Thank you for contributing to *Neuropediatrics*. 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: [http://mc.manuscriptcentral.com/neuped](http://mc.manuscriptcentral.com/neuped)

- **AUTHOR INFORMATION**
  - All authors: full name, degrees, department, affiliation, e-mail address
  - Corresponding author: mailing address, telephone number

- **MANUSCRIPT FILE**
  - Must be digital - hard copy submissions are not accepted

- **ABSTRACT AND KEYWORDS**
  - See the section Article Types for word limits

- **REFERENCES**
  - Cited sequentially in AMA style

- **FIGURES AND TABLES**
  - Cited sequentially and included in the main document

- **ART FILES**
  - Must be saved separately 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
The following graph shows what types of articles are accepted for publication, and what requirement they may have.

<table>
<thead>
<tr>
<th>Article Type</th>
<th>Abstract Limit</th>
<th>Keywords Limit</th>
<th>Title Limit</th>
<th>Tables/Figures Limit</th>
<th>References Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original Article (up to 4,000 words)</td>
<td>Up to 250 words</td>
<td>3 to 6 keywords</td>
<td>Up to 25 words</td>
<td>Up to 5 tables/figures</td>
<td>Up to 40 references</td>
</tr>
<tr>
<td>Short Communications (up to 1,500 words)</td>
<td>Up to 250 words</td>
<td>3 to 6 keywords</td>
<td>Up to 25 words</td>
<td>Up to 2 tables/figures</td>
<td>Up to 15 references</td>
</tr>
<tr>
<td>Review Articles</td>
<td>Up to 250 words</td>
<td>3 to 6 keywords</td>
<td>Up to 25 words</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>Letter to the Editor</td>
<td>Up to 250 words</td>
<td>3 to 6 keywords</td>
<td>Up to 25 words</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>Videos and Images in Neuropediatrics (up to 200 words)</td>
<td>No abstract</td>
<td>3 to 6 keywords</td>
<td>Up to 25 words</td>
<td>1 Video (up to 5 mins) or 3 Images and 1 Table</td>
<td>Up to 5 references</td>
</tr>
</tbody>
</table>

Resident & Fellow Section in Neuropediatrics
The Resident & Fellow section is a journal section that is designed to serve the trainee readership including medical students, residents, and fellows. The goal is to encourage trainees to engage in academic child neurology and to promote scholarly activity. Manuscripts are invited from trainees and fall into several categories as listed on the website of Neuropediatrics within the general framework for articles in Neuropediatrics. Articles are typically written by a trainee (preferably as the first author) with at least one experienced faculty co-author. For reviews, pre-submission enquiry is mandatory. All submitted manuscripts undergo a rigorous peer review process, similar to other submissions, ensuring that the high-quality standards for publishing in Neuropediatrics are met. The final decision regarding each submission is made by the editors-in-chief. Articles selected for peer review are typically sent to a combination of trainees and faculty, who act as expert reviewers. All accepted R&F articles are published in print in Neuropediatrics. Articles are indexed the same way that all articles in Neuropediatrics are indexed, including in PubMed.
<table>
<thead>
<tr>
<th>Article Type</th>
<th>Subcategory for R&amp;F Section*</th>
<th>Description</th>
<th>Abstract Limit</th>
<th>Keyword Limit</th>
<th>Title Limit</th>
<th>Tables/Figures Limit</th>
<th>References Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original articles (up to 4,000 words)</td>
<td></td>
<td>Original articles that present important and substantial new research.</td>
<td>250 words</td>
<td>3-6</td>
<td>25 words</td>
<td>5 tables/figures</td>
<td>Up to 40 references</td>
</tr>
<tr>
<td>Short Communications (up to 1,500 words)</td>
<td>Regular Short Communications</td>
<td>Short communications are reports of short original research studies. Topics can include case series or novel clinical and laboratory observations.</td>
<td>250 words</td>
<td>3-6</td>
<td>25 words</td>
<td>2 tables/figures</td>
<td>Up to 15 references</td>
</tr>
<tr>
<td>Clinico-Pathological Conferences</td>
<td>Description of a difficult case with an answer to the diagnosis in the pathology (biopsy or autopsy).</td>
<td>250 words</td>
<td>3-6</td>
<td>25 words</td>
<td>2 tables/figures</td>
<td>Up to 15 references</td>
<td></td>
</tr>
<tr>
<td>What This Case Taught Me</td>
<td>Single case reports, which illustrate important new clinical phenomena. The editors are paying special attention to the novelty of the finding.</td>
<td>250 words</td>
<td>3-6</td>
<td>25 words</td>
<td>2 tables/figures</td>
<td>Up to 15 references</td>
<td></td>
</tr>
<tr>
<td>Review Articles (up to 4,000 words)</td>
<td>Regular Review Articles</td>
<td>Timely reviews of important topics in Child Neurology. Authors should have substantial experience in their topic; hence the editors are paying special attention to work and valence of the senior author involved.</td>
<td>250 words</td>
<td>3-6</td>
<td>25 words</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>Trends In Translational Neuroscience</td>
<td>Short, focused reviews (typically less than 2500 words) of emerging trends and concepts in translational neuroscience that will have an impact on clinical practice. Authors should have substantial experience in their topic; hence the editors are paying special attention to work and valence of the senior author involved.</td>
<td>250 words</td>
<td>3-6</td>
<td>25 words</td>
<td>No limit</td>
<td>No limit</td>
<td></td>
</tr>
<tr>
<td>Child Neurology Training Around The World</td>
<td>Short focused opinion articles (typically less than 2500 words) on international issues related to education in the subspecialty of Child Neurology.</td>
<td>250 words</td>
<td>3-6</td>
<td>25 words</td>
<td>No limit</td>
<td>No limit</td>
<td></td>
</tr>
<tr>
<td>Videos and Images in Neuropediatrics (up to 200 words)</td>
<td>Videos or images that exemplify specific aspects or symptoms of common or rare neurologic diseases in childhood.</td>
<td>No abstract</td>
<td>3-6</td>
<td>25 words</td>
<td>1 Video (up to 5 min) or 3 Images and 1 Table</td>
<td>Up to 5 references</td>
<td></td>
</tr>
</tbody>
</table>

* Please indicate the type of your article in your cover letter and on the title page.
General Guidelines

• You must submit a digital copy of your manuscript. Hard copy submissions are not accepted.
• Keep the format of your manuscript simple and clear. We will set your manuscript according to our style—do not try to “design” the document.
• The manuscript, including the title page, abstract and keywords, text, references, figure captions, and tables should be typewritten, double-spaced in 12-point font with 1-inch margins all around and saved as one file.
• Each figure should be saved as its own separate file. Do **not** embed figures within the manuscript file. This requires special handling by Thieme’s Production Department.
• Keep abbreviations to a minimum and be sure to explain all of them the first time they are used in the text.
• The manuscripts should be written in American English.
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• 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 **not** be included in the main document but uploaded separately.
• The title page should list the article title, all author names, affiliations, and addresses. It should also have the following information on the title page: word count, number of references, number of figures/tables, number of supplemental figures/tables/references. The number of video files should also be included (including e-mails).

Abstract and Keywords

See the section Article Types for word limits.

The abstract should briefly outline the content of the article and any conclusions it may reach. The keywords should be words a reader would be likely to use in searching for the content of the article.

Main Document

• Please clearly distinguish the hierarchy of headings within the manuscript by using capital letters, underline, italic, and bold styles as necessary.
• As needed, use italic, superscripts, subscripts, and boldface, but otherwise do not use multiple fonts and font sizes.
• Do not insert page or section breaks except where noted in the Author Instructions.
• Use hard returns (the Enter key) only at the end of a paragraph, not at the end of a line. Allow lines of text to break automatically in your word-processing software. Do not justify your text.
• Use only one space, not two, after periods.
• Create tables using the Table function in Microsoft Word.
• Additional material, which is not pivotal, but supporting in nature to the theme of the manuscript can be submitted as “Supplementary Material” and will be published online only (not in print).

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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.

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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); PubMed: [www.ncbi.nlm.nih.gov/PubMed/](http://www.ncbi.nlm.nih.gov/PubMed/); or individual publisher Web sites.

- References must be listed in Vancouver 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 Vancouver 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
**MANUSCRIPT FORMAT continued**

**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. Be sure that lists or columns of related data are composed in a word-processing program like the rest of the text.
- 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.

**Videos**
- The preferred format for video submissions is MPEG-1.
- Please include a descriptive legend at the end of your main document, which will be published together with a link to your video.

All video will be subject to peer review. They should be up to 2 minutes in length or a maximum of 10MB, appropriately labeled with a voiceover. QuickTime or AVI formats are acceptable. Authors who want their videos accessible in a streaming format must also provide either a single Sure-Stream file or 3 uniquely named single-rate clips (28.8, 56, T1) with a SMIL file to list the bandwidth choices. Video clips must meet production quality standards without modifications or editing by the Editorial Office. The Journal can accept only video submissions that meet the Journal’s formatting and image quality requirements. Authors will be notified if there are any problems with submitted files and asked to resubmit modified files. Image editing and correct formatting are the author’s responsibility.
VIDEOS AND IMAGES IN NEUROPIEDIATRICS

General Guidelines
We encourage the submission of videos or images that exemplify specific aspects or symptoms of common or rare neurologic diseases in childhood. Emphasis should be laid on clinical signs that have a high recognition factor and that cannot easily be identified from written description only. “Images” may also include results of imaging procedures like MRI, CT, radiographs or ultrasound that depict instructive examples of recognizable patterns.

Formal requirements are: no abstract, word count max. 200, max. 1 video or 3 images, max. 1 table, and max. 5 references. An informed consent letter signed by parents and children (if applicable) is a prerequisite. This does not account for anonymized MRI, CT, ultrasound, or radiographs. Besides originality, there are no restrictions on content or type of graphic presentation. This format undergoes a formal review procedure and is accounted for as a scientific contribution.

Videos should be up to 5 minutes in length. QuickTime or AVI formats are acceptable. Authors who want their videos accessible in a streaming format must also provide either a single Sure-Streamfile or 3 uniquely named single-rate clips (28.8, 56, T1) with a SMIL file to list the bandwidth choices. Video clips must meet production quality standards without modifications or editing by the Editorial Office. Authors will be notified if there are any problems with submitted files and asked to resubmit modified files. Each segment should be appropriately labeled and have transitions between video clips.

Authorship
We believe it important to document the adequate participation of all authors. We request no more than 6 authors be included. In all cases, however, multiple contributions of each author must be documented in our required form addressing copyright transfer, authorship, and conflicts of interest.

Conflict of Interest
All potential conflicts of interest must be declared by all named authors. This information shall be published in the accepted manuscript.

Title Page
The title page must include the following:
- Title (containing fewer than 80 characters including spaces)
- Running title (containing fewer than 40 characters including spaces)
- Author name(s) and final degree(s)
- The affiliation(s), and address(es), and e-mail addresses of all author(s)
- A statement of the location where the work was performed (only if authors from multiple institutions)
- Word Count: Limit manuscript to max. 200 words
- The Corresponding Author name and e-mail address (must be same as Corresponding Author in Manuscript Central)
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

We will convert color illustrations to black-and-white unless it is essential for the message to be conveyed. 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.
SUBMISSION PROCEDURE

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Submission Procedure
• Consult the checklist on the first page of this document to ensure that you are ready to submit your manuscript.
• Please note: There are no submission charges to submit your manuscript to this journal.
• Manuscripts must be submitted electronically at the following link: http://mc.manuscriptcentral.com/neuped
• Always review your manuscript before submitting it. You may stop a submission at any phase and save it to submit later. After submission, you will receive a confirmation email. You can also check the status of your manuscript by logging in to the submission system. The Editor in Chief will inform you via email once a decision has been made.

Preprint Server Statement
Neuropediatrics encourages the submission of manuscripts that have been deposited in an initial draft version in preprint repositories such as Research Square, arXiv, and medRxiv. Drafts of short conference abstracts or degree theses posted on the website of the degree-granting institution, and draft manuscripts deposited on authors’ or institutional websites are also welcome. All other prior publication is forbidden.

During submission, authors should (1) note use of the preprint repository in the cover letter, (2) state what adjustments and/or updates the draft has undergone between deposition and submission and (3) cite the preprint, including the DOI, as a reference in the manuscript.

After submission to the journal, and until a final decision has been made, authors are discouraged from depositing versions of their manuscript as preprints. Upon publication authors should add a link from the preprint to the published article. Twelve months after publication, authors can update the preprint with the accepted manuscript.

Revision Procedure
• Should the editors decide that your article requires a revision, you will need to make the changes via a word-processing program and resubmit it electronically.
• Log In to the submission system and find your article, which will be marked for revision.
• The best way to make revisions to your manuscript is by enabling the Track Changes mode in Microsoft Word, which will automatically highlight and mark up revised text. Please submit both a marked up copy and a clean copy of your revised manuscript to the submission system.
• Your original files will still be available after you upload your revised manuscript, so you should delete any redundant files before completing the submission.
• You will also be provided space in which to respond to the reviewers’ and editors’ comments. Please be as specific as possible in your response.
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.

Article Offprints
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POLICY STATEMENTS

Statement on Liability
The legislation on product liability makes increased demands on the duty of care to be exercised by authors of scientific research and medical publications. This applies in particular to papers and publications containing therapeutic directions or instructions and doses or dosage schedules. We therefore request you to examine with particular care, also in your own interest, the factual correctness of the contents of your manuscript once it has been copyedited and returned to you in the form of galley proofs. The responsibility for the correctness of data and statements made in the manuscript rests entirely with the author.

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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This journal adheres to the ethical standards described by the Committee on Publication Ethics and the International Committee of Medical Journal Editors. Authors are expected to adhere to these standards.

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.

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**Further Reading**

Further general Thieme journal policies can be found [here](http://www.thieme.com/journal-authors). These include:

- **Principal Editorial Policies**
  - Publishing Ethics and Research Integrity Statement
  - Research Integrity
  - Editorial Process
  - Appeal Procedure
  - Peer Review
  - Peer Review Model
  - Recommending Reviewers
  - Transparency
  - Integrity of the Scientific Record
  - Thieme’s Archival Strategy

- **Authorship: Definitions and Responsibilities**
  - Corresponding Authors
  - Name Changes
  - Persistent Identifiers/ORCID
  - Contributorship
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