Seminars in Speech and Language
Author Instructions

Thank you for contributing to Seminars in Speech and Language. Please read the instructions carefully and observe all the directions given. Failure to do so may result in unnecessary delays in publishing your article.

**SUBMISSION CHECKLIST**
All manuscripts must be submitted at the following link: [https://mc.manuscriptcentral.com/sisl](https://mc.manuscriptcentral.com/sisl)

- **Author Information**
  - All authors: full name, degree(s), department, e-mail address
  - Corresponding author: also include mailing address and telephone number

- **Manuscript File**
  - Word document file, please do not upload any files as pdfs

- **Abstract, keywords, and learning objectives**
  - See the section below for information and word limits

- **CEU questions and answers**
  - See the section CEU Questions & Answers for guidelines

- **Disclosures**
  - Disclose relevant financial and nonfinancial relationships

- **References**
  - Cite sequentially in AMA style

- **Figures and Tables**
  - Cite sequentially and include at the end of the main document, following references

- **Art files**
  - Must be submitted as a separate file from the main document

- **Permissions**
  - Required if you plan to reproduce content from a published source or include a photograph of a patient
  - Patient permission forms available at [www.thieme.com/journal-authors](http://www.thieme.com/journal-authors)
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MANUSCRIPT FORMAT

Article Types

There are two types of articles accepted for publication in Seminars. Each is described in detail below:

1. Unsolicited Data-based Articles (Adult-focused and Pediatric-focused submissions): These articles present original research, placing the research within a clinical context that is relevant to speech-language pathologists. Issue 5 each year is comprised of these data-based reports.
   - Description. Manuscripts are peer-reviewed for quality, relevance, and suitability for Seminars.
   - Timeline. Manuscripts may be submitted year-round. If accepted, the manuscript will be published online prior to its in-print publication. To be considered for publication in the 5th issue of the same year, manuscripts must be submitted no later than May 1st of that year.

2. Invited Review Articles: These articles are consistent with the topic of an Issue and are by invitation only. Issues 1-4 each year focus on a particular topic, two pertaining to adult populations and two to pediatric populations.
   - Description. Manuscripts are invited and undergo peer-reviewed prior to acceptance. They are intended as reviews of the literature, rather than research reports. Readership is primarily speech-language pathologists.
   - Timeline. Deadlines for submissions are set by the issue editor.

General Guidelines (Regardless of Manuscript Type)

- You must upload an electronic copy of your manuscript – Microsoft Word document files are preferred. PDFs are not acceptable. Hard copy submissions are not accepted.
- Keep the format of your manuscript simple and clear.
- The manuscript, including the title page, disclosures, abstract, keywords, text, references, tables, figures, learning outcomes, and multiple choice questions, should be typewritten, double-spaced in 12-point font with 1-inch margins.
- Keep acronyms to a minimum and define them the first time they are used in the text.
- Manuscripts should be written in American English.
- The authors should use Système International (SI) measurements. For clarity, nonmetric equivalents may be included in parentheses following the SI measurements.
- Use generic names for drugs. You may cite proprietary names in parentheses along with the name and location of the manufacturer.
- Credit suppliers and manufacturers of equipment, drugs, and other brand-name material mentioned in the manuscript within parentheses, giving the company name and primary location.
Title Page

- This journal adheres to a single-blinded peer-review policy. The title page should be included in the main document.
- There is no limit to the length of the article title.
- The title page should list the article title and the corresponding author’s full name, degree(s), title, department, mailing address, e-mail address, and telephone number. It should also list the full name, degree, title, department, and email of every co-author.
- Include a running head.

Abstract, Keywords, and Learning Outcomes

The abstract should be approximately 200 words in length. It should outline the content of the article, including conclusions and clinical relevance. Abstracts for research articles (Issue 5) should include background, method, results, and implications of the study.

Keywords should follow the abstract. List 3-5 words that a reader would be likely to use in searching for the content of the article.

Learning outcomes (at least 3) should follow. Please use measurable verbs, such as explain, summarize, apply, and discuss; avoid metacognitive verbs such as know, understand, and appreciate.

For example:

After reading this article, the learner will be able to:

- contrast implicit vs. explicit memory
- explain which memory system is impaired when a patient displays post-traumatic amnesia
- describe two methods of tinnitus therapy
- evaluate patient responses to adjust therapy

CEU Questions & Answers

- Submit five multiple choice questions with five answer choices. Label the answers (a) to (e) and indicate the correct answer in bold.
- Do not use True/False questions. The questions should not be “tricky,” but rather, should focus on key points that underscore the clinical importance of the article.
- Although it is acceptable to use options such as “all of the above” as an answer choice, please do not provide questions with more than one clearly correct answer choice.
Disclosures

For each author, financial and nonfinancial relationships related to the content of the manuscript must be disclosed within the manuscript. If no such relationships exist, please state this.

Types of relationships include: Salary, Consulting, Royalties, Research Support, Institutional Support, Ownership, Stock/Options, Speakers Bureau, and Fellowship Support. Any commercial entity whose products are described, reviewed, evaluated, or compared in the manuscript, except for those disclosed in the Acknowledgments section, are potential conflicts. Nonfinancial relationships include board memberships and other affiliations related to the content of the manuscript.

Please click http://www.icmje.org/conflicts-of-interest to download a Conflict of Interest form.

Main Document

• Please clearly distinguish the hierarchy of headings within the manuscript by using capital letters, underlining, italic, and bold styles as necessary.
• As needed, use italic, superscripts, subscripts, and boldface, but otherwise do not use multiple fonts and font sizes.
• Use only one space, not two, after periods.
• Create tables using the Table function in Microsoft Word.
• A typical paper, the main document, should be no more than 7,500 words.

Supplemental Materials

Authors may submit supplemental materials for consideration (i.e., raw data, detailed procedural or statistical information, etc). If the manuscript is accepted, the accompanying supplemental material will be available for readers to access on Thieme Connect.

Acknowledgments

The source of any financial support received and recognition of personal assistance for the work being published should be indicated at the end of the article, just before the Reference section, under the heading Acknowledgments.
References

References should be the most recent and pertinent literature available. It is essential that they are complete and thoroughly checked. If the reference information is incomplete, good online sites to search for full details are the National Library of Medicine: [www.nlm.nih.gov](http://www.nlm.nih.gov); Books in Print: [www.booksinprint.com](http://www.booksinprint.com);


- References must be listed in AMA style, using Index Medicus journal title abbreviations.
- References follow the article text. Insert a page break between the end of text and the start of references.
- References must be cited sequentially (NOT alphabetically) in the text using superscript numbers.
- By way of exception to AMA style, do not italicize book titles or journal title abbreviations and do not put a period at the end of a reference.
- List all author names, up to and including six names. For more than six authors, list the first three followed by et al.
- References should be styled per the following examples:
  1. Citing a journal article:
  2. Citing a chapter in a book:
  3. Citing a book:
     Stryer L. Biochemistry. 2nd ed. San Francisco: WH Freeman; 1981:559–596
  4. Citing a thesis:
  5. Citing a government publication:
  6. Citing an online article:
  7. Citing a symposium article:
     Eisenberg J. Market forces and physician workforce reform: why they may not work. Paper presented at: Annual Meeting of the Association of American Medical Colleges; October 28, 1995; Washington, DC
Figure Captions

Figures include photographs or radiographs, drawings, graphs, bar charts, flow charts, and pathways, but NOT lists or tables.

- Figures must be cited sequentially in the text. Number all figures (and corresponding figure captions) sequentially in the order they are cited in the text.
- Figure captions should be written after the reference list. Insert a page break between the end of references and the start of figure captions.
- Figure captions should include a description of the figure and/or each lettered part (A, B, etc.) and of any portions of the figure highlighted by arrows, arrowheads, asterisks, etc.
- For a figure borrowed or adapted from another publication (used with permission), add a credit line in parentheses at the end of each figure legend. This credit line should be a complete bibliographic listing of the source publication (as a reference), or other credit line as supplied by the copyright holder. For example (Reprinted with permission from Calfee DR, Wispelwey B. Brain abscess. Semin Neurol 2000;20:357.)

Tables

- Data given in tables should be commented on but not repeated in the text. Create tables using the Table function in Microsoft Word.
- Do not intersperse tables in the text. Tables should appear after the figure captions. Insert a page break between the end of the figure captions and the start of the tables.
- Tables must be double-spaced and numbered in the same sequence they are cited in the text. A short descriptive title should be provided for each table.
- If a table contains artwork, supply the artwork separately as a digital file.
- For tables borrowed or adapted from another publication (used with permission), add a credit line as the first footnote beneath each table. This credit line should be a complete bibliographical listing of the source publication (as a reference), or other credit line as supplied by the copyright holder. For example, “Reprinted with permission from Calfee DR, Wispelwey B. Brain abscess. Semin Neurol 2000;20:357.” (“Data from …” or “Adapted from …” may also be used, as appropriate.).
- Other footnotes for tables should be indicated in the table using superscript letters in alphabetical order.
- Any abbreviations used in the table should be explained at the end of the table in a footnote.
DIGITAL ARTWORK PREPARATION

General Guidelines

- It is best to use Adobe Photoshop to create and save images, and Adobe Illustrator for line art and labels.
- Do not submit art created in Microsoft Excel, Word, or PowerPoint. These files cannot be used by the typesetter.
- Save each figure in a separate file.
- Do not compress files.
- All black-and-white and color artwork should be at a resolution of 300 dpi (dots per inch) in TIFF format. Line art should be 1,200 dpi in EPS or TIFF format. Contact the Production Editor at Thieme if you are unsure of the final size.
- It is preferable for figures to be cropped to their final size (approximately 3½ inches for a single column and up to 7 inches for a double column), or larger, and in the correct orientation. If art is submitted smaller and then has to be enlarged, its resolution (dpi) and clarity will decrease.

Note: Lower resolutions (less than 300 dpi) and JPEG format (.jpg extension) for grayscale and color artwork are strongly discouraged due to the poor quality they yield in printing, which requires 300 dpi resolution for sharp, clear, detailed images. JPEG format, by definition, is a lower resolution (compressed) format designed for quick upload on computer screens.

Black-and-White Art

- Black-and-white artwork can be halftone (or grayscale) photographs, radiographs, drawings, line art, graphs, and flowcharts. Thieme will only accept digital artwork.
- If possible, do not send color art for conversion to black-and-white. Do the conversion yourself so that you can check the results and confirm in advance that no critical details are lost or obscured by the change to black-and-white.
- For best results, line art should be black on a white background. Lines and type should be clean and evenly dark. Avoid screens or cross-hatching, as they can darken or be uneven in printing and lead to unacceptable printing quality.

Color Art

- Color illustrations are expensive to produce and usually cannot be accepted unless the author is willing to cover the additional production costs incurred. Please check with the Editor in Chief or Thieme for details. We will convert color illustrations to black-and-white unless we receive a letter from the author assuming responsibility for the cost of printing color. Upon request, we will provide you with a cost estimate for the color printing.
- All color artwork should be saved in CMYK, not RGB.
Art Labels

- Arrows, asterisks, and arrowheads (or other markers) should be white in dark or black areas and black in light or white areas, and large in size. If not, these highlighting marks may become difficult to see when figures are reduced in size during the typesetting process.
- Use 1-point (or thicker) rules and leader lines.
- Capitalize the first word of each label and all proper nouns. Consider using all capitals if you need a higher level of labels.
- Where there are alternate terms or spellings for a named structure, use the most common one and make sure it is consistent with what is used in the text.
- Avoid using multiple fonts and font sizes for the labels; use only one or two sizes of a serif font.
PRODUCTION PROCEDURE

Page Proofs

Page proofs will be sent to you via email. The proofs will be in a PDF file format, which should be opened using Acrobat Reader software. You will receive further instructions with your proofs. Take this opportunity to check the typeset text for typographic and related errors. Elective alterations are difficult to accommodate owing to the associated time and expense of introducing them. Therefore, please be sure that when you submit your manuscript, it is accurate, complete, and final.

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Policy Statements

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Definition of Authorship

Authorship credit should be based on criteria established by the International Committee of Medical Journal Editors. Each author should have made the following contributions towards the completion of the manuscript:

1. Substantial contributions to conception and design, 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 published

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For all manuscripts reporting data from studies involving human or animal participants, formal review and approval, or formal review and waiver (exemption), by an appropriate institutional review board (IRB) or ethics committee is required, as well as any necessary HIPAA consent, and should be described in the Methods section with the full name of the reviewing entity. All clinical trials must be registered in a public trials registry. Denote the registry and registry number.

Patient Permission Policy
You must obtain a signed patient permission form for every patient whose recognizable photograph will be used. If you do not supply this, the identity of the patient must be obscured before the image is published; this could interfere with the instructive value of the photograph. Patient permission forms are available at www.thieme.com/journal-authors
EDITORIAL CONTACTS

Please contact the Editors or Thieme Publishers with any questions.

Editors in Chief
Heather Harris Wright, PhD., CCC-SLP
Professor
Chair, Department of Nutrition Science (Interim)
Associate Dean for Research
College of Allied Health Sciences
3206 F Allied Health Sciences, MS 668
Greenville, NC 27834
wright@ecu.edu

Stacy A. Wagovich, Ph.D., CCC-SLP
Associate Professor and Chair
Speech, Language and Hearing Sciences
School of Health Professions
309 Lewis Hall
University of Missouri
Columbia, MO  65211
wagovichs@health.missouri.edu

Thieme Publishers – Editorial Office Coordinator
Jyothi Sriram
Thieme Medical and Scientific Publishers Private Limited
A-12, Second Floor, Sector 2
Noida - 201 301
India
Tel: +91-120-4556636/Fax: +91-120-4556649
jyothi.sriram@thieme.in

Thieme Publishers – Assistant Acquisitions Editor
Wakiko Ishii
Thieme Medical Publishers, Inc.
333 Seventh Avenue
New York, NY 10001
Tel: 212-584-4662 / Fax: 212-947-1112
journals@thieme.com

Thieme Publishers – Production Editor
Joycelyn Reid
Thieme Medical Publishers, Inc.
333 Seventh Avenue
New York, NY 10001
Tel: 212-584-4668 / Fax: 212-947-1112
joycelyn.reid@thieme.com