



Journal of Optometry

AUTHORS INFORMATION PACK

GUIDE FOR AUTHORS

INTRODUCTION

The Journal of Optometry (J Optom) is the scientific double blind peer-reviewed publication of the Spanish General Council of Optometry (<http://www.cgcoo.es>). Audience of J Optom includes optometrists, ophthalmologists and visual scientists, other professionals and researchers with interests in vision and the eye as well as undergraduate and post-graduate students in those fields. The J Optom welcomes the submission of original manuscripts, reviews, case reports and scientific letters describing clinical and experimental research in all fields related with the eye and vision. Journal of Optometry is an open access journal that publishes articles in English.

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Types of article

Full-length Original Articles

Full-length Original Articles follow the general Instructions to Authors of J Optom in sections 3 and 4. Manuscripts should have a maximum length of 20 Din A4 pages include a 250-word structured Abstract (Purpose, Methods, Results and Conclusion), Introduction, Methods, Results, Discussion, and up to 4 tables and 4 figures (with their corresponding foot notes) will be accepted. Keywords will be required. There should be no more than 20-30 literature references. For the preparation of controlled clinical trials the CONSORT guidelines should be followed. Available at: <http://www.consort-statement.org/>

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Reviews are intended to provide an updated perspective on a certain subject that could be relevant for the readership of the journal. They will have a maximum length of 25 Din-A4 pages and include a 250-word non structured Abstract and up to 6 tables and 6 figures will be accepted. There should be no more than 40-50 literature references. Keywords will be required.

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They will provide information on a topic of interest or comment on previously published articles of the Journal. Letters about recent Articles published in the J Optom should be submitted within 6 months of the Article's publication. Correspondence may correct errors, make comments, questions, or criticisms about published articles in the J Optom, or simply offer different points of view and additional information that could be relevant for the readership of the journal and the scientific community as a whole. Correspondence submitted should not exceed 500 words of text and 10 references. One of the references should be the Article in question. Figures and tables are not accepted. The authors of the articles discussed in the correspondence will be given an opportunity to respond, preferably in the same issue in which the original correspondence appears.

Contact details for submission

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Authorship

All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.

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In line with the position of the International Committee of Medical Journal Editors, the journal will not consider results posted in the same clinical trials registry in which primary registration resides to be prior publication if the results posted are presented in the form of a brief structured (less than 500 words) abstract or table. However, divulging results in other circumstances (e.g., investors' meetings) is discouraged and may jeopardise consideration of the manuscript. Authors should fully disclose all posting in registries of results of the same or closely related work.

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Randomized controlled trials should be presented according to the CONSORT guidelines. At manuscript submission, authors must provide the CONSORT checklist accompanied by a flow diagram that illustrates the progress of patients through the trial, including recruitment, enrollment, randomization, withdrawal and completion, and a detailed description of the randomization procedure. The [CONSORT checklist and template flow diagram](#) are available online.

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Registration in a public trials registry is a condition for publication of clinical trials in this journal in accordance with [International Committee of Medical Journal Editors](#) recommendations. Trials must register at or before the onset of patient enrolment. The clinical trial registration number should be included at the end of the abstract of the article. A clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects of health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example drugs, surgical procedures, devices, behavioural treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration.

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Divide your article into clearly defined sections. Each subsection is given a brief heading. Each heading should appear on its own separate line. Subsections should be used as much as possible when cross-referencing text: refer to the subsection by heading as opposed to simply 'the text'.

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State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

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Provide sufficient details to allow the work to be reproduced by an independent researcher. Methods that are already published should be summarized, and indicated by a reference. If quoting directly from a previously published method, use quotation marks and also cite the source. Any modifications to existing methods should also be described.

Results

Results should be clear and concise.

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This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

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The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

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If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

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Define abbreviations that are not standard in this field in a footnote to be placed on the first page of the article. Such abbreviations that are unavoidable in the abstract must be defined at their first mention there, as well as in the footnote. Ensure consistency of abbreviations throughout the article.

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List funding sources in this standard way to facilitate compliance to funder's requirements:

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3. Strunk Jr W, White EB. *The elements of style*. 4th ed. New York: Longman; 2000.

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4. Mettam GR, Adams LB. How to prepare an electronic version of your article. In: Jones BS, Smith RZ, editors. *Introduction to the electronic age*, New York: E-Publishing Inc; 2009, p. 281–304.

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5. Cancer Research UK. Cancer statistics reports for the UK, <http://www.cancerresearchuk.org/aboutcancer/statistics/cancerstatsreport/>; 2003 [accessed 13 March 2003].

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[dataset] 6. Oguro M, Imahiro S, Saito S, Nakashizuka T. Mortality data for Japanese oak wilt disease and surrounding forest compositions, Mendeley Data, v1; 2015. <https://doi.org/10.17632/xwj98nb39r.1>.

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