

# Clinical and Experimental Optometry

An international ISI ranked journal

## Author Guidelines

Submit your manuscripts to <http://mc.manuscriptcentral.com/ceoptom>.

Clinical and Experimental Optometry follows the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" of the International Committee of Medical Journal (ICMJE). It is listed by ICMJE as a journal that has undertaken to conform to ICMJE requirements. Authors can obtain additional guidance on good practice in preparation of papers from the ICMJE at [http://www.icmje.org/urm\\_main.html](http://www.icmje.org/urm_main.html)

## AIMS AND SCOPE

Clinical and Experimental Optometry publishes original research papers and reviews in optometry and vision science. Debate and discussion of controversial scientific and clinical issues is encouraged. Short communications and letters to the Editor reporting interesting observations or expressing points of view are welcome. Clinical and Experimental Optometry also welcomes papers that explore the history of optometry and vision science.

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## **TYPES OF ARTICLES PUBLISHED AND THEIR WORD LIMITS**

Clinical and Experimental Optometry publishes the following categories of articles:

**Word limits.** Word limits are for body of the text not including the abstract, references and figure captions. The Editor may exercise discretion in allowing papers to exceed words limits but only in exceptional circumstances when warranted by the content and importance of the paper. The editor may ask for a paper to be shortened when word limits are exceeded or may reject it outright and ask for a new shorter manuscript to be submitted. Authors should avoid excessive use of figures, tables and references. Authors have the option of submitting a supplement to the paper that includes more detailed information and data. The supplement is published online only (see below).

### **Editorials**

Most editorials are invited but unsolicited editorials are welcome. Editorials are limited to 1500 words. No more than 10 references. Figures are uncommon but can be included but should not be more than two and number of words should be reduced by 100 words for each figure.

### **Reviews**

Reviews are usually limited to 5000 words but a definitive review of an important and complex topic can be up to 10,000 words. Reference list can be extensive if one of the intentions of the review is the compilation of a comprehensive bibliography. Otherwise the reference list should be limited to the originating references and the most important and/or most recent subsequent references. An abstract must be provided and should not exceed 300 words.

### **Original Research Papers**

Original research papers report laboratory experiments, clinical trials research and surveys. The format of an original research paper can also be used for reporting a series of related clinical cases. Reports of single clinical cases should be reported as a CLINICAL COMMUNICATION or a CLINICAL PICTURE. Full details of the format of original research papers are given below under the heading [Format of Original Research Papers](#). Word limit is 4000 words. If the paper reports a straight-forward investigation with uncomplicated conclusions, authors should limit the paper to 2000 words. The Editor may require unduly long papers to be shortened. The abstract must not exceed 300 words.

To keep within the word limit, authors of papers reporting complex and/or data rich investigations are encouraged to write a supplement to the paper. The supplement can contain a more detailed description of methods, extensive data tables, supplementary figures and appendices. Reference to the supplement should be made at appropriate places in the text of the main paper. Supplements are

published online only and can be downloaded by readers along with the main paper if the reader wants access to the more detailed information.

### **Viewpoint**

These are articles that make an observation, express a viewpoint or argue a particular interpretation of facts. They can discuss an issue in visual science, optics, diagnosis, treatment, public health or public health policy. Viewpoints are limited to 2000 words, up to 10 references, and up to three figures. The abstract must not exceed 100 words.

### **Guidelines**

Clinical and Experimental Optometry publishes guidelines and standards for optometric practice, optometric education, the delivery of eye care services in general or for the management of specific conditions. Usually these are documents prepared and adopted by a peak body such as an optometric association, a government authority or a special interest association that has recognised community standing. Acceptance for publication is subject to editorial assessment of the soundness and appropriateness of the guidelines or standards. Guidelines and standards adopted by a peak body should be authored by the adopting body, although the individual authors of the document can be identified in the text or in acknowledgements. The word "Guideline" or "Standard" should appear in the title. Papers from individuals proposing guidelines or standards that have not been adopted by some peak body should be attributed to individual authors. Statements of guidelines or standards are often very long documents, which the journal is willing to consider publishing in full but every effort should be made to constrain guidelines to 5,000 words. In the case of very long guidelines the full text can be published on line with a shorter version prepared for print publication. Extensive appendices, list or tables can be published online only.

### **Clinical Communication**

These are articles that make an observation, express a viewpoint or argue a particular interpretation of facts on a matter to do with clinical practice. They can be used to present a case report from which there are lessons to be learned or which put an unusual clinical presentation on record. Clinical Communications are limited to 2000 words, up to 10 references, and up to three figures. The abstract must not exceed 100 words.

### **Clinical Picture**

This is an alternative way to report a clinical case. Clinical Pictures are limited to 500 words, up to five references and three figures. There is no abstract. Illustrations may be clinical photographs or other forms of clinical imaging including angiograms, corneal topographic maps, OCT, visual field charts and so forth. They can report a rare condition, an unusual presentation or fairly ordinary cases that demonstrate a clinical lesson, such as a risk of misdiagnosis or the effectiveness of treatments. Clinical pictures need not be of ocular disease but can be about refractive errors, optical dispensing, contact lenses and ocular motility disorders or any other aspect of optometry. Since there is no abstract the title should convey the key message of the clinical case.

### **Letters**

No more than 500 words and five references. Special guidance about writing letters is given below.

### **Profile, obituary or Historical Overview**

These have a limit of 2000 words. No abstract. The title for profiles and obituaries should include a phrase that conveys the special attributes or contributions of the person.

## **ALL AUTHORS MUST MAKE A SUBSTANTIAL CONTRIBUTION TO THE PAPER**

All authors must have made a substantial contribution to (1) at least one of conception and design, the acquisition of data or the analysis and interpretation of data, **and** (2) drafting the article or revising it critically for important intellectual content; **and** (3) final approval of the version to be published. Funding, data collection or general supervision alone does not justify authorship. All who qualify for authorship should be listed as authors. Deciding authorship and its order must be a joint decision of the authors and must be justifiable. Papers from a large multi-centre group may be attributed to the group (as 'author') but must identify the individual authors who meet the criteria above; others in the

group who do not qualify for authorship may be acknowledged in “acknowledgements”. Authors are required to sign a declaration of authorship before their paper can be published.

## **THE PAPER MUST NOT BE PREVIOUSLY PUBLISHED**

All papers must present original ideas, viewpoints or data that have not been previously published online or in print, or submitted to another journal, except in special cases as described below.

Authors must take care in posting their manuscript online. Posting of a submitted manuscript online may constitute prior publication and preclude acceptance of the paper. Posting of the manuscript on the authors’ web site will not be deemed prior publication provided it is marked as a pre-publication draft or a working paper and its presence is not promoted to the public or the broader research community. Prior publication as a formal report (e.g. a report to a research grant agency) will be regarded as prior publication if it has been posted online or advertised as being otherwise available, unless the submitted paper is sufficiently different in emphasis and intent.

Clinical and Experimental Optometry will publish a paper that has already been published elsewhere when (a) the paper is an expanded version of a paper, abstract or poster published as conference proceedings, or (b) the prior publication was in a language other than English and the paper is of sufficient importance to warrant its publication in English so as to reach a wider audience, or (c) the paper is of interest to more than one discipline and has been published in a journal reaching one of those disciplines and is submitted to Clinical and Experimental Optometry to reach an ophthalmic audience. In this last case the paper must be re-written to place it in context for the ophthalmic audience and must cite the prior publication and explain the relationship between it and the new paper.

A paper accepted for publication by Clinical and Experimental Optometry must not be published in any other publication without the written permission of the publishers of Clinical and Experimental Optometry.

### **Overlapping publication**

A paper that draw on the same database as that used in another paper that has or will be published in this or another journal must cite the other publication and clearly describe the relationship between the submitted paper and the other publication.

## **ETHICAL CONSIDERATIONS AND EXPERIMENTAL ETHICS APPROVAL**

### **Ethics approval**

Projects involving the participation of human subjects or the use of experimental animals must have been approved by an institutional ethics committee and this must be reported in the manuscript. Case reports, surveys of views or opinions of practitioners and retrospective case studies based on analysis of past clinical records of routine eye examinations do not need institutional ethics approval.

### **Ethical standards**

The care and use of animals in experiments must have been in accordance with institutional and national guidelines and in accordance with legal requirements in the author’s country and for human subjects. The investigation must have been conducted in accordance with the Declaration of Helsinki of 1975 (As revised in Tokyo in 2004) and this must be stated in the manuscript.

### **Anonymity of persons participating in experiments and patients**

Any identifying names or initials on photographs or visual field charts must be removed or obscured and nothing in the text should enable the subject or patient to be identified. Written consent must be obtained if a photograph of the face or any part of the face of the patient is in any photograph. Authors must certify in writing that they hold written patient consent to publish if the patient is in any way able to be identified through the photograph or where the unique nature of the incident reported makes it possible for the patient to be identified. The Editor may ask for a copy of the written consent.

### **Informed consent must be obtained from persons participating experiments**

Informed consent must have been obtained from all adult subjects participating in an investigation and from parents or legal guardians of participating minors and this must be stated in the manuscript.

## **CONFLICTS OF INTEREST MUST BE DISCLOSED**

Authors must disclose in the manuscript any association they may have with a commercial organisation or any financial interest in a product described or reported on in the manuscript that may give rise to the perception of a potential conflict of interest.

### **Funding sources must be disclosed**

Funding from sources external to the author's institutions must be disclosed, first as a courtesy to the funding agency but more importantly so that readers can judge whether there is any potential for bias. Funding agencies should be listed after acknowledgments.

## **GENERAL RULES FOR PREPARING THE MANUSCRIPT**

- The manuscript should be in Microsoft Word (.doc), preferably using Times or Arial font.
- Use left hand alignment of text. Do NOT justify text.
- Double space text with 30 mm margins
- Do NOT number lines
- Number all pages consecutively in the top right-hand corner, beginning with the title page.
- Turn the hyphenation option off. Use hyphens only when they are essential to the meaning.
- You may use automatic numbering of references and footnotes but these must be removed when submitting the final version of the manuscript since there is too great a risk of error if the editorial office removes them.
- Do NOT include figures in the manuscript. Indicate in the text where figures should be located with the words 'Insert Figure X here'. Figures are uploaded separately when submitting the paper.
- Set up tables using the Microsoft Word "Table" function or a similar Table function. Ensure that each data point is contained within a unique cell. Do not use 'Enter' within cells. If you do not use a Table function always use a tab, NOT space bar spaces, to separate data.
- Tables may be inserted in the text if they are small, but take care they do not break across pages. Large tables or a succession of tables should be submitted on separate pages at the end of the text.
- Tables should be understandable without reference to the text. They must not duplicate information contained in the text, although the text may pick out key points in a Table.
- Number tables consecutively in the text in Arabic numerals. Table legends should be concise but clear in their meaning and placed at the top of the table.
- Vertical lines should not be used to separate columns. Use horizontal lines sparingly at the top and bottom of the Table, to mark out rows of totals or to separate different groups of data. Do NOT outline every cell, row and column.
- Column headings should be brief but understandable, with units of measurement in parentheses. All abbreviations must be defined in footnotes. Footnote symbols: †, ‡, §, ¶, should be used (in that order). The symbols \*, \*\*, \*\*\* should be reserved for p-values.
- Take care not to use l (ell) for 1 (one), O (capital o) for 0 (zero) or ß (German esszett) for Greek beta.
- Specify any special characters in words in parentheses after the special character so the editorial staff can make sure the correct special character is used. The describing word will be deleted when the paper is set for print.
- Use 'English Equation Editor' for equations in the document.

## STYLE OF WRITING

Manuscripts should be written in a clear, concise and explanatory style so that they are intelligible to the professional scientific reader who is not necessarily a specialist in the particular field.

Editor and the Publisher reserve the right to modify manuscripts to ensure conformity to the Journal's style or to eliminate ambiguity and repetition and improve clarity. The authors are responsible for all statements made in their work, including changes made by the Editor and the Publisher, and must carefully check and approve final proofs.

In general manuscripts should follow the style of the Vancouver agreement detailed in the International Committee of Medical Journal Editors' revised 'Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication'.

### Spelling

The Journal uses UK spelling and authors should therefore follow the latest edition of the Concise Oxford Dictionary. The Journal uses 'colour' not 'color' and uses 's' in words such as 'organisation' and 'emphasise'. It preserves the diphthong in words such as 'aetiology' and 'paediatric'.

### Units

All measurements must be given in SI or SI-derived units.

### Abbreviations

Abbreviations should be used sparingly - only where they ease the reader's task by reducing repetition of long, technical terms. Initially use the word or phrase in full, followed by the abbreviation in parentheses. Thereafter use the abbreviation only. If your paper has to use a large number of abbreviations that are not widely known a table listing the abbreviations can be included.

### Trade names

Chemical substances should be referred to by their generic name. Trade names should not be used. If proprietary drugs have been used in the study, refer to these first by their generic name, with the proprietary name, and the name and location of the manufacturer following in parentheses. Commercially available equipment should be identified by the type of instrument, its maker and the model number.

## FORMAT OF AN ORIGINAL RESEARCH PAPER

Authors should structure their manuscript as follows:

**Title.** The title should not exceed 15 words and should be informative to give a clear indication of the purpose, scope or conclusion of the paper. It should not include abbreviations. Make sure it is clear and descriptive and includes words that might be used as search terms.

**Running title.** An abbreviation of the title no more than 40 characters.

**Authors.** Names of the authors in the format: given name, initials, family name and qualifications starting with the most senior degree and ending with diplomas or fellowships (if any). Do not include titles such as Dr or Professor.

**Author institutions.** Give the names of the institutions (giving department/school, institution, city, country) of all the authors using the symbols \*, †, §, ¶ to relate the institutions to the authors. The present address of any author, if different from that where the work was carried out, should be supplied in a footnote.

**Email address.** Give the email address of the corresponding author only.

**Abstract.** Do NOT use the heading "Abstract". The abstract should be no more than 300 words and divided into paragraphs that begin with the words: Background, Methods, Results, Conclusion. The abstract should not contain abbreviations and should only contain a reference when that reference is the key starting point for the study. In this case give the reference details in parentheses after the names of the authors of that key paper. Make sure it includes 3 or 4 different key words or phrases likely to be used for search, including those used in the title.

**Introduction.** Do NOT use the heading “Introduction”. The introduction gives the background to the study reported. It should be a concise and pertinent account of previous related work, the reason the study was undertaken and its aim. Do NOT include any data or conclusions from the work you are reporting.

**Methods.** Provide a clear description of the methods used in the study. This must be succinct yet sufficiently detailed to enable replication of the experiment. See the rule above under the heading “Trade names” for describing equipment and chemical substances used.

**Results.** Results should be presented in tables and figures as far as possible. The text should not duplicate results shown in tables and figures but simply draw attention to the key features of the results and the key outcomes of statistical analysis.

**Discussion.** Emphasise the new and important aspects of the study and the conclusions that follow from them. Do not repeat in detail data or other material given in the results. Include the implications of the findings and their limitations. Relate the observations to other relevant studies. A conclusions section can be added after the discussion if the discussion section is long and there are multiple conclusions. Use sub-headings if the discussion is long.

**Acknowledgements.** Acknowledge those who have made an important contribution to the paper but make sure that you have their approval to do so. This is to avoid associating persons with a paper and its conclusions when they may not wish to be so associated. Examples of those who might be acknowledged include those who provided purely technical help, those who collected data, provided writing assistance, or a colleague who provided only general support or reviewed a draft of the paper.

**Disclosure of funding sources.** Acknowledge all grants and other significant financial support both monetary and in kind.

**Disclosure of potential conflict of interest.** Make a short statement of any circumstance that might be perceived as having the potential to give rise to conflict of interest.

**Large tables and appendices.** Small tables can be included in the text. Large tables, a succession of tables and appendices should be placed before references.

**References.** All statements of fact or allusions to past work and views must be supported by appropriate references to published work or other sources so readers can verify the statements made in the paper that are based on the work or thinking of others. The exception can be when the facts have been long known and are well accepted.

Authors should avoid excessive referencing. When many sources can be used to support a statement of fact, a generalisation or a viewpoint, a selection of suitable references should be made rather than citing them all. Criteria for selection of the most suitable references to use might be: the references that are the key starting point of the study reported, the references that first made the observation or conclusion, the references that have the best supporting evidence or have been published in a journal known for its rigorous editorial standards, and the most recent references.

An exception to this requirement to be sparing in the number of references is a review in which the authors have compiled an exhaustive bibliography on the topic to assist other researchers in the field.

Authors are responsible for the accuracy of the references they cite. The Editors and reviewers are alert to the possibility of inaccurately cited references and will spot check references. Papers in which there are serious errors in the use of references or in reference details will be rejected.

**Figure captions.** List figure captions, numbering figures with Arabic numerals. Ensure that the caption combined with the labels on the figure enable it to be understood without reference to the text.

## **FORMAT FOR PAPERS OTHER THAN RESEARCH PAPERS**

The requirements for the title, names of the authors and their institutions are the same as for original research papers, see above.

Abstracts are shorter than those for research papers (see limits under the heading Types of Papers above) and do not have to be structured. They can be written to best summarise the paper with the fewest words.

Editorials, clinical pictures and letters do not have abstracts.

The other types of papers can have headings in the text that suit the narrative of the paper. However, do NOT start paper with the heading 'Introduction' or 'Background'.

## **WRITING A LETTER TO THE EDITOR**

Readers of Clinical and Experimental Optometry are encouraged to write to the Editor on matters arising from articles published in the Journal. Letters provide an opportunity for an open and dynamic exchange of views. Letters can provide information supportive of the conclusions reached in articles or can provide comment that calls into question facts or conclusions. Letters that do not relate to a previously published article are also considered for publication.

### **Guidelines for letter writers**

- Always address specific points in the article on which you are commenting.
- Be courteous. Letters can be forceful, even emotional, but should never attack the character of the author.
- Support your arguments with verifiable facts and references (letters should have no more than five references).
- Keep it brief - no more than 500 words, although the editor might stretch this limit if your letter is important or the issue complex, and more words are needed to make your point, but do not test him beyond 750 words. If you want to write at greater length, submit a VIEWPOINT or offer to write a guest editorial.
- Be timely - submit your letter within five weeks of publication of the article on which you are commenting. The Editor will endeavour to publish letters in the issue immediately after the one in which the article commented on was published.
- Clearly state any interest you have that might be considered to give rise to a conflict of interest. You may write a letter and have it published even if your views are influenced by a particular interest – you can be biased - but you must tell readers about it.
- Identify yourself (anonymous letters will not be published) and give your affiliations.

### **How are letters processed?**

Letters are reviewed by the Editor who may seek advice from experts. He will send your letter to the senior author of the article on which you offer comment and invite a response. When possible, your letter and the response will be published in the same issue. The Editor will not publish your letter if he believes your comments are not well founded or do not contribute usefully to scientific or professional debate. He may edit your letter but he will not alter the nature of the comments you make. He may email or telephone you to discuss points that are unclear or which he considers should or should not be made. Letters to the Editor should be sent through Manuscript Central.

## **STYLE OF REFERENCES**

The Vancouver system of referencing must be used (examples are given below).

In the text, references should be cited using superscript Arabic numerals, numbered in the order in which they appear in the text.

If references are cited in tables or figure legends, number them according to the first mention of the table or figure in the text.

Do not use *ibid.* or *op cit.* A reference appears in the reference list only once. If a reference is cited more than once use the number assigned to it on its first use.

Reference to unpublished data and personal communications should not appear in the list but should be cited in the text only, for example, (Smith A, 2000, unpublished data).

References are listed in the reference list at the end of the paper in the order they are cited in the text of the paper.

Full biographical details must be given for all references, including authors names, the title of the paper, name of the journal, year of publication, volume number, start page and finish page. Do not



include issue number of journals. Name all authors regardless of the number of authors. Names of journals should be abbreviated in the style used in Index Medicus. For books name the place of publication, publisher, and date of publication.

Take great care to punctuate reference citations as shown in the examples below. When in doubt as to how to cite an unusual form of reference go to

[http://www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html)

Authors are responsible for the accuracy of the references.

### **Examples of references**

#### Journal article

1. Vega KJ, Pina I, Krevsky B. Heart transplantation is associated with an increased risk for pancreatobiliary disease. *Ann Intern Med* 1996; 124: 980-983.

#### Book

2. Ringsven MK, Bond D. *Gerontology and Leadership Skills for Nurses*, 2nd ed. Albany, NY: Delmar Publishers, 1996.

#### Chapter in a book

3. Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, eds. *Hypertension: Pathophysiology, Diagnosis, and Management*, 2nd ed. New York: Raven Press, 1995. p 465-475.

#### Journal article on the Internet

4. Abood S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. *Am J Nurs* [serial on the Internet]. 2002 Jun [cited 2002 Aug 12];102(6):[about 3 p.]. Available from: <http://www.nursingworld.org/AJN/2002/june/Wawatch.htm>

#### Monograph on the Internet

5. Foley KM, Gelband H. Improving palliative care for cancer [monograph on the Internet]. Washington: National Academy Press; 2001 [cited 2002 Jul 9]. Available from: <http://www.nap.edu/books/0309074029/html/>.

#### Conference proceedings

6. Harnden P, Joffe JK, Jones WG. Germ cell tumours V. Proceedings of the 5th Germ Cell Tumour Conference; 2001 Sep 13-15; Leeds, UK. New York: Springer; 2002.

We recommend the use of a tool such as Reference Manager for reference management and formatting. Reference Manager reference styles can be searched for at:

<http://www.refman.com/support/rmstyles.asp>.

If automatic end note numbering is used when writing the paper it must be removed when the final version of the manuscript is submitted.

## **PREPARING GOOD FIGURES AND OTHER GRAPHICS**

### **IMPORTANCE OF ILLUSTRATIONS**

Clinical and Experimental Optometry encourages authors to include illustrations with all papers as illustrated articles are more often read than those without illustrations. Clinical and Experimental Optometry will publish illustrations in colour without author charges when colour is necessary. Further guidance on preparing good figures is given below:

- All illustrations (photographs, line drawings and graphs) are classified as figures.
- Figures are numbered using Arabic numerals in the order in which they are cited in the text.
- Line drawings and graphs should be sized so they can be reduced in size to fit in 1 column (58 mm), a half-page (85 mm), 2 columns (122 mm) or across the page (3 columns) (185 mm). Simple graphs and drawings should be sized to fit in 1 column although most figures will take 2 columns.

- Two or three related figures should be drawn so they can be grouped to fit across 2 or 3 columns.
- Line figures should be black and white.
- Do not use three-dimensional bars and columns in graphs.
- Use only white, black and greyscale fill. Do not use patterned fills.
- Colour should be used only when the illustration is very complex and colour is necessary for interpretation. Clinical and Experimental Optometry cannot guarantee that colour will be used unless it is essential to do so (eg photographs of clinical conditions, or multi-colour map-like output from instruments). Do NOT submit diagrams and graphs in colour unless colour is needed.
- Use Helvetica typeface for legends and numbers. Do not use bold face. Type size should be 9 point when reduced: if the original figure is to be reduced to half size when printed, use 18 or 20 point type in the original. Use horizontal and vertical grid lines sparingly.
- If the graph is simple, do not use any grid lines. In more complex graphs where the reader may wish to read off values, use a minimum number of horizontal grid lines.
- In line graphs use these symbols in this order: unfilled and filled circles, unfilled and filled squares, and unfilled and filled triangles.
- Original photographs can be submitted as JPEG files but TIF or EPS format is preferred.
- Photographs and scanned illustrations must have a minimum resolution of 300 dpi in a width of at least 12 cm.

## **SUBMITTING YOUR MANUSCRIPT**

All papers are submitted via Scholar One (Manuscript Central) (<http://mc.manuscriptcentral.com/ceoptom>).

New authors need to click CREATE ACCOUNT on the menu bar to obtain a user ID and a password. Past authors use the same user name and password,

Carefully follow the steps for submission. Your paper will be returned to you if you make any important errors in submission.

After completing the preliminaries about yourself as corresponding author, and your co-authors and pasting in the abstract you upload your main manuscript file. This includes the title, authors, abstract, text, tables, references in the one document. You then upload each figure, one at a time. If your figure is created in an Excel document, you can load the Excel document.

You can put your loaded documents in proper order eg main document, figures 1, 2, 3 ...

These are stitched together in a single pdf, which you are required to review before submitting. You can go back and make changes. If you run out of time you can leave the paper unsubmitted as a draft and come back later to complete it and finally hit the submit button.

## **HOW WE REVIEW YOUR PAPER**

The primary criterion for selection of a paper for publication is that it adds to knowledge and/or understanding. The merit of papers submitted to Clinical and Experimental Optometry is determined by anonymous peer review.

Papers are evaluated by the Editor, an Associate Editor and two reviewers against the following criteria: originality of the work, importance and contemporary relevance, validity, experimental design, contribution to knowledge in the field, soundness of conclusions, clarity and organisation of the paper.

Manuscripts are considered privileged documents owned by the authors. The names of authors are known to editors and reviewers but they will not disclose any information about the manuscript or their assessment of it to third parties. The names of reviewers are not disclosed to authors.

Final acceptance or rejection rests with the Editor, who reserves the right to refuse any material for publication.

The Journal aims to provide refereed comments within six weeks from the date of receipt of a manuscript.

Most papers require revision in response to the comments made by the editor and the reviewers. This always improves papers even if the authors do not always agree with the comments and suggestions of the reviewers. Sometimes papers go through two or even three revisions.

PLEASE NOTE: Revised manuscripts must be submitted through Manuscript Central. This is done by entering the corresponding author centre and finding the record of the originally submitted paper. The original manuscript must be deleted and the revised version uploaded. You do not need to reload figures unless they have been revised. This retains the same manuscript number but the paper is automatically marked as a revision (eg R1, R2 etc). Do NOT submit a revised paper as a new paper.

## **DECLARATIONS THAT MUST BE MADE BY AUTHORS**

Authors have to make a number of formal declarations before their paper can be published. These are:

### **Copyright - Exclusive Licence Form**

The corresponding author will be asked to sign an exclusive licence form on behalf of all authors. This transfers to the publishers of Clinical and Experimental Optometry exclusive rights to publish and distribute your paper in print and electronic form, while you retain copyright. The form is sent to the corresponding author when submission of the paper is acknowledged in an email from the Journal's Editorial Office. This form must be completed before the paper can be published. In signing the form it is assumed that authors have obtained permission to use any copyrighted or previously published material. Articles cannot be published until a signed form has been received.

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### **Authors' declaration**

The corresponding author is also sent an Authors' Declaration form that has to be signed by all authors. This declaration covers originality (paper has not been published elsewhere), sources of funding and conflicts of interest. If the authors are in various locations each author can submit a separate form.

[Download Authors' Declaration Form \(pdf\)](#)

### **Permissions**

If tables or figures have been reproduced from another source the authors must obtain permission from the publisher of the original Figure or table. Most journals have a permissions link on their website to facilitate this and permissions are generally granted for use in an academic paper subject to acknowledgement of the original author and publishers. The caption of any reproduced Figure or Table should include the biographical citation of the source and the words "Reproduced with permission". The corresponding author must send a copy of the permission obtained to the Production Editor [s.shaw@optometrists.asn.au](mailto:s.shaw@optometrists.asn.au).

## **WHAT HAPPENS AFTER YOUR PAPER IS ACCEPTED**

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