

Diving and Hyperbaric Medicine: Instructions for Authors

(updated May 2020)

Diving and Hyperbaric Medicine (DHM) is the combined journal of the South Pacific Underwater Medicine Society (SPUMS) and the European Underwater and Baromedical Society (EUBS). It seeks to publish papers of high quality on all aspects of diving and hyperbaric medicine of interest to diving medical professionals, physicians of all specialties, scientists, members of the diving and hyperbaric industries, and divers. Manuscripts must be offered exclusively to *Diving and Hyperbaric Medicine*, unless clearly authenticated copyright exemption accompanies the manuscript. All manuscripts will be subject to peer review. Accepted contributions will also be subject to editing.

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Contributions should be submitted electronically by following the link:

<http://www.manuscriptmanager.net/dhm>

There is on-screen help on the platform to assist authors as they assemble their submission. In order to submit, the corresponding author needs to create an 'account' with a user name and password (keep a record of these for subsequent use). The process of uploading the files related to the submission is simple and well described in the on-screen help provided the instructions are followed carefully. The submitting author must remain the same throughout the peer review process.

Types of articles

DHM welcomes contributions of the following types:

Original Articles, Technical Reports and Case Series: up to 3,000 words is preferred, and no more than 30 references (excluded from word count). Longer articles will be considered. These articles should be subdivided into the following sections: an **Abstract** (subdivided into Introduction, Methods, Results and Conclusions) of no more than 250 words (excluded from word count), **Introduction, Methods, Results, Discussion, Conclusions, References, Acknowledgements, Funding** sources and any **Conflicts of Interest**. **Legends/captions** for illustrations, figures and tables should be placed at the end of the text file.

Review Articles: up to 5,000 words is preferred and a maximum of 50 references (excluded from word count); include an informative **Abstract** of no more than 300 words (excluded from total word count); structure of the article and abstract is at the author(s)' discretion.

Case Reports, Short Communications and Work In Progress reports: maximum 1,500 words, and 20 references (excluded from word count); include an informative **Abstract** (structure at author's discretion) of no more than 200 words (excluded from word count).

Educational articles, commentaries and consensus reports for occasional sections may vary in format and length, but should generally be a maximum of 2,000 words and 15 references (excluded from word count); include an informative **Abstract** of no more than 200 words (excluded from word count).

Letters to the Editor: maximum 600 words, plus one figure or table and five references.

The journal occasionally runs '**World As It Is**' articles; a category into which articles of general interest, perhaps to divers rather than (or in addition to) physicians or scientists, may fall. This is particularly so if the article reports an investigation that is semi-scientific; that is, based on methodology that would not necessarily justify publication as an original study. Such articles should follow the length and reference count recommendations for an original article. The structure of such articles is flexible. The submission of an abstract is encouraged.

Formatting of manuscripts

All submissions must comply with the following requirements. Manuscripts not complying with these instructions

will be suspended and returned to the author for correction before consideration. Guidance on structure for the different types of articles is given above.

Title page: Irrespective of article type, it must have a Title page which lists the title of the paper, all authors' names in full and their affiliations and provide full contact details for the first (and corresponding, if different) author(s).

Key words: The title page must also list a maximum of seven key words best describing the paper. These should be chosen from the list on the journal website [DHM Key words 2019](#) or on the Manuscript Manager website. New key words, complementary with the US National Library of Medicine NLM MeSH, <https://www.nlm.nih.gov/mesh/meshhome.html/> may be used but are at the discretion of the Editor. Do not use key-word terms that already appear in the title of your article.

Text format: The preferred format is Microsoft Office Word or rich text format (RTF), with 1.5 line spacing, using both upper and lower case throughout. The preferred font is Times New Roman, font size 11 or 12. Please avoid using auto formatting tools such as automatic spaces before and after paragraphs. Lines **must** be numbered **continuously** throughout the manuscript to facilitate the review process.

Section Headings should conform to the current format in DHM

This is:

Section heading (for Introduction, Methods, etc)

SUBSECTION HEADING 1

Subsection heading 2

Numbering: All pages must be numbered, but no other text should appear in the header and footer space of the document. Do not use underlining. No running title is required.

English spelling will be in accordance with the Concise Oxford Dictionary, 11th edition revised (or later). Oxford: Oxford University Press; 2006.

Measurements will be in SI units (mmHg are acceptable for blood pressure measurements) and normal ranges should be included where appropriate. Authors are referred to the online BIPM brochure, International Bureau of Weights and Measures (2006), The International System of Units (SI), 8th ed, available as a pdf at <https://www.bipm.org/en/publications/si-brochure/>. Atmospheric and gas partial pressures and blood gas values should be presented in kPa (atmospheres absolute [abbreviated as atm abs]/bar/mmHg may be provided in parenthesis on the first occasion). The ambient pressure should always be given in absolute not gauge values unless there is a particular reason to use gauge pressure and the distinction is made clear. Water depths should be presented in metres of sea (or fresh) water (msw or mfw). Cylinder pressures may be presented as 'bar'.

Abbreviations may be used once they have been shown in parenthesis after the complete expression. For example, decompression illness (DCI) can thereafter be referred to as DCI. This applies separately to the abstract and main text. Use generally accepted abbreviations that readers are likely to be familiar with rather than neologisms of your own invention. The overuse of abbreviations is strongly discouraged.

References: References should be numbered consecutively in the order in which they are first mentioned in the text, tables or figures where they should appear as superscript numbers, either following the statement referenced,¹ or at the end of the sentence, **after the full stop**.^{1,2} Do not use references in the Abstract. References appearing in tables or figures or their legends should continue the sequence of reference numbering in the main text of the article in accordance with the position of first citing the table/figure in the text. Use MEDLINE abbreviations for journal names. Journals not indexed in MEDLINE should have the journal name written in full.

The Journal reference style is based exactly on that of the International Committee of Medical Journal Editors (ICMJE) *Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals: Sample References* (updated April 2018) https://www.nlm.nih.gov/bsd/uniform_requirements.html. Examples of the formats for different types of references (journal articles, books, monographs, electronic material, etc.) are given in detail on this website. Authors **MUST** consult this in preparing their reference list.

An example of a journal reference in the ICMJE format is:

Wilson CM, Sayer MDJ. Transportation of divers with decompression illness on the west coast of Scotland. *Diving Hyperb Med*. 2011 June;41(2):64–69.

If a journal uses continuous pagination throughout a volume (as many do) then the month and issue number should

be omitted and the pagination reduced. Therefore, the shortened ICMJE version used in DHM is:

Wilson CM, Sayer MDJ. Transportation of divers with decompression illness on the west coast of Scotland. *Diving Hyperb Med.* 2011;41:64–9.

If an article has a unique identifier for the citation (e.g., PubMed PMID, PubMed Central PMCID or DOI number) then this must be included at the end of the reference. The format and order for this is:
doi: number. PMID: number. PMCID: number. For example:

Doolette DJ, Mitchell SJ. In-water recompression. *Diving Hyperb Med.* 2018;48:84–95. doi: 10.28920/dhm48.2.84-95. PMID: 29888380. PMCID: PMC6156824.

An example book reference is:

Kindwall EP, Whelan HT, editors. *Hyperbaric medicine practice*, 3rd ed. Flagstaff (AZ): Best Publishing Company; 2008.

Examples of many other types of references are to be found on the National Library of Medicine site (see link above)

When citing workshop/conference proceedings or technical reports, authors are requested to investigate their availability on-line, and provide an on-line source for the reference if available. The date that the reference was cited (year/month/day) from the source should be noted. For example:

Goodman MW, Workman RD. Minimal-recompression, oxygen-breathing approach to treatment of decompression sickness in divers and aviators. Research Report NEDU TR 5-65. Washington (DC): Navy Experimental Diving Unit; 1965. Available from: <http://archive.rubicon-foundation.org/3342>. [cited 2019 Sep 12].

Many of the proceedings and technical report documents commonly cited in diving and hyperbaric medical manuscripts can be found on The Rubicon Research Repository website <http://archive.rubicon-foundation.org/xmlui/>.

Additional notes regarding referencing in DHM are:

- If using **EndNote** to prepare the references in the document see EndNote website for advice. Once accepted, the final version of the submitted text should have all EndNote field codes removed.
- Verifying the accuracy of references against the original documents is the responsibility of authors.
- Personal communications should appear as such in the text and not be included in the reference list (e.g., Smith AN, personal communication, year).
- Abstracts from meeting proceedings should not be used as references unless absolutely essential, as these are generally not peer-reviewed material.
- Please avoid using auto-formatting functions like numbering, indentations, and spaces before and after paragraphs in compiling your reference list.

Tables must not be embedded in the main manuscript document. They are to be uploaded as separate Word documents (one document per table) in Manuscript Manager (use the ‘other’ category when asked to select a description of the document being uploaded). Name the document with the first author’s name and table number as appropriate. Tables need to be labelled at the top of the page with **first** author name and the Table number.

Tables should be presented using MS Word table format with frames shown, auto-formatted to fit content. Please avoid complicated, large tables whenever possible. Very large tables (full page or more) may not be incorporated into the final article but, rather, displayed in the journal website as additional material at the Editor’s discretion.

The title of the table and caption are not to be included in the table. These appear in the ‘legends and captions’ section at the end of the manuscript document. Legends should generally contain fewer than 40 words and should be thorough enough to be understood independently of the main text.

The table must be mentioned within the text of the article, e.g., “*Differences in rates of decompression illness were not significant (Table 1)*”, etc. The approximate positions of tables and figures should also be identified in the manuscript text.

Figures (including photos, graphs, diagrams, illustrations and radiographs) must **not be** embedded in the main manuscript document. They are to be uploaded as separate electronic files in high resolution TIFF or JPEG format in Manuscript Manager. Name the document with the first author's name and figure number as appropriate. *Figures should be uploaded to Manuscript Manager in their numbered order, which results in them being compiled in the review document in correct order.*

The title of the figure and caption are not to be included in the figure. These appear in the 'legends and captions' section at the end of the manuscript document. Legends should generally contain fewer than 40 words and should be thorough enough to be understood independently of the main text. Magnification should be indicated in the captions for photomicrographs, and consideration given to the positioning of labels on diagnostic material as this can greatly influence the size of reproduction that can be achieved in the published article.

Graphs may be submitted either in colour or grey-scale, with no unnecessary shading, grid lines or box lines. Please choose the simplest graphical format that displays the data effectively. 3-D graphs are discouraged unless they are necessary to display 3-D data. Both markers and lines should be unique to facilitate easy discrimination of the data being presented. Special attention should be given to ensuring that font sizes within a diagram are sufficiently large to be legible should the diagram be sized for single-column presentation. The preferred font in diagrams and graphs is Times New Roman. Graph symbol keys should appear within the white space of the figure (not outside the axes) if possible or be included in the legend. Please ensure that axes are labelled using sentence case and the same data formatting conventions presented below.

Any graphs or histograms created in Excel should be sent within their original Excel file, including the data table(s) from which they were produced. This allows the journal office to edit figures for maximum legibility when printed. Upload the spreadsheet to Manuscript Manager with the other manuscript documents and select the designator 'other' and the option 'hide from reviewers' so that the spreadsheet is not incorporated in the review document.

Any photograph or radiograph of a patient must be de-identified. Patient details must be removed and photographs made unrecognizable. Colour photos are acceptable.

If any figures, images or tables are to be reproduced from previous publications, it is the responsibility of the author(s) to obtain the necessary permissions. This permission should be acknowledged in the figure caption using the format "*Reproduced with permission of*" or, if necessary, another format specified by the copyright holder granting permission.

Miscellaneous data formatting conventions: Please follow the following recommendations when presenting data in text, figures or graphs.

Standard deviations and standard errors should be expressed as mean (SD), not mean \pm SD.

Composite units of measurement should be expressed as (for example) $\text{g}\cdot\text{L}^{-1}$ or $\text{mL}\cdot\text{kg}^{-1}\cdot\text{min}^{-1}$, not g/L or mL/kg/min

Please use a space between symbols like $<$, $>$, \leq , \geq . Thus (for example) > 25 , not >25 .

Please use decimal points and not commas in decimals. For example: 2.5, not 2,5.

Numbers greater than 999 should contain commas. For example: 1,000 or 25,300,000.

Please leave a space between a number and unit of measurement. For example: 25 msw

Please italicize n when used to indicate number and P when used to indicate P-values

Please leave spaces in expressions like $n = 25$ or $P < 0.05$ (not $n=25$ or $P<0.05$).

For number ranges please use an em dash without spaces. For example: 17–420. This also applies to page ranges when citing references.

Percent signs should immediately follow a number without a space. For example: 51% not 51 %.

Other manuscript requirements and guidelines

DHM follows as much as possible the *Recommendations for the conduct, reporting, editing and publication of scholarly work in medical journals*. International Committee of Medical Journal Editors; December 2015.

Available from: <http://www.icmje.org/recommendations/>. Authors are strongly encouraged to read this and other documents on the ICMJE website in preparing their submission. Authors should also consult guidelines for specific types of study (e.g., the CONSORT guidelines for the reporting of randomized controlled trials); see <http://www.equator-network.org/>.

Trial design, analysis and presentation. Before preparing their manuscript, authors must read the summary advice on the journal website on the reporting of trial design, sample size calculation, statistical methods and

results. <http://www.dhmjournal.com/images/Docs/Trial-design-analysis-and-presentation.pdf>.

Consent and ethical approval. Studies on human subjects must comply with the Helsinki Declaration of 1975, revised October 2013 (see <https://www.dhmjournal.com/index.php/author-instructions> for a copy).

Studies using animals must comply with National Health and Medical Research Council Guidelines or their equivalent in the country in which the work was conducted. It is insufficient to refer to previous publications for details of animal welfare and procedural care. The Physiological Society provides detailed advice regarding animal experimentation and its reporting in research publications and this link is provided with their kind permission: <https://physoc.onlinelibrary.wiley.com/doi/full/10.1113/jphysiol.2010.192278>

A statement affirming Ethics Committee (Institutional Review Board) approval (and the approval number) should be included in the text at the beginning of the methods section. A copy of that approval should be uploaded with the submission. Similarly, a statement affirming the securing of written informed consent from subjects should be included in the methods where this was part of the methodology.

Clinical trials commenced after 2011 must have been registered at a recognised trial registry site such as the Australia and New Zealand Clinical Trials Registry <http://www.anzctr.org.au/> or EudraCT in Europe <https://eudract.ema.europa.eu/>. Details of the registration must be provided in the accompanying MSF, and should also be mentioned in the methods section.

For individual case reports, evidence of informed patient consent to anonymous publication of their clinical details and/or images, etc. must be provided. Case series, where only limited anonymous summary data are reported do not require patient consent, but must have been assessed by an ethics committee and, if indicated, have ethics approval. Consult your local ethics committee if you are unsure.

Authorship: Authors must have contributed significantly to the study (see guideline to authorship at: https://www.dhmjournal.com/images/Docs/Guideline_to_authorship_in_DHM_journal-2015.pdf). Inclusion of more than six authors in any one manuscript requires strong justification. Other contributors may be listed in the Acknowledgements section.

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Authors should consult the WAME website <http://www.wame.org/about/conflict-of-interest-in-peer-reviewed-medical> if they need further clarification.

Peer review and publication process. All submitted manuscripts will be subject to open peer review usually by a member of the Editorial Board and/or external reviewers. Reviewer comments will be provided to authors with any recommendations for improvement before acceptance for publication, or if the article is rejected. DHM believes that a transparent review process is indicated in such a small specialty; reviewers are often able to identify the origin of manuscripts and, in the interests of fairness, the authors are, therefore, generally provided the names of their reviewers. The review process typically takes about eight weeks but can be longer. If additional reviews are needed, this will prolong the process. Papers are generally scheduled for publication in order of final acceptance. The Editor retains the right to delay or expedite publication in the interests of the Journal.

If the submission requires revision and resubmission before it can be accepted for publication (and the majority of papers do), then the revised files must be submitted by logging on again at <http://www.manuscriptmanager.net/dhm> with the same user name and password created for the original submission, then the article can be **resubmitted** by clicking the **resubmit** link NOT the new submission link. Do NOT create a new account.

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English as a second language. Adequate English usage and grammar are prerequisites for acceptance of a paper. However, some editorial assistance may be provided to authors for whom English is not their native language. English language services can be accessed through the European Association of Science Editors (EASE) website <http://www.ease.org.uk/>. Alternatively, the journal office may be able to put you in touch with a commercial scientific ghost writer.

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Summary of files to be uploaded in Manuscript Manager when submitting an article

1. Mandatory submission form
2. Ethics approval letter where relevant, and/or signed patient consent
3. Manuscript document
4. Tables where relevant (each table as a separate Word document)
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6. Excel spreadsheet with data and graphs if graphs have been generated in Excel.
7. Submission letter; authors can use this to communicate any particular considerations or issues they wish the editor to be aware of in relation to their manuscript. The letter should state that the paper is being submitted exclusively to DHM.

Documents on DHM website <https://www.dhmjournal.com/index.php/author-instructions>

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