

# **BINOCULAR VISION & Strabismus Quarterly: INSTRUCTIONS FOR AUTHORS**

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## **TEXT STYLE AND CONTENT**

Page Headers Each and every page, including xerographic figure copies, Legends for Figures, Tables and References, should be arabic numbered, top center, consecutively with an abbreviated title but NO authors' names at the page top. The Title page is page 1, ABSTRACT is page 2.

Title Page: Declarative titles are acceptable and encouraged. (Pretend you are writing a newspaper headline.)

Précis: Include a one sentence précis (35 words or less) summarizing the main outcome/finding of the study.

List in this order: All author(s) full names AND ALL DEGREES as desired when published, academic and institutional affiliations, sources of support, and other acknowledgements. Restate for publication the corresponding author's name, address, telephone and FAX numbers, with e-mail address.

ABSTRACT: Do not restate the title as the title will always appear with the abstract. On a separate page (2) provide an abstract-summary of about 200 words, clearly and concisely stating in paragraphs titled respectively the Background and Purpose (or Problem), Methods of study, the major Results, and principal Conclusions. CONSERVATIVE statements as to IMPORTANCE, recommendations, and applications may be appropriate. The abstract should be factual, specific and sufficiently complete to provide the reader a quick and comprehensive view of the content of the paper. [Avoid generalizations (i.e. "are discussed") OR "baiting" the reader by holding back or out on your results or conclusions.]

TEXT CONTENT: Manuscript material should be organized into the following parts in this order: ABSTRACT; INTRODUCTION (BACKGROUND AND PURPOSE OR PROBLEM); MATERIALS, SUBJECTS AND METHODS;

RESULTS\*; DISCUSSION OF RESULTS; CONCLUSIONS (& recommendations) REFER-ENCES; TABLES; LEGENDS FOR FIGURES; FIGURES.

In the "Discussion of Results", do not introduce new reference material. Instead, we expect you to integrate YOUR NEW RESULTS into the current body of knowledge. Specifically: your results should be compared to results obtained by prior workers: Confirmations and agreements should be pointed out. But discordances also require enumeration, discussion, and explanation. Unique or unexpected results demand interpretation. The statistical significance\* of results must be considered and their application should also be entertained.

REFERENCES: Order these numerically in sequence as they appear in the text. Indicate a reference number in the text with a full sized Arabic numeral enclosed in parentheses, i.e. (1). On the separate Reference page they should be numbered consecutively and typed double-spaced. Author's names and Journal titles should be abbreviated, without periods, as in Index Medicus. For journals punctuate in the following order: Author(s) last name Initials ["et al" acceptable for more than 3]; [colon] Article title with sub-title, if any. [period] IM Journal abbreviation [Bolded] year; volume number in Arabic numerals: inclusive pages. Example:

1. Jones AB, Jones CD, Jones EF, et al: Results of Laser Surgery for Strabismus. J Outst Surg 1999; 2:301-304.

For book references: author, title, volume (if more than one) edition number (if other than the first), publisher, city and year. If the reference is a chapter in a book, the order changes as follows: the author of the chapter, title of the chapter, "in" book title, volume, edition, editors, publisher, city, year, inclusive pages of the chapter. Authors are responsible for accuracy.

TABLES: Always "portrait" (< 7" W), NOT "landscape" configuration which requires undesirable sideways position..

FIGURES: PHOTOS, GRAPHICS, DRAWINGS

Electronic submission, email or on CD is usually acceptable. Standard Hard copy methods: Photo materials for halftones (photographs, photomicrographs, electron micrographs, roentgenograms) should be submitted cropped and unmounted. On the back of each print, affix a pretyped label with the figure number, an arrow and/or "top" indicating the top edge, and the last name of the first author. Line drawings, charts, and diagrams should be professionally prepared. For computer generated graphics, please submit originals, rather than photographic prints. Typewritten labels and lettering are not acceptable in graphics. Insure that lettering is large enough to be legible if and when reduced for publication.

Legends for Figures: typed double-spaced in consecutive order on a separate page following References. Start each with first author's name in parentheses. Indicate scale when appropriate. State clearly the point which the Figure is illustrating. Use arrows on photos liberally to identify and point out structures. [Assume the reader is not an expert like you are but rather a student.]

## **SOURCES, CREDITS, PERMITS**

Quotations must be accurate and give full credit to the source. Brief properly credited quotes do not require permission of the original author or publisher ("fair use"). For large amounts of text or any figures previously published permission to quote and reproduce must be obtained by the submitting author: original copies of the letters from the original author and publisher granting permission to reproduce the work must accompany your manuscript. Photo permits: if the subject can be recognized, i.e., any picture which contains more than just eyes and an unidentifiable bridge of the nose, written permission to publish the picture must be obtained from any subject over 8 years old (and the parents if a minor under age 18).

\* Statistical Analysis of Results Mandatory. But give "exact" probability values (i.e.,  $p = .06$ ). Do not use relative  $p$  values (i.e.,  $p > .05$ ). The term "statistically significant", defined traditionally as a  $p \leq .05$ , is a totally arbitrary and unscientific term and should not be used (J Lab Clin Med 1988. 111:501). But DO consider whether your results may be "clinically/medically significant".

## D. BRIAN STIDHAM MEMORIAL LECTURESHIP

### LECTURE to be published annually in *Binocular Vision and Strabismus Quarterly*

#### Donations Solicited to Fund Lectureship

To the Editor:

The Pediatric Ophthalmology community lost a great doctor last October 6, 2005, with the death by murder of D. Brian Stidham.

I am attempting to create an endowed lectureship to remember Brian in our community and within pediatric ophthalmology, and wonder if I could ask you to consider helping in this regard. I know that your journal concentrates on strabismus and binocular vision, but could I interest you in publishing the "Stidham Lecture in Pediatric Ophthalmology and Strabismus" that will hopefully be given on a yearly basis? I would work with the presenter to make certain that a manuscript would be produced that would be of acceptable quality. Having a target journal for the presentation would be a great carrot to draw top speakers to Tucson on a yearly basis to give such a talk.

**We have raised \$14,000 towards a target of \$50,000** endowment that would ensure that the lecture would be perpetuated. I am committed to continue fundraising until the goal is met. If *Binocular Vision and Strabismus Quarterly* would serve as the publisher of the named lecture, I feel certain we will be able to both attract top speakers and donors to remember Brian in the years ahead, and to provide a great lectureship in pediatric ophthalmology and strabismus to our professional community which would enjoy greater readership and distribution.

Joseph M. Miller, M.D., MPH  
Head, Ophthalmology and Vision Science  
University of Arizona, Tucson, Arizona

#### In reply:

We are honored to be asked and will most definitely be pleased to publish this lecture each year. **We would encourage our readership to donate to this fund: Checks should be made payable to The University of Arizona Foundation with memo of "Stidham Endowment" and sent to Dr. Miller at U AZ, Ophthalmology, 655 N. Alvernon Way, Ste 108, Tucson AZ 85711.** - PER

### ADVICE for authors submitting papers to *Binocular Vision & Strabismus Quarterly*©

1. READ & FOLLOW INSTRUCTIONS FOR AUTHORS! In addition:
2. READ & FOLLOW INSTRUCTIONS FOR AUTHORS! In addition:

Reviewing the literature: A proper review of the literature starts with a review of current and appropriate textbooks, especially the latest edition (currently the Sixth of von Noorden's *Binocular Vision and Ocular Motility* by Mosby, and Duane's loose-leaf text *Clinical Ophthalmology*. Anticipating a future requirement, it will only be to your credit now to specifically state what was included in your literature search, i.e., the topics or subjects and the sites searched. For any article submitted here that should include at a minimum, *Index Medicus (Medline)* from 1966 to the present, *Index Oculoculus Primus*, 1985 to the present, and the Internet for the *American Orthoptic Journal*.

Acceptable	TERMINOLOGY	not acceptable
AHP	Abnormal Head Postures:3	
face turn		head turn
chin up/down		head up/down
Head tilt		
retroequatorial myopexy		Fadenoperation
retroequatorial myopexy		posterior fixation suture
suspension-recession		hang back, hang loose
Bielschowsky Head Tilt Test		three step test
strabolog-y, ist		Strabismolog'y, ist
exact p values		"Statistically significant"

Re: "lost to followup" - Avoid this at all costs; First it raises the possibility that the patient had a (=) bad result or was otherwise so unhappy with their care that they never came back - or went elsewhere or went nowhere out of fear or dissatisfaction. If they are "lost followup" you cannot refute the possibility that one those very unhappy thingsppened! Second it

is inexcusable - medico-legally. Third: It reflects poorly on you as both a health care professional and as a scientist and Fourth: under the worse of circumstances suggests or indicates that you may discriminate against those of lower socio-economic status (research findings).

#### WRITING STYLE IS IMPORTANT TOO:

(from *Investor's Business Daily* Nov. 26, 1997 by M. Stettner)  
"Make Dry Data Come Alive in Your Reports ... tips on making your technical writing come alive:

1. Remember that less is more. ... simplify your language and prune extra words. Eliminate jargon, and keep your sentences and paragraphs short. 'If you write in little bites, you break down lots of information for the readers so that it's easier to absorb,' said Carolyn Mulford, president of The Writing Coach.
2. Write in the active voice. ... For example, write 'When you review the data, you will note these trends'. Avoid saying 'These trends were noted upon a review of the data.' Another example: Write 'We will examine', not, 'This has been examined'. ...
3. Insert 'talking subheads'. ... unbroken text can intimidate any reader, ... organize your writing in sections with each carrying an easy to understand subhead ... a talking subhead ... alerts the reader of what you're about to discuss ... for instance, instead of heading a section with 'Cost of Scanners' try 'Rising Cost of the Next Generation of Scanners'. subheads should average 7 words.
4. Run a test. ... ask someone in your audience group to read your manuscript.

TABLES: Don't forget the crowding phenomenon. It works in Tables too. We prefer spaces to lines to separate the items in a Table. You can also get more material within whatever size limits you may have, using spaces instead of lines, especially vertical lines. Horizontal lines are less of a sin. -PER 22(4)