



Complete Instructions for Authors (revision 2019-5-2)

Each manuscript author must understand the material below. Regional-Anesthesia.Com LLC shall hereafter be referred to as RAC. The Journal of Regional Anesthesia.Com shall be referred to as JRAC hereafter. RAC and JRAC may also be considered as synonymous.

Manuscripts must be submitted by email. A cloud link may be used if the documents are too large to attach. Send us your link and we will download the files. Receipt will be acknowledged by e-mail. Authors should allow approximately 4 weeks for decision.

Authors are solely responsible for obtaining all needed permissions for the use of any images or texts of others that may be copyrighted. The Editor's decisions on submissions are final.

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IV. Authors' General Checklist

I. General Editorial, Legal and Ethical Issues

A. Authorship

JRAC follows the ICMJE Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals to define the criteria required for authorship. All authors must have made substantial intellectual contributions to the final work. All authors are responsible for the accuracy, validity, and integrity of the work. Only papers written by the listed authors are acceptable.

1. Role of the Corresponding Author

Each manuscript must have a single Corresponding Author who is accountable for the research and the reporting. The Corresponding Author must provide a professional or employment affiliation address, a postal address, and email address to be published. If the corresponding author is unavailable to respond to post publication critiques, questions or communications, the original publication may be withdrawn.

2. Group authors

No more than 6 authors may be listed. All authors' qualifications, and work affiliation must be listed. If more than 6 authors need to be listed, a letter of motivation can be written to the editor seeking an exception to this rule.

3. Group Collaborators

Those are members of a group that contributed substantially to the work, but did not rank in the top six contributors listed as authors. These members will be listed as collaborators in PubMed and in the published article. Collaborator names and degrees should be listed in an appendix.

B. Copyright

Upon publication on the RAC website, RAC acquires copyright to all materials submitted.

C. Open Access Policies

All materials published by JRAC is free for anyone to view. No subscription fees are charged to access the RAC website. All material is free to be down loaded and printed for single individual use. Multiple copies can be distributed in paper form for free distribution, to any other



individual, in the service of education. JRAC material or RAC materials may however not be sold and distributed via any means or channel that requires payment from any individual. If selling of JRAC or RAC materials is desired to be done by any individual or entity, then the right to do so can be purchased from Regional-Anesthesia.Com LLC USA. Contact the editor to establish or negotiate the pricing.

D. Duplicate, Prior or Divided Publication

Submitted manuscripts must not have been published elsewhere, in whole or in part, on paper or electronically. This does not apply to abstracts of scientific meetings, or to lecture handouts (e.g., ASA Annual Meeting), which should be disclosed on the title page.

It is improper for authors to submit a manuscript describing essentially the same research simultaneously to more than one peer-reviewed research journal. Do not submit several small manuscripts; a single comprehensive paper is preferable.

E. Scientific Misconduct

When JRAC has concerns or receives allegations of scientific misconduct, JRAC holds the right to proceed as described below. Examples of misconduct include falsification of data, plagiarism, improper designations of authorship, duplicate publication, misappropriation of others' research, failure to disclose conflict(s) of interest, and failure to comply with applicable legislative or regulatory requirements. Misconduct also includes failure to comply with any rules, policies, or procedures implemented by JRAC.

Process:

- The manuscript or video, and links to the same will be removed from the RAC website.
- All authors and contributors will be blacklisted at RAC, preventing them ever having work accepted for publication at RAC in the future.
- Such actions may be listed on the website.
- The Editor will consider appeals against the above actions.

F. Human Studies

Human experimentation must conform to ethical standards and be approved by the appropriate Institutional Review Board (IRB). A statement concerning IRB approval and consent procedures must appear at the beginning of the Methods section. Any systematic data gathering effort in patients or volunteers must be approved by an IRB or adhere to appropriate local/national regulations.

G. Animal Studies

Experimental work on animals must conform to the guidelines laid out in the American Guide for the Care and Use of Laboratory Animals, which is available from the National Academy of Science; a text-only version is available at <http://www.nap.edu/readingroom/books/labrats/>. Adherence to all relevant regulations and/or approval of the appropriate institutional Animal Care Committee or governmental licensure of the investigator and/or laboratory must be obtained. A statement concerning such approval must be included at the beginning of the Methods section.

H. Conflicts of Interest and Sponsorship

Conflicts of interest, sponsorship, and other relevant declarations must appear on the title page and be indicated in the system as part of the submission steps. Authors must declare all funding sources supporting their work or its authors, even if support is indirect, e.g., to a local research foundation that funded the project. This includes departmental, hospital, or institutional funds. The authors must disclose commercial associations that might pose a



conflict of interest in connection with the work submitted. Consultancies, equity interests, or patent-licensing arrangements should also be noted at submission.

- A conflict of interest will not alone, stop publication. Revealing the conflict, is only to alert the reader to read the material with an open mind. J-RAC fully recognizes that the trade industry mostly has good, and sometimes critical, collaborative roles with physicians and researchers, in advancing medical science.

I. Study Design Issues:

- **Preclinical Trials.** Authors of preclinical trials (experiments in animals, cells, molecules, or other biological foci) should consult ARRIVE guidelines for transparent reporting (Kilkenny C, Browne WJ, Cuthill IC, Emerson M, Altman DG: Improving bioscience research reporting: the ARRIVE guidelines for reporting animal research. *PLoS Biol* 2010; 8: e1000412). For details see the following editorial: Eisenach JC; Warner DS,, Houle TT; Reporting of Preclinical Research in ANESTHESIOLOGY: Transparency and Enforcement. *Anesthesiology* 2016;.doi: 10.1097/ALN.0000000000001044.
- **Surveys.** JRAC welcomes papers based on well done surveys. Interested authors should review the material contained in the following editorial: Burmeister LF. Principles of Successful Sample Surveys. *Anesthesiology* 2003; 99: 1251-1252.
- **Observational Studies.** Authors of observational studies should consult the guidelines published by the STROBE group. We require transparent reporting of whether a statistical plan was defined prior to accessing data, and, if so, the details of that plan. (Eisenach JC, Khetherpal S, Houle TT.; Reporting of Observational Research in Anesthesiology: The Importance of the Analysis Plan. *Anesthesiology* 2016; doi: 10.1097/ALN.0000000000001072)
- **Clinical Trials:** Authors of clinical trials (regardless of size) should consult the guidelines published by the CONSORT group [Moher D, et al for the CONSORT Group: The CONSORT statement: Revised recommendations for improving the quality of reports of parallel-group randomized trials. *JAMA* 2001; 285:1987-91 at <http://www.consort-statement.org/>] and the following editorial: Todd MM: Clinical research manuscripts in Anesthesiology. *Anesthesiology* 2001; 95: 1051-1053.

II. Types of Papers or submissions

a. Original Investigations, or studies.

The Original Investigation article type consists of the following of medical regional anesthesia technique and practice, acute pain, perioperative pain, and any associated matters to those fields. Chronic pain will also be considered, but as a lower priority for publication. Veterinary regional anesthesia and analgesia practice is included for publication.

Although there is overlap, authors will choose one of these areas as the article type during the submission process.

b. Videos.

Videos will be hosted on Vimeo, with links from the RAC website. The videos must teach and demonstrate aspects of regional anesthesia technique. There is presently no comprehensive descriptor as to what is desirable or undesirable format style or structure for acceptance for publication. This is an evolving field. Acceptance is at the sole discretion of the editor.

Commercial device and drug advertising should not be contained within the video. Exceptions to that rule may be made if the medical drug or device companies advertising is (i) minimally



distracting from the educational objectives of the video, and (ii) the company buys an advertising opportunity from RAC. Promotion of professional medical groups, educational institutions, or individual self-promotion of the authors within the video may be considered acceptable, at the RAC editor-in-chief's discretion. RAC logos will be professionally, discretely and tastefully edited into the video. The logos will not conceal any other logos or critical imagery of the authors. Likely, RAC logos will be small and limited to the opening scene and concluding scene of the video. The author(s) of the video retain the full right to post, or host their video anywhere else that they like, whether in the first submitted form or a re-edited form. That is, they retain ownership of their video. The submitting authors, however, yield the right to RAC to host the video submitted at any web site identified with RAC. Access to the videos will be open to all persons. RAC may sell advertising on the web page, but not within the video. RAC may insert a RAC video segment with or without an advert at the end of the video. Such an insert shall not exceed 15 seconds of duration. RAC may insert a RAC video segment with or without an advert at the beginning end of the video. Such an insert may not exceed fifteen seconds in duration. RAC may take down the video at any time, with no need to disclose the reason for such action. The video authors may request their video be taken down off the web at any time, but must present reason(s) that the RAC editor-in-chief considers reasonable. The editor may decline the request without presenting a reason or argument. Finally, it must be stated, RAC wishes to partner with authors of videos submitted to RAC for web hosting, in the advancement of the medical science of regional anesthesia and treatment of pain in the service of patients as the first objective at all times.

- RAC is willing to co-edit and co-produce the final video if the video owner lacks video editing or producing resources.
This depends on whether the editor feels the raw video material(s) or clip(s) is unique enough, or interesting enough to justify that effort.
- Please contact the editor at editor@regional-anesthesia.com with inquiries.

○ **Letters to the Editor.**

Letters to the Editor should be brief (250 to 1,000 words). A few references, a small table, or a pertinent illustration may be used. Supply an original title for the Letter on the Title Page. Do not submit Abbreviated Titles, Summary Statements, and Abstracts. Letters may offer criticism of published material. They must be objective and constructive. Letters to the Editors are not a venue for case reports, and authors must attest during the submission process that a case description is not included in the submission.

NOTE: Letters commenting on published articles must be received in the Editorial Office at any time after the original article print publication date. Accepted letters will be associated with the original published article PDF file.

"Freestanding" Letters to the Editors also may also discuss matters of general interest to anesthesiologists, without specific linkage to recently published articles. Letters that the author judged as arguably and potentially advancing the science of medicine, will be submitted for PUBMED listing. If the author(s) wish to say more than 1000 words they could consider offering their submission as a larger unsolicited editorial or opinion piece. Editorials will be submitted to PUBMED, opinion pieces will not.

SPECIAL NOTE: RAC is willing to serve the healthcare professions in advancing sociopolitical aspects of the healthcare professions by publishing letters and opinion pieces on those aspects. The editor will be very open minded in this. Such materials however will not qualify for PUBMED listings. The editor's



decisions on a submission's qualification or not for PUBMED listing will be the editor's alone, with no reasons needing to be presented. Such non-PUBMED listed materials will form effectively, an edited open-discussion side blog on the RAC website.

○ **Review Articles.**

Review Articles are invited that summarize and synthesize older and current ideas and may suggest new concepts. They may cover broad areas, and with appropriate depth. They may be clinical, investigational, or basic science in nature and intended for one or more of these readerships. Reviews should be written by recognized or growing experts in the field. They may range in length from 3,000 to 10,000 words. Review articles are well-served by including summary figures and/or tables that help emphasize critical concepts. An unstructured abstract of 150 words maximum (one- or two-paragraph summary of the key points) is required. An Abbreviated Title and a Summary Statement is required on the Title Page. The Abbreviated Title should be limited to 50 characters maximum. The Summary Statement should be limited to 35 words maximum.

Meta-analyses and systematic reviews are not considered Review Articles. These are considered Original Investigations, and require a structured abstract.

Individuals interested in writing a Review Article may submit a proposal to the Editor before submission, to learn whether the article topic would be of interest; include a 250-word synopsis and outline of the intended manuscript with a list of the authors and their qualifications. NOTE: The person who e-mails the proposal is to be the same person who will be the designated corresponding author if the proposal is approved for submission; see Role of the Corresponding Author.

○ **Chapters.**

This is a very substantive review that exceeds 10 000 words in length, but not 50 000 words. It should represent close to the entire published scientific proper peer reviewed literature pertinent the subject.

F. **Book.**

This is an exceedingly substantive review of a subject exceeding 50 000 words in length. It can be divided into subsections called chapters. This will be uncommon and only relate to unusually large singular subjects. An alternative form of a book can be published where the author(s) assemble a variety of subjects, each presented as a separate chapter. An introductory chapter may be written and an index created for the entire book. JRAC will publish the book as open access single PDF files, as well a series of separate PDFs for each chapter, and as a paper copy book with appropriate ISBN number. The book will also be registered at the Library of the Congress, and be made available as print book, by order of copy, sold by RAC. The author will not share in RAC book income, but may buy discounted copies for their own purposes.

G. **Case Report.**

This a report of single case or small series of cases described individually. The subject matter must relate the RACs areas of scientific interest. There should be modest referenced scientific introduction before the description of the case(s). The end should have a substantive referenced scientific discussion of the meaning of the events described in the cases reports. There should also be summarizing conclusion. An abstract should be written not exceeding 200 words.

H. **Adverse Event Report (AER)**



This is a description of a patient adverse event relating to health care. The AER must relate to regional anesthesia, pain therapy whether chronic or acute pain, perioperative care, pain, and peripheral or spinal cord injury. The author does not have to be an experienced writer. The editorial team will offer a lot of guidance. The report must just provide as much information as possible of the patient preceding the care provided, the events during the care provided, and the events following the care. We want blood test results, lists of co-morbid diseases, all drugs given over the per-procedural period with doses. Images of Xrays and MRIs etc. are needed. JRAC can assist in de-identifying patient and institution in the images. It is highly likely the editor will seek extra unthought of information. The author(s) do not have to offer a substantive discussion of the case, but may describe their own questions, concerns or theories for the case. The Editor may append an "Editor's comment" to focus interest on the case. The hope is that readers may have related cases to describe, or experiences with wisdom to share. As JRAC accumulates AERs into the data base, case patterns may become discernable inviting others to review the described adverse event. The author(s) may request publication anonymity. The editor however must have their full identification on a secured system outside the RAC offices. Even the most humble, small-town practitioner can contribute a lot to science by just sharing adverse events. Consider this (1) a duty, (ii) a service to future patients, and (iii) a contribution to science and knowledge. We all grow professionally together as physicians, when we share adverse event reports from around the world.

I. **Opinion pieces**

These may be editorial size writings. The subject may be scientific and medical related. It can be considered a mini review. These will be offered for PUBMED listing. The opinion piece may also be related to the healthcare profession itself and discuss socio-political-employment aspects. These can be published on RAC but will not be offered for PUBMED listing.

III. **Manuscript Preparation**

All manuscripts should be submitted via e-mail. If your files are too large upload them to a cloud and send JRAC a link, for JRAC to download the files. Make sure your submission is complete and correct before completing the steps to submit it to the journal office. Send text as WORD documents.

At first submission, manuscripts may be submitted as single Word document files, including title page, references, figure legends, figures, and tables. All manuscript components need to be included to allow for evaluation of your manuscript. If the editors request a revision, however, source files of the manuscript, figures, and tables will be required as well as other submission and publication elements.

A. **General Arrangement, All Submissions**

ALL articles should be arranged in the following order.

1. Cover letter (optional)
2. Manuscript, as a single file in word processing format (e.g., .doc), consisting of Title Page, Abstract (if required for the article type; see relevant section), Body Text, References, Figure Legends, if any (in numerical order, on the same page); be sure to number all pages of the manuscript file
3. Tables (each Table should be a separate file in word processing file format, e.g., .doc)
4. Appendices (each Appendix should be a separate word processing file format, e.g., .doc)



5. Figure Legends (placed consecutively, in numerical order, all on the same page)
6. Figures (each Figure should be a separate file in figure file format)
7. Other submission elements (Supplemental Digital Content, etc.)

B. Title Page

All submissions require a Title Page with the following information on the first page(s) of the manuscript file:

1. Article Title (do not use abbreviations in the title);
2. Author Information: First name, middle initial, and last name of each author, with their highest academic degree(s) (M.D., Ph.D., etc.), and institutional affiliations; make sure the names of and the order of authors as they appear on the Title Page and entered in the system match exactly
3. Corresponding Author: Name, mailing address, phone number, and e-mail address of the corresponding author; only one corresponding author may be designated for the entirety of the review and publication process; see section I.B);
4. Clinical trial number and registry URL, if applicable;
5. Prior Presentations: Note any presentation/s of the work at conferences for meetings; include name, exact date, location;
6. Acknowledgments: List individuals or organizations to be acknowledged, if any. Provide complete name, degrees, academic rank, department, institutional affiliation, city, state, country, and a brief description of their contribution;
7. Word and Element Counts: Number of words in the Abstract, in the Introduction, and in the Discussion section; number of Figures; number of Tables; number of Appendices, if any; and number of Supplementary Digital Files, if any. Make sure all intended elements are submitted;
8. Abbreviated Title (Running Head): State the essence of the article (50 characters maximum) for all article types except Images in Anesthesiology, Letters to the Editor, and Mind to Mind;
9. Summary Statement: Brief statement (35 words maximum) to be printed in the Table of Contents for Review Article, Clinical Focus Review, and Special Article submissions;
10. Funding Statement: Disclosure of all financial support for the work, including departmental or institutional funding/support. Comments such as "No Funding Received" are not acceptable. If only institutional/hospital/departmental funds were used, add the following statement: "Support was provided solely from institutional and/or departmental sources."
11. Conflicts of Interest: Any conflicts of interest for any or all authors within the 36 months of submission. If no competing interests, please add the following statement: "The authors declare no competing interests." Refer also to the relevant section.

If any of these elements are not applicable to your submission, write "not applicable" after the number and topic; for example, "5. Prior Presentations: Not applicable."

C. Abstract

Original Investigations require a structured abstract. It should be limited to 300 words. The structured abstract should contain four labeled paragraphs: Background, Methods, Results, and Conclusions. Abstracts may be the only part of an article which is read, and must stand alone from the body of the manuscript. In order to enhance comprehension, the use of nonstandard abbreviations or acronyms in the Abstract is not allowed.

Review Articles and Special Articles require an unstructured, one- or two-paragraph summary of



the key points of the article of 150 words or fewer.

Make sure the text of the Abstract in the manuscript file and in the system match exactly.

D. Body Text

1. Introduction (new page)
2. Materials and Methods (new page): A subsection entitled "Statistical Analysis" should appear at the end of the Materials and Methods section when appropriate (for comments re. Statistics, see below). Include, as relevant, statements about informed consent, animal care, IRB approval, and/or clinical trial registration;
3. Results (new page);
4. Discussion (new page): The discussion should focus on the findings in the current work.

PAGE NUMBERING: Number all pages in the manuscript file.

E. References

Number references (as superscripts) in the sequence they appear in the text. Use abbreviated titles of the medical journals as they appear in Index Medicus (see <http://www.nlm.nih.gov/tsd/serials/lji.html>). Include only references accessible to all readers. Do not include articles published without peer review or material appearing in programs of meetings or in organizational publications. Sites on the World Wide Web (URLs) may be used as references, provided the citation includes the last accessed date. Abstracts are acceptable as references only if published within the previous 3 years. Manuscripts in preparation or submitted for publication are never acceptable as references. If you cite accepted manuscripts "In Press" as references, please provide one electronic copy (e.g., Word, PDF) when you submit the new manuscript and mark them as "In Press, Reference # ___."

Please confirm the accuracy of your references by comparison with original sources, not with someone else's reference lists, and examine your citations for typographical errors. Supply complete publication information for all references.

References in legends to tables and figures be cited in the order in which they occur (as if they were cited in the text). This includes references that appear only in a table or figure legend and not in the text. Because it is recognized that authors may use software to format references, and to ensure that references are cited in the proper order, references cited in a table or figure legend should also be cited in the text at the first (but not necessarily subsequent) callout to that figure or table; a reference should not be cited only in a table or figure legend. If references are cited only in a table or figure legend, this will require renumbering of references during composition of the manuscript and possibly delay publication.

Use the following reference formats:

1. Journal: Carli F, Mayo N, Klubien K, Schricker T, Trudel J, Belliveau P: Epidural analgesia enhances functional exercise capacity and health-related quality of life after colonic surgery: Results of a randomized trial. *Anesthesiology* 2002; 97:540-9
2. Book: Barash PG, Cullen BF, Stoelting RK: Clinical Anesthesia, 3rd edition. Philadelphia, Lippincott-Raven Publishers, 1997, pp 23-4



3. Chapter: Blitt C: Monitoring the anesthetized patient, *Clinical Anesthesia*, 3rd edition. Edited by Barash PG, Cullen BF, Stoelting RK. Philadelphia, Lippincott-Raven Publishers, 1997, pp 563-85

F. Tables

Number tables consecutively in order of appearance (Table 1, etc.). Make sure tables are cited/called-out in the text in the correct order. Each Table should be submitted as a separate file. Each table must have a title and include footnotes when appropriate. Make sure any symbols and abbreviations used in the tables are defined. Tables must be word processing document format (e.g., .doc, or docx). Do not submit tables as image files.

G. Appendices

Send each appendix as a separate file. Number each appendix. Each appendix must be cited within the text, in consecutive order.

H. Figure Legends

Supply a legend/caption for each figure, preferably on the last page of the manuscript file. For review purposes, figures and their accompanying legends can be included as a group at the end of the manuscript file. If a revision is requested, authors will be asked to supply figures as separate original source files with textual legends/captions grouped on a single page in the manuscript file.

I. Figures

Figures should be prepared in appropriate file format with sufficient resolution for publication. If a single figure contains more than one panel, each panel must be identified alphabetically (e.g., A, B, etc.) and should read left to right in presentation. The figures must be cited in the text in the same, consecutive numeric order. Each Figure should be submitted as a separate file, clearly labeled with the figure number (e.g., Figure1.tif, Figure2.eps, etc.). Make sure that any special symbols used in a figure (e.g., asterisk, double asterisk) are explained in the legend/caption.

Format: Acceptable graphics formats are .tif, .eps, .jpg, .png or .pdf.

Resolution: Photographic or halftone figures should be saved at 300 ppi resolution, with image sizes no smaller than 4 x 6 inches, approximately 1200 to 1800 pixels wide. Line-art, graphs, charts, diagrams must be 1200 ppi, approximately 4800 pixels wide, minimum.

If images are submitted with resolutions lower than these specifications, we may be unable to publish them, even if we accept the submission. Therefore, please make sure that the images submitted with your manuscript comply with these specifications.

Do not paste graphics into word processing documents; submit them as separate files in figure file format.

J. Manuscripts "In Press"

Please submit an electronic copy (Word, PDF) of any "In Press" manuscript that is cited in the reference list, labeled as "In Press, Reference # ___." (If a manuscript is not yet In Press, it must be removed from the reference list.)

K. Supplemental Digital Content

Authors may submit Supplemental Digital Content to enhance their article's text. Supplemental



Digital Content may include the following types of material: text documents, graphs, tables, figures, audio, and video. They will be linked digitally in the final output of all JRAC materials as PDF documents.

Number and cite all Supplemental Digital Content consecutively in the text. In-manuscript citations should include the type of material submitted, should be clearly labeled as "Supplemental Digital Content," should include a sequential number, and should provide a brief description of the supplemental content. For example: "See table, Supplemental Digital Content 1, listing all medications used in this study." Each Supplemental Digital Content file must be composed to stand alone. For example, tables and figures must include titles, legends, and/or footnotes, following journal style, so the viewer can fully understand the supplemental content on its own. Production will not make any edits to the supplemental files; they will be presented as submitted.

For audio and video files, enter the author name, videographer, participants, length (minutes), and size (MB) of file in Editorial Manager. Authors should de-identify patients and remove patients' names from Supplemental Digital Content, obtain written consent from the patients or legal guardians, and submit written consent with the manuscript. Copyright for video or audio supplemental digital content will be required upon acceptance. JRAC can accept all common image file types and video types. JRAC may convert them to a more suitable publication file type. If the file is too large to email place it in the cloud and send the JRAC editor a link to download it. If the video is lengthy, perhaps exceeding 20 seconds it might be better sent to Videos of RAC (VRAC) as a separate submission. Discuss this with the editor after submission.

L. **Additional Information**

1. **Units of Measurement**

Use metric units. The units for pressures are mmHg or cmH₂O. Diagonal slashes are acceptable for simple units, *e.g.*, mg/kg; when more than two items are present, negative exponents should be used, *i.e.*, ml · kg⁻¹ · min⁻¹ instead of ml/kg/min.

2. **Abbreviations**

In order to enhance comprehension, do not use abbreviations or acronyms at all in the Abstract. Strongly avoid abbreviations and acronyms throughout the body of the manuscript. What are standard abbreviations to the author may be bizarre to other English speakers. This is an international publication, not a single institutional internal document. Other people may not know your local abbreviations. If abbreviations are used at all, (i) provide an abbreviation explanation list at the end of your main text, and (ii) explain the abbreviations used in any section, at the start of each section. If an abbreviation is used a second time in another section, explain it again. Also do not use jargon. Do not abbreviate single words. JRAC has no shortage of publishing space, being on a digital internet publishing medium, and abbreviations serve little purpose other than detract from the ease of reading.

3. **Drug Names and Equipment**

Use generic names. If a brand name must be used, insert it in parentheses after the generic name. Provide manufacturer's name, city, state, and country. Be careful about the use of trademarked terms (*e.g.*, Thrombelastography™, TEG™, *etc.*).

4. **Data Reporting and Statistics**

Detailed statistical methodology must be reported. Describe randomization procedures



and the specific tests used to examine each part of the results; do not simply list a series of tests. Care should be taken with respect to: a) reporting of parametric vs. nonparametric data (median range (or percentiles) is preferred for nonparametric data); b) parametric vs. nonparametric statistical methods; c) corrections for multiple comparisons; d) false precision (summary statistics should not contain more significant digits than the original data); and e) variance reporting (standard deviation or 95% confidence interval, rather than standard error of the mean).

5. **Patient Identification**

Do not use patients' names, initials, or hospital numbers. An individual (other than an author) must not be recognizable in photographs unless written consent of the patient or legal guardian has been obtained and is provided at the time of submission. In the event of the author not having a written patient consent, the author must submit a separate ink signed letter, delivered by surface post stating that the patient gave a verbal consent for the use of the photo(s) for educational purposes.

M. **Permissions**

Permission is needed to publish any figure, abstract, portion of text, or table that has been previously published or copyrighted. Written permission must be obtained from the copyright holder. Authors are responsible for obtaining and uploading any needed permissions from the copyright holder upon submission of their manuscript and for providing proper attribution in the text of the manuscript.

N. **Language**

Articles submitted to the journal must be written in English language.

O. **Editors rights.**

The editor may make grammatical or spelling changes to any submission. The editor may remove discussion phrases or sentences that cannot be scientifically supported in the results or references. The editor may edit images so as to assist prevent patient identification. These changes will be offered back to the authors for acceptance, before final publication. The editor may decline any manuscript or video for publication that the editor so chooses to do, with or without reason being provided. When editor's comments are sent to the unsuccessful authors they will be honest and sincere and in the interest of advancing science and practice of anesthesiology.

P. **Author's rights.**

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