



2021 Template for the Title and Authors Page

Title of article: Arial Narrow, font size 14, bold; spacing 16

Authors (full name): Arial 10, italic, double space

First, (middle), and last name, list one-by-one in sequence, with 'and' before the last author's name.

Example: *Vilai Kuptniratsaikul,¹ Apichana Kovindha,² and Piyapat Dajprathham¹*

Affiliation: Arial 10, italic, double space

List one-by-one in sequence

¹ *Department of Rehabilitation Medicine, Faculty of Medicine, Siriraj Hospital, Mahidol University, Bangkok, Thailand*

² *Department of Rehabilitation Medicine, Faculty of Medicine, Chiang Mai University, Chiang Mai, Thailand*

Correspondence to: Full name, degrees. Working address. E-mail address of the institute preferred.

Note:

Please register as a user of the Journal before submission,

<http://he01.tci-thaijo.org/index.php/aseanjrm/user/register>

The title and authors file should be submitted/uploaded to of the Journal online submission system

<http://he01.tci-thaijo.org/index.php/aseanjrm/submissions>

After submitting the three files: the manuscript, the title and authors page, and a cover letter to the editor, please add authors' name and e-mail addresses in the "Metadata" section of the Journal online submission system.

In the cover letter to the editor, please state the importance why your manuscript should be published, and it has not been published elsewhere. You may propose 2 potential reviewer names and their E-mail addresses. The selected reviewers are not from the same hospital/university of the authors. The process of peer review is double-blinded.



2021 Template for Original Article and Short Communication

1

2 **Note**

3 Insert continuous line numbers from the first page

4 Authors' names and affiliations should NOT be presented here as this manuscript will be sent out for a double-
5 blinded peer review.

6 For writing a manuscript, see the CONSORT checklist guideline for a clinical trial, the STROBE statement
7 checklist guideline for observational studies (cohort study, case-control study), and the SQUIRE guidelines for
8 quality improvement and safety of care report.

9 Use Word Document and Arial Narrow, font size 11-12, double space

10 **Title of article:**

11 Indicate the design of the study in the title e.g., a randomized controlled trial. Avoid using abbreviations.

12

13 **Abstract** Structured abstract. Word count: 250.

14 *Objectives:* Only the main objectives, no background

15 *Study design:* Specify type of study e.g., a randomized controlled trial, a cohort study, a case-control study, etc.

16 *Setting:* Hospital, province, country.

17 *Subjects:* Describe type of subject and inclusion criteria.

18 *Methods:* Describe how the study was done, primary and secondary outcomes, and statistical analyses used.

19 *Results:* Describe important quantitative/qualitative and statistical data and outcomes.

20 *Conclusion:* Be concise, relevant to objectives

21 **Keywords:** 3-5 relevant keywords, small letters, separate with comma, no abbreviation. MeSH terms are
22 preferable (search from MeSH browser). Examples: paraplegia, atrial myxoma, embolism

23

24 **Introduction**

25 Describe scientific background and rationale. State specific objectives, including any prespecified
26 hypotheses; problem of care and characteristics of organization in which it occurs. Describe nature and severity
27 of the local problem, the specific aim of intervention including who and what triggered the decision to make a
28 changed, and why. State the primary and secondary study questions.

29 In the text, reference numbers are cited in sequence and superscribed after a comma and after a period
30 at the end of the sentence.

31

32 **Methods**

33 State what you did. Subheadings in italic: *Study design, Participants, Materials (if necessary),*
34 *Randomization (if necessary), Intervention, Outcome measurements, Statistical methods*

35 *Study design* Describe type of research, an approval of institute review board/research ethic committee
36 and clinical trial registration number.

37 *Participants* Eligible criteria for participants, setting and location where data were collected. State how
38 sample size was determined.

39 *Randomization* Describe type and method, allocation concealment and mechanism. Describe any
40 efforts to address potential sources of bias.

41 *Intervention* Describe the interventions for each group with sufficient details to allow replication,
42 including how and when they were actually administered. Give diagnostic criteria, if applicable.

43 *Outcome measurements* Clearly define variables and methods of evaluating primary and secondary
44 outcomes.

45 *Statistical methods* Describe qualitative and quantitative analysis. If applicable, describe which
46 groupings were chosen and why.

47 Results

48 Indicate number and describe characteristics of participants. A diagram of participants flow should be
49 presented clearly (see CONSORT flow for RCT). Show a table of baseline demographic and clinical
50 characteristics of each group. Report primary and secondary outcome data and other analyses done.

51 **Table** Caption at the top of the table. Present only top/bottom/horizontal lines, no vertical border or
52 inside line. Below the table, indicate type of statistical data/analysis and full terms of abbreviations used in the
53 table. Avoid using \pm . See example:

54 **Table 1.** Baseline demographic and clinical characteristics of patients with stroke

| | Intervention group (N = xx) | Control group (N = xx) | P - value |
|--------------------------------------|--------------------------------|---------------------------|-------------------|
| Age (year) ¹ | Two decimals at most | Two decimals at most | .065 ^a |
| Type of CVA, infarction ² | Two decimals at most | Two decimals at most | .078 ^b |
| MAS, > 1+ ² | Two decimals at most | Two decimals at most | .890 ^b |

55 ¹ Mean (SD) [range], ² number (%); ^a Mann-Whitney U test, ^b Fisher exact test

56 CVA, cardiovascular accident; MAS, modified Ashworth Scale

57 Discussion

58 Summarize and interpret the key results with reference to the study objectives. Use subheadings when
59 necessary e.g., *Primary outcome, Secondary outcomes, Limitations*.

60 Discuss limitations, potential bias of the study, generalizability, etc. Add reference number when citing
61 other studies.

62 Conclusion

63 Disclosure

64 Acknowledgement

65 Mention additional contributors as necessary. Funding/Support is mentioned in this section.

66

67 References

68 References are listed in numerical order, and in the same order in which they are cited in text. The
69 reference list appears at the end of the paper. Use Vancouver's style with six authors' names, et al. Journal
70 abbreviation. Year;Volume:Page number. Add doi if available.

71 Journal titles are abbreviated (to decipher/find correct abbreviations see: PubMed Journals Database
72 Abbreviation). Examples:

- 73 1. Pattanakuhar S, Tangvinit C, Kovindha A. A patient with acute cervical cord injury and COVID-19: a first case
74 report. *Am J Phys Med Rehabil*. 2020;99:674-676. doi: 10.1097/PHM.0000000000001485.
- 75 2. Kuptniratsaikul V, Kovindha A, Suethanapornkul S, Massakulpan P, Permsirivanich W, Kuptniratsaikul PS. Motor
76 recovery of stroke patients after rehabilitation: one-year follow-up study. *Int J Neurosci*. 2017 Jan;127(1):37-43.
77 doi: 10.3109/00207454.2016.1138474.
- 78 3. Wyndaele JJ, Kovindha A, Igawa Y, Madersbacher H, Radziszewski P, Ruffion A, et al. Neurologic fecal
79 incontinence. *Neurourol Urodyn*. 2010;29:207-12. doi: 10.1002/nau.20853.

- 80 4. Wyndaele JJ, Kovindha A. Urodynamic testing after spinal cord injury: a practical guide. Cham: Springer
81 International Publishing AG; 2017. 108 p.
- 82 5. Shreeve DF. Reactive attachment disorder: a case-based approach [Internet]. New York: Springer; 2012 [cited
83 2012 Nov 2]. 85 p. Available from: <http://dx.doi.org/10.1007/978-1-4614-1647-0>
- 84 6. Oleszek J, Davidson L. Cerebral palsy. In: Braddom RL, Chan L, Harrast MA, Kowalske KJ, Katthews DJ,
85 Ragnarsson KT, Stolp KA, editors. Physical medicine & rehabilitation. 4th ed. Philadelphia: Elsevier Saunders;
86 1996. p. 1253-73.
- 87 7. Halpen-Felsher BL, Morrell HE. Preventing and reducing tobacco use. In: Berlan ED, Bravender T, editors.
88 Adolescent medicine today: a guide to caring for the adolescent patient [Internet]. Singapore: World Scientific
89 Publishing Co.; 2012 [cited 2012 Nov 3]. Chapter 18. Available from:
90 http://www.worldscientific.com/doi/pdf/10.1142/9789814324496_0018
- 91 8. Halpen-Felsher BL, Morrell HE. Preventing and reducing tobacco use. In: Berlan ED, Bravender T, editors.
92 Adolescent medicine today: a guide to caring for the adolescent patient [Internet]. Singapore: World Scientific
93 Publishing Co.; 2012 [cited 2012 Nov 3]. Chapter 18. Available from: [http://www.worldscientific.com/
94 doi/pdf/10.1142/9789814324496_0018](http://www.worldscientific.com/doi/pdf/10.1142/9789814324496_0018)

95
96
97 **Appendix** Submitted as a separate file.

98

99 **Revised 2021/01/13**



2021 Template for Case Report

1

2 **Note**

3 Use word document, Arial Narrow, font size 11-12, double-space

4 Insert continuous line numbers from the first page

5 Authors' names and affiliations should NOT be presented here as this manuscript will be sent out for a double-
6 blinded peer review.

7 See the CARE checklist guideline for writing a case report

8

9 **Title of article** (Indicate the area of focus and "a case report" in the title)

10

11 **Abstract** (Structured abstract. Word count: 250)

12 *Objectives:* To present what is unique and important point to concern.

13 *Study design:* Case report

14 *Setting:* Hospital, province, country

15 *Subject:* Describe patient's demographic data.

16 *Methods:* Review patient's medical records, etc.

17 *Results:* Describe important clinical findings, diagnosis, intervention and outcomes.

18 *Conclusion:* One or more "take-away" lessons

19 **Keywords:** 3-5 relevant keywords, small letters, separate with comma, no abbreviation. MeSH preferred (search
20 from MeSH browser). Examples: paraplegia, atrial myxoma, embolism

21

22 **Introduction**

23 Briefly summarize why this case is unique with medical literature references. Reference numbers cited
24 in the text should be superscribed after a comma and after a period at the end of the sentence. Examples:

25 Sepsis from pressure sores was found to be the most common cause of death among SCI patients.¹

26 Kuptniratsaikul, et al² reported that

27 **Case presentation**

28 Describe patient's medical/family/social information, clinical findings, timeline; diagnostic assessment,
29 therapeutic intervention (if relevant); and follow-up and outcomes. Patient's perspective can be presented in the
30 manuscript. No patient's name/identification. A separate file of patients' informed consent for presenting patient's
31 face should be uploaded as when submitting the manuscript. Informed consent is not needed for dead case.

32 **Table** No vertical border/line, present only horizontal lines.

33 **Figure** Picture of patient and X-ray should be clear with an arrow/asterisk indicating an important
34 finding, if necessary. Patient's face can be presented if having informed consent.

35 Tables and Figures up to 3 in total, inserted in the manuscript.

36 **Discussion**

37 Discuss relevant medical literature including a brief review of similar published cases, strengths and
38 limitation of your approach in this case, rationale for your conclusions, and the primary "take-away" lessons from
39 this case report.

40 Disclosure

41 Acknowledgement (Additional contributors as necessary. Funding/Support is mentioned in this section.)

42 References

43 References are listed in numerical order, and in the same order in which they are cited in text. Use
44 Vancouver's style with six authors' names, et al. Journal abbreviation. Year;Volume:Page number. Add doi if
45 available. Journal titles are abbreviated (to decipher/find correct abbreviations see: PubMed Journals Database
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- 49 2. Kuptniratsaikul V, Kovindha A, Suethanapornkul S, Massakulpan P, Permsirivanich W, Kuptniratsaikul
50 PS. Motor recovery of stroke patients after rehabilitation: one-year follow-up study. *Int J Neurosci.*
51 2017;127:37-43. doi: 10.3109/00207454.2016.1138474.
- 52 3. Wyndaele JJ, Kovindha A, Igawa Y, Madersbacher H, Radziszewski P, Ruffion A, et al. Neurologic fecal
53 incontinence. *Neurourol Urodyn.* 2010;29:207-12. doi: 10.1002/nau.20853.
- 54 4. Wyndaele JJ, Kovindha A. *Urodynamic testing after spinal cord injury: a practical guide.* Cham: Springer
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- 58 6. Oleszek J, Davidson L. Cerebral palsy. In: Braddom RL, Chan L, Harrast MA, Kowalske KJ, Katthews
59 DJ, Ragnarsson KT, Stolp KA, editors. *Physical medicine & rehabilitation.* 4th ed. Philadelphia: Elsevier
60 Saunders; 1996. p. 1253-73.
- 61 7. Halpen-Felsher BL, Morrell HE. Preventing and reducing tobacco use. In: Berlan ED, Bravender T,
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63 World Scientific Publishing Co.; 2012 [cited 2012 Nov 3]. Chapter 18. Available from:
64 http://www.worldscientific.com/doi/pdf/10.1142/9789814324496_0018

65 8. Halpen-Felsher BL, Morrell HE. Preventing and reducing tobacco use. In: Berlan ED, Bravender T,
66 editors. Adolescent medicine today: a guide to caring for the adolescent patient [Internet]. Singapore:
67 World Scientific Publishing Co.; 2012 [cited 2012 Nov 3]. Chapter 18. Available from:
68 http://www.worldscientific.com/doi/pdf/10.1142/9789814324496_0018

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71 **Published 2021/01/13**