



*International Journal of Safe Patient Handling & Mobility*

## **House Style Guide:**

**Journal abbreviation:** Int J SPHM

**General writing style:** Please write in a clear, concise, and active style. For all copy related to our journal, follow guidelines set in the *AMA Manual of Style* (10th edition), except where this house style guide deviates. Our preferred dictionary is *Merriam-Webster Collegiate Dictionary* (11th edition) and *Stedman's Medical Dictionary for the Health Professions and Nursing* for medical terms.

**Abstract and Keywords:** Abstracts should be consistent with the article's content, including most important results for studies. In addition, include several keywords to describe the article and classify its content.

### **Punctuation:**

- Place periods and commas before quotation marks and citations.
- Place colons after citations. Do not use a colon with *include* if the sentence is continuous without it.

Other patient hazards include skin tears, dislocations, fractures, and even death.

- Use the serial, or Oxford, comma in lists.

Imbalance caused by weakness, fatigue, stress, tension, and muscle damage to any one muscle can result in altered joint mechanics and painful movement.

- *Int J SPHM* does not hyphenate common prefixes unless preceded by a proper noun, a capitalized word, an abbreviation, or to avoid ambiguity. (eg, overpredicted, subacute, preexisting, and postintervention, but semi-independent, re-treat, post-1995, and pro-SPHM). Please refer to AMA 8.3 for further guidelines on the use of hyphens and dashes, including in expressing ranges.
- Hyphenate temporary compounds, including adjectival phrases, when they precede a noun but not following a noun.
  - decision-making committees (*But:* “use this knowledge to frame decision making and change”)
  - single-patient-use mattress (*But:* “mattresses made for single patient use”)
- Use hyphens or rephrase to improve clarity (eg, “sit-to-stand devices” and “physical-assist care tasks” or, better yet, “care tasks requiring physical assistance”).



### Grammar:

- *Staff* may be singular or plural depending on meaning. *Data* is always plural.
- Avoid using *they, them, their, and themselves* as singular pronouns. Likewise, do not use *he/she* or *s/he*. Instead use *he or she*, rephrasing when necessary to avoid awkward sentence construction and repetition.
- Use the article *an* preceding the abbreviation SPHM and other abbreviations that begin with a vowel sound.
- Use *that* with restrictive clauses and *which* with nonrestrictive clauses.

A sling that makes direct contact with the patient's body must augment the mobile sling lift.

First, the lift will cut off when pressing down against a resistance, which prevents crushing the patient unintentionally.

- Avoid noun clusters (eg, prefer “differences in completion times for user levels” rather than “user level completion time differences”).
- As a general matter of style, avoid splitting verb phrases with adverbs (eg, prefer “Ceiling lifts can be installed continuously throughout a unit” rather than “Ceiling lifts can be continuously installed throughout a unit”). Some instances of split infinitives are allowable, usually for emphasis (eg, “to better manage patient care tasks”). Minimize such constructions.

**Capitalization:** *Int J SPHM* prefers a “down” style (ie, the sparing use of capitals). Avoid capitalizing occupational roles (eg, physical therapist, registered nurse, ergocoach). Abbreviations of these roles may be capitalized, but do not include periods with abbreviations (eg, PT and RN).

**Spelling:** *Int J SPHM* prefers American English. Please note the following British/American spelling variants:

- manoeuvre/maneuver
- theatre/theater
- realise/realize
- minimise/minimize
- organisation/organization
- speciality/specialty
- towards/toward
- aetiology/etiology
- anaemia/anemia
- haemorrhage/hemorrhage
- practise/practice



**Abbreviations:** Abbreviate names of journal titles according to the US National Library of Medicine's catalog: <http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>. Journals not found in the NLM Catalog can be abbreviated according to guidelines set in AMA 14.10.

Abbreviations are acceptable when spelled out upon initial use.

The abbreviations “US” and “UK” are permissible when preceding a word they modify; otherwise, they should be spelled out (eg, “studies conducted in the United States” and “UK hospitals”).

**Technical and statistical terms:** For presentation, including capitalization, of statistical terms, the journal asks that writers consult AMA 20.9 or the *Oxford Dictionary of Statistical Terms*.

Express *P* values with a capitalized, italicized *P*. Also, please note spacing with *P* values, symbols, and other statistical abbreviations, such as confidence intervals (CI). Use a minus sign (Unicode 2212) for expressing negative numbers (with no extra spacing) but a hyphen for ranges, except where the use of a minus sign may cause confusion, in which case substitute the word *to*.

(*P* = .88), *P* < .001, 95% CI = −1.26 to −0.31

**Numbers and percentages:** Use numerals to express numbers. Spell out, however, the pronoun “one,” ordinals *first* through *ninth*, common fractions, and numbers that begin a sentence, title, subtitle, or heading. For precise numbers and measurements, please use decimal points.

When referring to an imprecise quantity, some numbers may be spelled out.

Reviewing evidence in physical therapy and occupational therapy literature revealed reviews of caregiver practice patterns with influence of students as one example of study, but none describing direct care task time.

We reduced the number of patient handling injuries on the pilot unit from being the unit with the highest number of injuries in the hospital to having zero injuries for 1 year.

With specific numbers, use the term *percent* and the % symbol, spelling out percentages that begin a sentence.

In a study conducted in the healthcare environment, authors found that among 612 staff nurses, 67.5% had experienced incivility from their supervisors and 77.6% had experienced incivility from their coworkers.

Ninety-two percent of staff reported that personalized care board communication regarding SPHM was beneficial.



**Units of measure:** Currently, *Int J SPHM* accepts articles that use US customary units of measurement and SI units, a modified version of the metric system.

Please note that the journal deviates from AMA practice by allowing commas in numerals and requires no extra spacing between sets of digits.

Example: 1,253; 125,300; 1.25387

If using the measurement of inches, spell out the word *inches* to avoid confusion with the word *in*. Avoid using double quotation marks to express inches and single quotation marks to express feet.

Measurements are not expressed in the plural form, and a period is not required (eg, “lb” not “lbs”).

**Lists:** *Int J SPHM* accepts numbered and bulleted lists. For a short series of enumerated items, the journal prefers a run-in list, numbered and enclosed within parentheses in the text. Please avoid long, skinny lists.

These participants were instructed to be (1) nonresistive, (2) able to sit up in a chair, (3) able to provide minimal assistance, (4) able to weight-bear with assistance but have minimal ability to stand from a seated position, and (5) able to respond to verbal cues.

For lists with complete sentences, begin items with a capital letter and end with a period or question mark as appropriate. For incomplete sentence, the journal prefers starting with a capital letter for lists with longer items, but no end mark is needed.

Falls are caused by an interaction of multiple risk factors that can be defined as intrinsic and extrinsic, represented in the following categories:

- Accidental falls (extrinsic factors, such as environmental considerations, eg, lack of handrails, grab rails in toilets, slippery, uneven floor surfaces, tripping hazards, poor lighting, attachment to medical devices, and improper use of assistive devices)
- Anticipated physiologic falls (intrinsic physiologic factors, such as advanced age, mobility problems, confusion, poor vision, and medical conditions such as postural hypotension, diabetes, arthritis; extrinsic factors, eg, side effects of medications)
- Unanticipated physiologic falls (unexpected intrinsic events, such as stroke or seizure)

**References:** Double-space and number references consecutively in the order of citation. The journal follows AMA style, listing all authors in the case of six or fewer; when seven or more exist, list the first three, followed by “et al.”



Cite references to information provided in tables and figures in consecutive numerical order, whether cited in the running text with first mention of the table or figure or within the table or figure.

When providing reference URLs, please also provide publication, updated or revised, and accessed dates. Remove all URL links in electronic files. A digital object identifier (DOI) may be included but is not required. The following are sample references:

1. Stinson MD, Porter-Armstrong A, Eakin P. Seat-interface pressure: a pilot study of the relationship to gender, body mass index, and seating position. *Arch Phys Med Rehabil.* 2003;84(3):405-409.
2. *Identification of Research Opportunities for the Next Decade of NORA.* Department of Health and Human Services Web site. <http://www.cdc.gov/niosh/docs/2009-138/pdfs/2009-138.pdf>. Published August 2009. Accessed May 17, 2013.
3. Nelson A. *Safe Patient Handling and Movement.* New York, NY: Springer Publishing Co; 2006.
4. Survey of critical care nurses reveals challenges with current turning and repositioning methods [news release]. Chicago, IL: Sage Products Inc; May 5, 2011. <http://www.sageproducts.com/company/media2.asp?articleid=120>.
5. Rainforth B, Giangreco MF, Dennis R. Motor skills. In Ford A, Schnorr R, Meyer L, et al, eds. *Syracuse Community-Referenced Curriculum Guide for Students with Moderate and Severe Disabilities.* Baltimore, MD: Paul H. Brookes Publishing Co; 1989:211-230.
6. Fakhouri T, Ogden C, Carroll M, Kit B, Flegal K. Prevalence of obesity among older adults in the United States, 2007-2010. Hyattsville, MD: National Center for Health Statistic; 2012. NCHS data brief 106.

Do not include personal communications, unpublished data, or manuscripts either “in preparation” or “submitted for publication” in the references. Incorporate such materials into the running text, including the date of the communication and manner of expression, oral or written.

#### **Illustrations and photographs:**

Label all illustrations as figures. Follow the format below, capitalizing the first word and any proper nouns or acronyms.

Figure 1: Example of a ceiling lift



Figure sizes shall either be one column wide or span 2 columns, if deemed necessary for readability.

### **Tables and figures:**

All tables will be formatted to the journal style. Any column headers should be bold. Editors will consider any graph depiction of information a figure and will format it the same as illustrations and photographs.

### **Headings and subheadings:**

Main headings should be bold and subheadings should be italicized, capitalizing all pertinent words in the heading. As a rule, capitalize only the first word of the subheading, as well as any proper nouns or acronyms.

### **Revisions and proof corrections:**

*Int J SPHM* gives authors the option to review their article proofs after the outside editor has made her changes and the art director has flowed the article into the journal layout. The journal asks each author to provide any changes or approve the proof as is. Authors must sign the assignment of copyright form before the journal article can be printed. Should an author find a mistake after the journal has gone to print, a correction will be printed in the next published issue with reference to the article in which the mistake was made.