https://seoji.nl.go.kr/archive>).

According to the deposit policy (self-archiving policy) of Sherpa/Romeo (<http://www.sherpa.ac.uk/>), authors can archive preprint (i.e., refereeing), postprint (i.e., final draft post-refereeing), and publisher's version/PDF.

4. MANUSCRIPT PREPARATION

1) General style

Format: Manuscript must be written in English or Korean using Microsoft Word. It should be formatted with double line spacing for printing on one side of A4 (21×29.7 cm) sheets with a margin of 2.5 cm on all sides. The main text of the manuscript and all tables included in the submission must be provided as Microsoft Word files. The text must be written in double-spaced, 12-point font, preferably Times New Roman, and left-justified only (i.e., the right margin should not be justified).

Terms & Unit: Authors are advised to use terminology recommended by the ISO-IEC, "*Terminologia Anatomica*", and WHO list; and the Medical Terminology Database by Korean Medical Association for Korean (<http://term.kma.org/>). Authors should express all measurements in "Le Systeme International d'Units" (SI units). For example, length should be expressed in meters and temperature in Celsius.

Abbreviations: Except for units of measurement, abbreviations are strongly discouraged. Except for units of measurement, when an abbreviation appears for the first time, it should be preceded by the words it represents.

General order of the manuscripts containing research data: Title page, abstract, main text, acknowledgments and conflict

of interest, references, tables, and figures.

Reporting Guidelines for Specific Study Designs

For the specific study design, such as randomized control studies, studies of diagnostic accuracy, meta-analyses, observational studies, and non-randomized studies, it is recommended that the authors follow the reporting guidelines listed in the following table.

Initiative	Type of study	Source
CONSORT	Randomized controlled trials	https://www.equator-network.org/reporting-guidelines/consort/
STARD	Studies of diagnostic accuracy	https://www.equator-network.org/reporting-guidelines/stard/
PRISMA	Systematic reviews and meta-analyses	https://www.equator-network.org/reporting-guidelines/prisma/
STROBE	Observational studies in epidemiology	https://www.equator-network.org/reporting-guidelines/strobe/
MOOSE	Meta-analyses of observational studies in epidemiology	https://www.equator-network.org/reporting-guidelines/meta-analysis-of-observational-studies-in-epidemiology-a-proposal-for-reporting-meta-analysis-of-observational-studies-in-epidemiology-moose-group/
CARE	Case reports	https://www.equator-network.org/reporting-guidelines/care/

2) Title page

A title page should include (1) the title of the article, (2) full names of all authors without academic degrees, (3) institutional affiliations of each author (If multiple affiliations are listed, they should be written in the same line after matching the authors with the affiliations with superscript Arabic numerals), (4) running title (less than 10 words) reflecting the content, (5) and full information for corresponding authors including the name, institutional affiliation, address, country telephone and fax number, and e-mail address.

3) Abstract and Keywords

An abstract within 250 words must be structured according to the following headings: Objectives, Methods, Results, and Conclusions. Each subtitle is bolded and differentiated with a colon (:). The abstracts of Review, Case Report, and Video Report do not need to be structured and Letter to the Editor do not require an abstract. Between three and six keywords should be provided at the end of the text on this page. *Res Vestib Sci* strongly encourages authors to select the keywords within Medical Subject Heading (MeSH) in Medline (<https://meshb.nlm.nih.gov/search>).

4) Main text

The main text of an Original Article must be prepared under the following subheadings: Introduction, Materials and Methods, Results, and Discussion. Case Report should be organized with Introduction, Case Report, and Discussion. The following rules should be followed for each paragraph: (1) indent from the first line, (2) separate it from the previous paragraph by a vertical space, and (3) do not include any new-line or new-paragraph marks (except at the end of the paragraph). Do not include any new page marks in the file. Editorials and Letters to the Editor should not contain subheadings. Define abbreviations at the first-mentioned text and for each table and figure. If a brand name is cited, supply the manufacturer's name and address (city and state, country).

Introduction: Brief background, references to the most pertinent papers are generally enough to inform the readers, and the relevant findings of others may be described. The specific questions evaluated by the authors' particular investigation should also be included.

Materials and Methods: This section should be organized as follows: research plan, selection of participants, methods, and lastly, statistical analysis. Explanation of the experimental methods should be concise and sufficient for repetition by other qualified investigators.

Procedures that have been published previously should not be described in detail. However, new or significant modifications of previously published procedures require full descriptions. The sources of special chemicals or preparations should be provided along with their location (name of company, city and state, and country).

With all investigations involving human materials, the authors must present the name and place of the clinical trial ethics committee that oversaw the experiment, and provide a statement declaring that the experiment meets the standards of the Helsinki Declaration. Pictures should not reveal the name or identification numbers of the patients involved. With animal investigations, the authors must also provide a statement that the animals were treated according to the guidelines of the national research committee. If relevant, information on the IRB approval and informed consent should be included.

The methods for statistical analyses and the criteria applied for significance levels should be described. The name of the program used to compute the data must be provided as well. In Case Reports, case history or case description replace the Materials and Methods section as well as the Results section.

In addition, ensure the correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial or cultural factors), and, unless inappropriate, report the sex

and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and gender. If the study was done involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases (e.g., prostate cancer). Authors should define how they determined race or ethnicity and justify their relevance.

Results: This part should be presented logically using text, tables, and figures. Excessive repetition of table or figure contents should be avoided. At the end of the Results section, important observations should be emphasized or summarized.

Discussion: The data should be interpreted concisely without repeating materials already presented in the Results section. Speculation is permitted, but it must be supported by the data presented and be well founded. The summary and conclusion must be brief and written in the context of the research purpose.

5) Conflict of Interest & Acknowledgments

Any potential conflicts of interest must be disclosed in Conflict of Interest section. This section should also list employment by, consultancy for, shared ownership in, or any close relationship with an organization whose interests, financial or otherwise, may be affected by the publication of the manuscript. This pertains to all the authors of the study. If there are no potential conflicts of interest, the following statement should be added: "The authors have no potential conflicts of interest to disclose."

Grant support should be acknowledged in a separate paragraph under a separate heading at the end of the Discussion section. The full name of the granting agency and grant number should be included. And all persons who have made substantial contributions, but who are not eligible as authors are named in the Acknowledgments section. Author contributions section should accurately describe what contribution each author has made to the study. This section will be published with the final manuscript. The submitting author is responsible for completing this information at submission, and it is expected that all authors would have reviewed, discussed, and agreed to how their individual contributions are described before this time.

6) References

The maximum number of references that can be cited is 30 for Original Articles, 15 for Case Reports, eight for Letters to the Editor, three for the Video Reports, and no limit for Review Articles. All references (double spaced) should be listed in the order of citation in the text with corresponding numbers. List all authors up to a maximum of six; for papers with six or more authors, list the first six authors then add "et al." Identify references in square brackets in the main text by providing the

corresponding number. For example, "K-HINT has been developed [1,2]." for the first two in-text citations. The abbreviated journal title should be used according to the NLM Catalog (<http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>) and the List of KoreaMed Journals (<https://koreamed.org/JournalBrowserNew.php>). Other types of references not described below should follow Citing medicine: The NLM style guide for authors, editors, and publishers (<http://www.ncbi.nlm.nih.gov/books/NBK7256/>).

- References to journal: Surnames and initials of six authors, et al(.) Full title of article(.) Abbreviated journal name() year(:)volume(:)first page(-)last page numbers(.)
 - ① When a work has six or fewer authors
Ex) Lee JY, Lee IB, Kim MB. Correlation between residual dizziness and modified clinical test of sensory integration and balance in patients with benign paroxysmal positional vertigo. *Res Vestib Sci* 2021;20:93-100.
 - ② When a work has seven or more authors
Ex) Reiss LA, Ito RA, Eggleston JL, Liao S, Becker JJ, Lakin CE, et al. Pitch adaptation patterns in bimodal cochlear implant users: over time and after experience. *Ear Hear* 2015;36:e23-34.
- References to entire book: Surname and initials of authors(.) Title of the book(.) Edition(.) Place(:) Publisher(:) year(.) (p.) first page(-)last page(.)
Ex) Leigh RJ, Zee DS. *The neurology of eye movements*. 2nd ed. New York: Oxford University Press; 1991. p. 90-100.
- References to book chapter: Surname and initials of chapter authors(.) Title of the chapter(.) In: Editor(s) of the book, editor(s.) Title of the book(.) Edition(.) Place(:) Publisher(:) year(.) (p.) first page(-)last page(.)
Ex) Roland JT Jr. Vestibular and auditory ototoxicity. In: Cummings CW, Fredrickson JM, Harker LA, Krause CJ, Schuller DE, editors. *Otolaryngology-head and neck surgery*. 3rd ed. St Louis: Mosby Year Book; 1998. p. 3186-99.
- References to other sources: To cite the material such as papers presented at conference proceedings, dissertations, any manuscripts 'in press', or personal communication, provide the details as follows.
 - ① Conference proceedings
Ex) Virolainen A, Saxen H, Leinonen N. Antibody response to pneumolysin in children with acute otitis media. In: Lim DJ, Bluestone CD, Klein JO, Nelson JD, Ogura PL, editors. *Recent advances in otitis media*. Proceedings of the 5th International Symposium on Recent Advances in Otitis Media; 1991 May 20-24: Ft. Lauderdale, Florida. Hamilton: Decker Periodicals;

1993. p. 205-6.

② Dissertation

Ex) Kaplan SJ. Post-hospital home health care: the elderly's access and utilization [dissertation]. St. Louis (MO): Washington University; 1995.

③ References to in press

Ex) Yévenes-Briones H, Caballero FF, Struijk EA, Rey-Martinez J, Montes-Jovellar L, Graciani A, et al. Association between hearing loss and impaired physical function, frailty, and disability in older adults: a cross-sectional study. *JAMA Otolaryngol Head Neck Surg* 2021 Sep 23 [Epub]. <https://doi.org/10.1001/jamaoto.2021.2399>.

• References to online source

Ex) Statistics Korea. Causes of death statistics [Internet]. Daejeon: Statistics Korea; c2020 [cited 2020 Dec 11]. Available from: <https://kosis.kr/eng/>.

Ex) American Cancer Society. Cancer treatments and side effects [Internet]. Atlanta (GA): American Cancer Society; c2020 [cited 2020 Aug 10]. Available from: <https://www.cancer.org/treatment/treatments-and-side-effects.html>.

(7) Table

Tables must be cited in the order in which they appear in the text using Arabic numerals and the word processing program should be used to create the tables. Do not use Excel or comparable spreadsheet programs. Provide the tables together with the manuscript in a 'doc.' file. Cite tables consecutively in the text, and number them in that order. Place each on a separate sheet, and include the table title, appropriate column headings, and explanatory legends (including definitions of any abbreviations used). Do not embed tables within the body of the manuscript. For footnotes (symbol), use the superscript alphabet in sequence as follows: ^{a)}, ^{b)}, ^{c)}. All units of measurement and concentration should be designated. Stating the names of participants should be avoided and names should be replaced with Arabic numerals.

(8) Figure & legends

Images can be in black-and-white or in color, depending on the author's preference. However, the images must have adequate resolution for printed materials, and if not, the committee may ask the author to provide more suitable pictures. If a black-and-white picture does not provide sufficient information, the Editorial Board has the right to request a colored picture and the authors must make the necessary corrections. If several pictures are designated with a single

Arabic numeral, each picture must be differentiated with alphabets (ex., Fig. 1A; Fig. 1B, C). If the author uses the clinical images of the subjects, written informed consent should be obtained for publication of them.

The sizes and resolutions of files have a direct relationship with the quality of printed materials. Therefore, following the editorial guidelines is strongly advised. Especially, careful attention is necessary to ensure that image sizes are not too small. Pixels from Photoshop can be used to estimate the actual image size. Digital art needs to be submitted as TIFF, EPS, or PPT files during the review process. However, TIF files must be submitted once the publication has been approved. Color images must be submitted as CMYK files, but half-tone pictures (CT or MRI) must be converted to grayscale mode. Electronic photographs (radiographs, CT/MRI scans, and scanned images) must have a resolution of at least 300 dpi. Line art must have a resolution of at least 800 dpi.

Figure legends must be submitted for all figures. Figure legends should appear within the document in a separate section after the tables. Figures must be cited in the order they appear in the text using Arabic numerals. Figure titles should be in the form of paragraphs or phrases with a capital letter at the beginning. Articles, such as 'the' and 'a' should not be present. If a detailed explanation is necessary, the explanation must be in complete sentences so that readers can understand the meaning without looking through the original paper. Microscopic pictures should contain a scale bar within the picture or the magnifying power used for the microscope should be stated. The illustrations of pathological tissue should state clearly the type of stain (ex., H&E, ×100), and the main contents should be marked by signs or arrows on the picture.

If any tables or figures are taken or modified from other papers, authors should obtain permission through the Copyright Clearance Center (<https://www.copyright.com/>) or from the individual publisher, except where the materials concerned have been published in an open access journal under the Creative Commons license. For tables or figures from an open access journal, simply verify the source of the journal precisely in the accompanying footnote. Please note the distinction between a free-access journal and an open access journal: it is necessary to obtain permission from the publisher of a free-access journal for using tables or figures published therein.

Ex) Reprinted (Modified) from Tanaka et al. [48], with permission of Elsevier. OR Reprinted (Modified) from Weiss et al. [2], according to the Creative Commons License.

Other requirements are in accordance with the Recommendations of ICMJE (<http://www.icmje.org/recommendations/>).

5. MANUSCRIPT SUBMISSION AND PEER REVIEW

1) Online submission

Manuscripts are directly submitted to *Res Vestib Sci* via the journal's submission page (<https://submit.e-rvs.org/>). Once you have registered and logged into your account, the online system will lead you through the orderly steps of the submission process. For assistance, please contact us via e-mail.

2) Peer review policy

Res Vestib Sci uses a double-blind peer review process. Author identities are concealed from the reviewers throughout this process. Each reviewer will be anonymous unless they choose to reveal their name during the review process, and they will advise the Editor-in-Chief if they consider the manuscript to be too closely related to their own personal interests such that it would be inappropriate for them to review it. Peer reviewers are required to maintain confidentiality about the manuscripts they review and must not divulge any information about a specific manuscript or its content to any third party without prior permission from the journal Editor-in-Chief. After finishing the peer review process, the Editor-in-Chief will notify the author of its result. Manuscripts are not returned to authors regardless of whether or not they are accepted for publication. All manuscripts from editors, employees, or members of the Editorial Board are processed the same as other manuscripts. However, those authors will not engage in the selection of reviewers and the decision process.

3) Peer review process

The Editor-in-Chief will first screen a submitted manuscript according to the editorial policy. During that screening process, information about the author can be revealed to the Editorial Office staff and the Editorial Board. If the manuscript is considered to be suitable for proceeding to the review process, the Editor-in-Chief with assistance from the Editorial Office staff will assign a receipt number to the manuscript and notify its author. A manuscript that does not conform to the editorial policy can be rejected immediately. The manuscript will be examined by two or more reviewers working in the corresponding field. They will usually assess the manuscript in terms of the relevance of its topic to the journal's interests, creativity, the importance of the results, academic significance and effects in the relevant fields, clarity of the study description, and conformity to medical ethics.

A reviewer will make one of the following four recommendations to the Editor-in-Chief within a fixed deadline: accept,

minor revision, major revision, or reject. Revision is mostly performed on the basis of suggestions or recommendations of the reviewers, and the author should make appropriate changes based on each suggestion or recommendation. When not following a suggestion or recommendation, the author should provide a reasonable explanation for noncompliance. If the corresponding author does not submit a revised manuscript (in the absence of special notification) within one month after the notification of the decision, it will be deemed that they have withdrawn the manuscript. If a "review again after revision" recommendation is made three times, the manuscript will be rejected. The decision process and the final decision should be made in accordance with the editorial policy and the decision committee.

6. MANUSCRIPTS ACCEPTED FOR PUBLICATION

1) Final version

After a paper has been accepted for publication, the author(s) should submit the final version of the manuscript. The names and affiliations of authors should be double-checked, and if the originally submitted image files were of poor resolution, higher resolution image files should be submitted at this time. TIFF and PDF formats are preferred for submission of digital files of photographic images. Symbols (e.g., circles, triangles, squares), letters (e.g., words, abbreviations), and numbers should be large enough to be legible on reduction to the journal's column widths. All symbols must be defined in the figure caption. If references, tables, or figures are moved, added, or deleted during the revision process, renumber them to reflect such changes so that all tables, references, and figures are cited in numeric order.

2) Galley proof

The author(s) will receive the final version of the manuscript as a PDF file. Within 5 working days of receipt, authors must notify the Editorial Office (or printing office) of any errors found in the file. Any errors found after this time are the responsibility of the author(s) and will have to be corrected as errata or corrigenda (depending on responsibility for the error).

3) Errata and Corrigenda

To correct errors in published articles, the corresponding author should contact the journal's Editorial Office with a detailed description of the proposed correction. Corrections that profoundly affect the interpretation or conclusions of the article will be reviewed by the editors. Corrections will be published

as corrigenda (corrections of author's errors) or errata (corrections of publisher's errors) in a later issue of the journal.

7. ARTICLE PROCESSING CHARGE

There are no author submission fees or other publication-related charges. All cost for the publication process is supported by the Publisher.

8. EDITORIAL OFFICE

Ji-Yun Park MD, PhD for any questions:

Department of Neurology, University of Ulsan College of Medicine, Ulsan, Korea

E-mail: bingbing@uuh.ulsan.kr