American Journal of Occupational Therapy

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Article types

AJOT solicits seven basic article types. The following table provides an overview of each article type and the word limit for each.

Table 1. Manuscript Types Solicited by *AJOT*

Manuscript Type	Description	Word Count
Research articles: original research	Original research using quantitative, qualitative, or mixed methodology	5,500 words
Research articles: critical reviews	Critical reviews, including systematic reviews, scoping reviews, and mapping reviews	5,500 words

Brief Reports	Original research that is pilot or exploratory in nature	3,000 words
The Issue Is…	Scholarly article addressing issues, policies, or professional trends important to the profession	3,000 words
Health Policy Perspectives	Column that offers perspectives on occupational therapy practice within the context of the health care system	3,000 words
State of the Science	Column that provides a brief narrative review of the state of the occupational therapy literature	3,000 words
Letters to the Editor	Scholarly letters contributing to the professional discussion around a topic	750 words

Note. Limits are inclusive of only introduction through conclusion or body of the text.

AJOT will not publish the following types of manuscripts:

- Intervention manuals.
- Descriptions of clinical trial protocols that do not include outcome data.
- Descriptions of clinical programs (i.e., articles that do not answer a research question).
- N = 1 case reports. Single-subject case reports are not considered for publication; studies must have an N of at least 3.
- Clinical trials that were not registered.
- Articles translating instruments, tools, or protocols into another language without any additional reliability or validity testing.

Original Research

Original research articles may fall into a variety of categories, including effectiveness studies, instrument development and testing, health services research, education, methods development, qualitative inquiry, or basic research (e.g., studies establishing relationships between conditions and occupational limitations, research on the prevalence or incidence of conditions or client factors within a condition, or development of taxonomies). Original research may reflect a variety of design types, including quantitative, qualitative, and mixed methodologies. During the manuscript preparation phase, authors should review the reporting guidelines outlined in Table 2. Additional information is presented in this section.

Intervention Research

Effectiveness or efficacy studies at any level of evidence and design may be submitted. Authors should clearly identify if the research was a feasibility or pilot study, as appropriate, referring to guidelines developed by Eldridge and colleagues (2016). For feasibility studies, only feasibility questions, rather than outcome data, should be addressed. A pilot study may ask similar questions as the feasibility study but will include results from a part of the proposed study or the proposed study completed on a smaller scale (Eldridge et al., 2016). Authors collecting data in a pilot or feasibility clinical trial must register their study with ClinicalTrials.gov or a similar international registry (see additional information regarding clinical trials registration in the next section).

To increase the transparency of clinical research and improve the ability to evaluate published articles for methodological and analytical rigor, AJOT has adopted reporting standards based on the CONsolidated Standards Of Reporting Trials (CONSORT) 2010 Statement (Schulz et al., 2010) for randomized trials. Several extensions of the CONSORT statement exist (e.g., extension checklist for reporting within-person randomized trials, extension to randomized pilot and feasibility trials) and should be considered on the basis of the study design and purpose.

In order to enhance intervention specificity and replicability, we also encourage authors to use the Guideline for Intervention Description in Rehabilitation (GUIDE-Rehab; Negrini et al., 2025), and/or guidelines outlined in the manual for the Rehabilitation Treatment Specification System (RTSS; Hart et al., 2025).

Instrument Development and Validation Studies

AJOT is committed to publishing work that supports the processes of screening, assessment, and evaluation of patients and programs within the occupational therapy profession. Studies submitted to the journal about the development or adaptation of an assessment tool should be far enough along in the development process to be useful to occupational therapy practitioners or researchers. The COSMIN Taxonomy of Measurement Properties provide a helpful resource for researchers. For a psychometric paper to be considered for publication in AJOT, at least three aspects of reliability, validity, responsiveness, and/or interpretability should be measured. Authors should provide a justification for why the method was chosen to validate the assessment as opposed to other methods available. In the “Implications for Occupational Therapy Practice” section of the paper, authors should clearly identify how, when, and by whom the proposed assessment tool would be used. While all assessment types will be considered, priority areas include occupation-based, function-based, participation, and patient-centered outcome measures. Articles translating instruments, tools, or protocols into another language without any additional reliability or validity testing will not be considered.

Other Original Research Designs

AJOT welcomes qualitative research submissions that have a high level of rigor. Authors submitting manuscripts based on qualitative research should refer to the Standards for Reporting Qualitative Research (SRQR; O'Brien et al., 2014). In addition to SRQR guidelines, authors who use focus groups or interviews as part of their qualitative data collection process are encouraged to use the COnsolidated criteria for REporting Qualitative research (COREQ) checklist as part of their manuscript preparation process (Tong et al., 2007).

Additional guidelines for specific article types are highlighted here. See Table 2 and the EQUATOR Network for details.

- Observational studies should follow the STrengthening the Reporting of OBservational studies in Epidemiology guidelines (STROBE; von Elm et al., 2007).
- Diagnostic studies (identification of specific impairments or occupational problems) should follow the STAndards for the Reporting of Diagnostic accuracy studies (STARD; Bossuyt et al., 2015).
- Survey research in which the purpose of the article is to describe how participant responses to the survey relate to the construct measured by the survey should use validated survey instruments, if possible. The instrument's psychometric properties must be briefly stated in the manuscript. If the study uses an author-created survey, AJOT will only consider manuscripts that describe the survey's development (e.g., creation of items, establishing psychometric properties) or that demonstrate that the authors established the psychometrics of their instrument before attempting to describe the survey results' relationship to the construct. AJOT will consider only survey research in which the participant numbers represent enough of the population to make it likely that the findings validly represent the population.

Critical Reviews

Critical reviews commonly published in AJOT include systematic reviews, scoping reviews, and meta-analyses. Other types of critical reviews will be considered (e.g., mapping reviews), but AJOT does not accept narrative reviews. Rapid reviews will only be considered for topics that require time-critical decision-making (e.g., for policy) or to answer clinically urgent questions.

Systematic Reviews

Systematic reviews are conducted when sufficient studies exist to be able to assess the strength of the evidence related to a topic. Systematic review articles should attempt to answer a narrowly focused question; questions that are unfocused in terms of intervention, outcome targets, or populations create difficulty in interpreting findings in a useful manner. Authors should follow AJOT's Guidelines for Systematic Reviews (also available under "Instructions & Forms" in ScholarOne). These guidelines

are in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement (Liberati et al., 2009; Moher et al., 2009) and provide additional information on formatting evidence tables.

Authors conducting systematic reviews who find sufficient homogeneity in the discovered literature should conduct a meta-analysis. When homogeneity exists in only part of the literature, the authors should conduct a meta-analysis of the homogeneous domain, followed by narrative results of the part of the literature that is not homogeneous. Generally, previous systematic reviews should not be used as primary data, but they may be included in introductory material and the Discussion section. If the authors choose to use previous systematic reviews as primary data, they must include a separate risk-of-bias table for included systematic reviews, such as the Assessing the Methodological Quality of Systematic Reviews checklist (AMSTAR; Shea et al., 2017).

Authors should adhere to best practices in conducting systematic reviews, as detailed in the Cochrane Handbooks for Systematic Reviews of Interventions (Higgins et al., 2023) and the Joanna Briggs Institute Reviewer's Manual (Peters et al., 2015). As described in these documents, best practices for systematic reviews require that reviews be conducted by at least two researchers. Therefore, AJOT will not consider reviews conducted by a single researcher. Single-author manuscripts are acceptable as long as the text makes it clear that at least two researchers conducted the review. Authors are encouraged, but not required, to register their systematic review prospectively at the PROSPERO registry site or another registry site.

Scoping Reviews and Mapping Reviews

Scoping reviews and mapping reviews attempt to answer questions about a broad field or a topic for which limited data are available. These review types typically describe what is known about a topic rather than review the strength of the intervention evidence. These reviews should include a clear statement of what the research gaps are and recommendations for future research. An evidence table should be included with the manuscript. The table format may vary, but all evidence tables should include the important characteristics of each study included in the review. A diagram (map) of the findings may be included, but it cannot substitute for the table. Authors of scoping and mapping reviews should follow the PRISMA Extension for Scoping Reviews (PRISMA-ScR; Tricco et al., 2018). Scoping reviews should cover topics that have not been reviewed in the past 5 yr.

Brief Reports

A Brief Report is a short report of original research that is of a pilot or exploratory nature or that addresses a discrete research question and lacks broad implications. The research can be of any design. Authors should follow the reporting guidelines stated earlier to the extent possible, given the size constraints.

The Issue Is

The Issue Is columns address timely issues, policies, or professional trends or express opinions supported by cogent argument from the literature. They provide a forum for scholars to debate professional issues that have an impact on the evolution of the profession. The Issue Is columns have three primary sections: (1) background information about the problem in question as it relates to the profession and to the larger society, (2) logically presented arguments supporting the author's position, and (3) the steps the profession must take to promote positive change. The number of Issue Is manuscripts that can be published per issue is limited. Otherwise acceptable manuscripts may be rejected if they cannot be published within a reasonable time frame. It is highly recommended that you reach out to the EIC first before submitting to discuss prior to submitting.

Health Policy Perspectives

Health Policy Perspectives columns offer perspective on occupational therapy practice in the changing health care system. They focus on the federal, state, or local policy questions that are critical to occupational therapy. The column provides an opportunity for expression of thoughtful opinions and is a forum for views; calls to action for the profession on practice, education, outreach, and research; and perspectives on how occupational therapy and health care policy intersect. Original research is not required, although preference is given to columns that reference published or ongoing research.

State of the Science

State of the Science (SoS) columns are intended to provide a brief narrative review of the state of the occupational therapy literature in a broad area of practice with the goal of providing a roadmap for researchers interested in conducting new and innovative research in this area. Typically, the state of the theory, intervention, assessment, and policy or advocacy should be considered as part of the column. A bulleted list of future research directions should be included. SoS authors should be experts in their field; collaboration with multiple experts is encouraged. Student papers will not be considered. Authors should discuss possible SoS topics with the AJOT Editor-in-Chief before pursuing this article type. SoS columns will only be considered on a limited basis.

Letters to the Editor

Letters to the Editor that discuss a recent AJOT article or other broad issue relative to the journal will be considered for publication. Letters must be scholarly, contribute to the professional discussion of a topic, include references as appropriate, and be no more than 750 words in length, including references. Letters may be edited for length and to conform with AJOT editorial style and will be published at the sole discretion of the Editor-in-Chief. Letters should be submitted through ScholarOne, our manuscript submission platform.

Registered Reports, Pre-Data or Post-Data

There are two types of Registered Reports:

- Registered Reports – Pre-Data, i.e., before any data have been gathered
- Registered Reports – Post-Data, i.e., before already existing data have been examined and analyzed.

These submissions are reviewed in two stages. In Stage 1, a study proposal is considered for publication prior to data collection and/or analysis. Stage 1 submissions should include a complete Introduction, Methods, and Proposed Analyses. High-quality proposals will be accepted in principle before data collection and/or data analysis commences. Once the study is completed, the author will finish the article including Results and Discussion sections (Stage 2). Publication of the Stage 2 submission is guaranteed as long as the approved Stage 1 protocol is followed and the conclusions are appropriate. Full details can be found here. The Journal's manuscript requirements should be adhered to for the stage 2 submission.

The following table outlines the required and recommended reporting guidelines by study design.

Table 2. Guidelines by Study Type

Study Design	Reporting Guidelines	Required	Recommended
Randomized controlled trials	CONsolidated Standards Of Reporting Trials (CONSORT)	X	
Randomized controlled trials	Guideline for Intervention Description in Rehabilitation (GUIDE-Rehab)		X
Observational studies (e.g., cohort, case-control studies, cross-sectional studies)	STrengthening the Reporting of OBservational studies in Epidemiology (STROBE)		X
Observational studies (e.g., cohort, case-control studies, cross-sectional studies)	Guideline for Intervention Description in Rehabilitation (GUIDE-Rehab)		X
Qualitative research	Standards for Reporting Qualitative Research (SRQR) and COnsolidated criteria for REporting Qualitative research (COREQ) when interviews and focus groups are included in the study design		X
Diagnostic/prognostic studies	STAndards for Reporting of Diagnostic accuracy (STARD)		X
Systematic reviews and meta-analyses	Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA)	X	
Scoping reviews	PRISMA Extension for Scoping Reviews (PRISMA-ScR)	X	
Measurement studies	COnsensus-based Standards for the selection of health Measurement INstruments (COSMIN)		X

Systematic Reviews

- AJOT follows the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Systematic reviews must be in accordance with the PRISMA standards (see the PRISMA Checklist for additional guidance).
- Authors should review AJOT's Guidelines for Systematic Reviews (also available at the manuscript submission site) and follow them carefully. Evidence tables and risk of bias tables should adhere to the prescribed format.
- Authors should adhere to best practices in conducting systematic reviews as detailed in the Cochrane Handbooks for systematic reviews and the Johanna Briggs Reviewers Manual.
- Systematic reviews do not need to include references, evidence tables, or risk-of-bias tables in the word count; however, authors should strive for economy of expression and follow the guidelines for systematic reviews provided on the AJOT manuscript submission site.

Qualitative Research

Authors submitting manuscripts based on qualitative research should refer to the standards developed by the American Psychological Association Publications and Communications Board Working Group on Journal Article Reporting Standards for Qualitative Research (JARS–Qual Working Group). See Levitt, H. M., Bamberg, M., Creswell, J. W., Frost, D. M., Josselson, R., & Suárez-Orozco, C. (2018). Journal article reporting standards for qualitative primary, qualitative meta-analytic, and mixed methods research in psychology: The APA Publications and Communications Board task force report. American Psychologist, 73,26–46.http://psycnet.apa.org/doi/10.1037/amp0000151

Statistics

Authors must provide references for statistical tests used or described in the article. We strongly encourage authors to report statistical results that extend beyond p values; p values do not indicate the size or robustness of the effect. It is possible for results that have little clinical or real-world significance to achieve statistical significance. Therefore, when appropriate, authors need to include the effect size related to the comparisons. In addition, a measure of precision (confidence intervals) can be included to help clarify results and assist with data interpretation.

In addition, the following criteria should be considered when preparing statistical results (Lang & Altman, 2013):

- Name the statistical package used for analysis.
- Report the α level (e.g., 0.05) that defines statistical significance.
- When reporting t and F statistics, provide degrees of freedom (df) and the actual test statistic; for example, F(df, df) = X, p = 0.01, not just the p values. df are not required for chi-square statistics, although the test statistic is required.
- Report means with standard deviations when the data are normally distributed; use the format M (SD), not M ± SD
- Report median values for data that are not normally distributed; include interpercentile ranges, ranges, or both.
- Do not use the standard error of the mean (SEM) to indicate the precision of an estimate; use the 95% confidence interval instead.
- Nonsignificant p values should still be included in the manuscript; p values should be reported as exact values and to 2 decimal places (e.g., p = 0.04), except when p ≤ 0.001.
- Report whether and how any statistical adjustments were made for multiple statistical comparisons.
- If relevant, identify the minimum clinically important difference (MCID).

Authors must complete the AJOT Presubmission Checklist (also available on the manuscript submission site) when submitting a manuscript. The checklist should be uploaded as a supplemental file during the submission process.

Bias-Free Language and Terminology

At AJOT, we recognize that bias projected intentionally or unintentionally through social and biomedical research has the potential to perpetuate stigma and racism, impact health care decisions, and exacerbate health care inequities (Boyd et al., 2020; Flanagin et al., 2021; Tsai, 2022). To reduce bias in scholarly reporting, AJOT requires authors to use bias-free and inclusive language to help reduce bias around topics such as gender, age, disability, racial and ethnic identity, and sexual orientation. Specific examples on how to write using bias-free language can be found on the APA Style website. In cases where groups of participants have identified preferred terms for use in the research study (e.g., use of the term autistic adult versus adult with autism), authors should include a description or footnote indicating why those terms are being

used. Author positionality statements are strongly encouraged for research that includes historically minoritized and marginalized groups.

Abbreviations

Do not use abbreviations in the title or abstract of the article; the use of abbreviations in the text should be kept to a minimum. Terms should be written out fully the first time they are used, then followed immediately by the abbreviation in parentheses. Avoid the use of OT as an abbreviation for occupational therapy or occupational therapist; please write out the terms occupational therapist and occupational therapy assistant in the text.

Practitioner Roles

Consistent with the *Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services* (AOTA, 2020b), the roles of the occupational therapist and occupational therapy assistant shall be considered, and when appropriate, role distinctions shall be clarified.

Clinical trial registration

The journal conforms to the ICMJE requirement that clinical trials are registered in a WHO-approved public trials registry at or before the time of first participant enrollment as a condition of consideration for publication. The trial registry name and URL, and registration number must be included at the end of the abstract.

Reporting guidelines

Your manuscript **must** follow the relevant EQUATOR Network reporting guidelines, depending on the type of study. The EQUATOR wizard can help identify the appropriate guideline. You will need to upload the appropriate checklist with your submission.

Other resources can be found at NLM's Research Reporting Guidelines and Initiatives.

Formatting your manuscript

Accepted file types

The preferred format for your manuscript is Word. You do not need to follow a template, but please ensure your heading levels are clear, and the sections clearly defined.

All submissions must adhere to the following formatting guidelines:

- Double-space the entire manuscript, including abstract, text, quotations, acknowledgments, and references. Tables and figures may be single spaced.
- Leave 1-inch margins on all sides, and keep the right side unjustified.
- Number all pages, starting with the title page.
- Use line numbering in the text, starting with the page containing the abstract.
- Use only Times New Roman 12-point font.
- Include no more than four graphic elements (tables, figures, images, etc.). Place all graphic elements on their own page, starting after the References section of the manuscript

Your article title, keywords, and abstract all contribute to its position in search engine results, directly affecting the number of people who see your work. For details of what you can do to influence this, visit How to help readers find your article online.

Title

Your manuscript's title should be concise, descriptive, unambiguous, accurate, and reflect the precise contents of the manuscript. A descriptive title that includes the topic of the manuscript makes an article more findable in the major indexing services.

Abstract

Please include a structured abstract of 250 words between the title and main body of your manuscript that concisely states the purpose of the research, major findings, and conclusions. If your research includes clinical trials, the trial registry name and URL, and registration number must be included at the end of the abstract. Submissions that do not meet this requirement will not be considered.

Please follow the structured abstract guidelines.

For clinical trials, the trial registry name and URL, and registration number must be included at the end of the abstract.

Abstracts for columns (The Issue Is, Health Policy Perspectives, State of the Science) and guest editorials should include a synopsis of the main points and be limited to 150 words.

This journal includes plain language summaries. For more information on how to prepare a plain language summary, please see this page.

All abstracts, including the plain-language summary, are available on the website for members and nonmembers, free to read.

Plain language summaries

A plain language summary (PLS) is an optional addition that can be submitted for any article type that requires an abstract. The plain language title (approx. 50 words) and plain language summary (approx. 300 words) should describe the article using non-technical language, making it accessible to a wider network of readers. More information and guidance on how to write a PLS can be found on our Author Gateway.

PLS are published directly below the scientific abstract and are open access making it available online for anyone to read. Peer review of the PLS will be conducted following our PLS reviewer guidelines. When submitting, authors should enter their plain language title and plain language summary into the box provided in the submission system when prompted. The PLS does not need to be provided in the manuscript text or as a separate file. If you are not submitting a PLS with your submission, please enter "N/A" in each box.

If you need professional help writing your Plain Language Summary, please visit our Author Services portal.

Keywords

Please include a minimum of 1 keyword, listed after the abstract. Keywords should be as specific as possible to the research topic. Authors may assign keywords and research methodology descriptors to their article. These keywords will be used to match the manuscript with reviewers. Keywords are published online with the article to improve the user experience and enhance the discoverability of the article content.

Taxonomies

Authors will need to select AOTA taxonomy terms during the submission process to identify occupational therapy–specific taxonomy that describes their research. Keywords and AOTA taxonomy are published online with the article to improve the user experience and enhance the discoverability of the article content.

Artwork, figures, and other graphics

For guidance on the preparation of illustrations, pictures, and graphs in electronic format, please read Sage's artwork guidelines.

Figures supplied in color will appear in color online regardless of whether or not these illustrations are reproduced in color in the printed version. If you have requested color reproduction in the print version, we will advise you of the costs on receipt of your accepted article.

Number figures in the order they are first mentioned in the text. Figures should be able to be reproduced with minimal editing or resizing. All text within figures should be legible on an 8.5 x 11 printed page and may be up to 7 inches wide.

Each figure must be uploaded to the manuscript submission system as a separate file that is named in accordance with the figure number (e.g., “Figure 1.tif”); figures that are embedded in the manuscript will be removed from the file by the manuscript processing system. Figures and illustrations should not be uploaded into the supplemental files field during submission.

Provide a caption for each figure; place all captions after the References, double-spaced. Because figures should be understandable without reference to the text, ensure that the caption clearly describes the figure content.

Tables

Tables should be numbered and referenced sequentially in the text. Place each table on a new page after the References section, with each subsequent table also beginning on a new page. Table titles should be descriptive, and data appearing in tables should supplement, not duplicate, the text. It is the authors’ responsibility to double-check column totals and percentages. Be sure that any numbers in the text match the numbers that appear in the table. Define all abbreviations and explain any empty cells in a table footnote. Tables should be understandable by themselves without the reader having to return to the text to understand them. Tables must be included in the main manuscript file and should not be uploaded as supplemental files during submission. Manuscripts with missing tables or with tables submitted as supplemental files will be returned to the authors. We recommend that authors avoid tables that have a landscape orientation in order to facilitate online viewing.

Please ensure that you have obtained any necessary permission from copyright holders for reproducing any illustrations, tables, figures, or lengthy quotations previously published elsewhere. For further information including guidance on fair dealing for criticism and review, please see the Frequently Asked Questions page on the Sage Journal Author Gateway.

Limit on Number of Tables and Figures

No more than four (4) graphic elements—that is, any combination of tables, figures, or images—may be submitted with each article. If there is a strong rationale for an

additional table or figure for a systematic, scoping, or mapping review, please include the rationale in a cover letter with the submission and the additional art element(s) will be considered, at the Editor-in-Chief's discretion, for inclusion with these types of articles. Authors of accepted manuscripts who believe readers will benefit from additional tables or figures may submit those items during the production process as supplemental materials (see the Supplemental Material section below). Supplemental data and other materials are not typeset and are posted with the online article publication exactly as they are submitted.

Body of the Manuscript

Sections within the body of the manuscript will be similar for original research studies, critical reviews, and Brief Reports. Major headings are listed here; subheadings are encouraged to assist with the overall organization of the manuscript:

- Introduction: Provide a focused review of the relevant background literature; a clear rationale for or purpose of the study; and a clear statement of study aims, objectives, hypotheses, and research questions.
- Method: Identify the study design, setting, participants (including recruitment, eligibility, and consent process), measurement and outcomes, intervention protocol (if applicable), data collection, and data analysis plan.
- Results: Present the outcomes of the data analysis and clearly link them to explicitly stated research questions and hypotheses. Findings should be stated without bias or subjective interpretation.
- Discussion: Discuss the results within the context of current literature (what was already known) and explain any new insights gained from the research results. If hypotheses were set a priori, this section should indicate whether those hypotheses were supported. Include a section on limitations. For all studies, authors should consider the size of the effect and its clinical relevance in forming their discussion to keep the discussion within the bounds of their data and to not overstate the impact on occupational therapy. Future research directions can be a separate section or included in the Discussion section; either way, the section should be indicated with its own heading.
- Implications for Occupational Therapy Practice (described next).
- Conclusion: Consider the study results within the context of how they contribute to increasing real-life function, engagement, or satisfaction with occupations. Authors should indicate whether the study objectives were met.

"Implications for Occupational Therapy Practice" Section

Feature-length articles, including evidence reviews, must include a separate section summarizing the implications of the research for occupational therapy practice after the Discussion and before the Conclusion. This section should consist of a short introductory paragraph followed by a bulleted list of the practice implications, and it

should be included in the manuscript's word count. Although Brief Reports do not require a separate Implications section, they should clearly indicate the implications for clinical practice in their discussion.

This section is meant to be a brief highlight of the study's implications for clinical practice. It should be written in plain language and should not include implications for research or restate the results or discussion. Rather, it should look ahead to how the findings might be extended to routine clinical practice. The points discussed in the Implications should stay within the limits of the study findings:

- If the study tests the effects of a particular intervention, then mention what those effects might mean for clinical practice. Do not include statements about general occupational therapy practice unless tested in the study.
- Do not include statements related to a particular assessment approach if the study did not test assessment practices.
- If the study provides confirmatory evidence, then use wording such as "This study confirms previous work that . . . " or "The results offer further evidence that . . . ."
- If the study suggests a promising type or amount of service that is not feasible as a result of current health care or reimbursement policies, it may be more appropriate to suggest that practitioners advocate for changes in policies rather than provide that service.
- For pilot or feasibility studies, the only statements that can be made are whether the intervention may have potential to facilitate benefits if larger studies show similar results. In addition, the following statement may be made: "If practitioners choose to implement this approach clinically, they need to carefully document treatment content, client responses to the treatment, and changes in client functioning (or occupational engagement) from start to termination of treatment."

If the findings have relevance for occupational therapy education, authors may include a section on Implications for Occupational Therapy Education (this would be the only Implications section if the study is educational research). It is not sufficient to argue that new content must be included in entry-level curricula. Occupational therapy education programs typically are overloaded with content; therefore, authors making recommendations to add content should provide an idea of what could be replaced in current curricula.

When creating a title page, please make sure to use the AJOT Title Page template.

Title page

To ensure fair and anonymous peer review, your manuscript must be fully anonymized. Please ensure any identifying information is removed from the main

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    - **All persons eligible for authorship must be included at the time of submission (please see the authorship section for more information)**.
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- Declaration of conflicting interest
- Funding statement
- Ethical approval and informed consent statements
- Data availability statement
- Any other identifying information related to the authors and/or their institutions, funders, approval committees, etc, that might compromise anonymity.

Acknowledgments

If you are including an Acknowledgements section, this will be published at the end of your article. The Acknowledgments section should include all contributors who do not meet the criteria for authorship. Per ICMJE recommendations, it is best practice to obtain consent from non-author contributors who you are acknowledging in your manuscript.

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You will be asked to list the contribution of each author as part of the submission process. Please include the Author Contributions heading within your submission after the Acknowledgements section. The information you give on submission will then show under the Author Contributions heading later at the proofing stage.

Statements and declarations

To ensure proper anonymization, please include a section with the heading ‘Statements and Declarations’ on your title page, after the Acknowledgements section [and Author Contributions section if applicable] including each of the sub-headings listed below. If a declaration is not applicable to your submission, you must still include the heading and state ‘Not applicable’ underneath. Please note that you may be asked to justify why a declaration was not applicable to your submission by the Editorial Office. This information will be added to the end of your published paper.

Ethical considerations

Please include your ethics approval statements under this heading, even if you have already included ethics approval information in your methods section. If ethical approval was not required, you need to explicitly state this.

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