Author Guidelines

About the Journal

The Sri Lankan Journal of Allied Health Sciences (SLJAHS) is an official publication of the Faculty of Allied Health Sciences, University of Ruhuna, Sri Lanka. SLJAHS publishes peer-reviewed original research papers Bi-annually.

Manuscripts will be considered for publication with the explicit understanding that they have not been published elsewhere and are not under simultaneous consideration by any other journal/publication.

Focus and Scope of the Journal

The Sri Lankan Journal of Allied Health Sciences is an open access journal that consider manuscripts written in English in all fields of Health Sciences including, but not limited to Nursing, Medical Laboratory Science, Pharmacy, Radiography and Physiotherapy.

The aim of the journal is to offer a reputed scientific forum to disseminate high quality research findings in all areas in health sciences, facilitating the integration of research findings into clinical practice, policy-making, and healthcare delivery.

Publication Fees

The journal does not charge any submission, article processing or publication fees.

Target Audience

The journal is intended for researchers, academics, healthcare professionals, policymakers, and students in the fields of health and allied sciences.

Open Access Policy

The journal operates under an open-access model, making all published content freely available online. Articles are published under a **Creative Commons Attribution License (CC BY)**, allowing readers to share and adapt the work with proper attribution.

Types of Manuscripts

The journal publishes

- Original research
- Systematic reviews & Meta analysis
- Brief reports
- Case series/reports
- Clinical audits
- Study protocols
- Commentaries
- Editorials/Letter to editor

General Guidelines for the preparation of all types of manuscripts

Formatting

- Format: Open Office of MS Word format
- Font: Arial
- Font size: Title – 12 and bold, Headings – 10 and bold, Body – 10
- Margins: 1 inch (2.54 cm) in all sides
- Line spacing: 1.5 spacing
- Alignment: Justified
- Page numbers: bottom-right corner of the page from the abstract or introduction onwards

The manuscript should be written in clear, concise language, with complete sentences, correct punctuations and free from grammatical, typographical and spelling mistakes.

Standard abbreviations and International Systems of Units (SI units) should be used wherever applicable.

Scientific names of the organisms and botanical names and p values should be indicated in italics.

Preparation of common sections of all manuscripts:

Title page

The title page should include;

i. Title of the manuscript; (title should be short and descriptive of the research. Indicate the title in sentence case)
ii. The names of all authors (Last name, Initials; e.g. Perera BDG do not mention the academic grades or titles);
iii. Author Affiliations (at the time the research has been carried out);
iv. Disclaimers, if any;
v. Sources of funding
vi. Corresponding Author's contact details (name, mailing address, telephone number, ORCID and e-mail address)
vii. E-mail addresses of all the authors.
viii. Word count (excluding abstract, references, tables, and figures).

Preparation of Tables

All tables should have a separate number and a descriptive title above the table. Tables should be cited in the paper in consecutive order. All tables should be included in appropriate positions within the manuscript. The table should be fitted to the window and contents should be left aligned. The column titles should be bold and centre. All tables should be prepared using the following design.

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Preparation of Figures

All figures should have a separate number and a descriptive title under the figure. Figures should be cited in the paper in a consecutive order. All figures should be included in appropriate positions within the manuscript. Except for graphs, all other figures should be supplied in JPEG format. Images should be of 300 dpi resolution as a minimum, unless the resolution is intentionally set to

a lower level for an acceptable scientific reason. Patient identification details should be avoided in producing images and figures.

Usage of statistical software

The Journal understands that the authors use licensed copies of statistical software for the statistical analysis.

Declaration of conflicting interest

A statement concerning the conflicts of interest of all authors is mandatory.

Author contributions to manuscript

The journal follows the Criteria for Authorship of the International Committee of Medical Journal Editors (ICMJE), revised in 2019 which recommends that authorship be based on the following 4 criteria:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Acquisition of funding alone does not entitle one to authorship. Attention needs to pay to avoid guest, gift, and ghost authorships.

Please refer the below example.

Author contributions

All authors contributed to the study conception and design. Material preparation and data collection were performed by M.M., C.W., F.M., G.S. and R.G. Analysis was performed by S.J. and S.H. The first draft of the manuscript was written by R.G. and F.M. and all authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

Acknowledgments (Optional and should be very concise)

References

Accurate and correct presentation of references is mandatory. Indicate the references following the Vancouver style following the instructions available at https://library.viu.ca/citing/vancouver

Supplementary Materials (Optional)

Additional data, additional tables, figures or appendices.

Article submissions: All submissions for publication should be made via emails to sljahs@ahs.ruh.ac.lk

Contact Information

For queries related to the editorial policies, please contact:

Editorial Office, The Sri Lankan Journal of Allied Health Sciences, Faculty of Allied health Sciences, University of Ruhuna, Walahanduwa, Galle 80000, Sri Lanka

Email: sljahs@ahs.ruh.ac.lk

Website: http://www.ahs.ruh.ac.lk/ahs/sljahs/

By adhering to these editorial policies, the Journal of Health Sciences ensures transparency, fairness, and academic excellence in all aspects of its publication process.

Original Research Articles

Original research articles are the cornerstone of The Sri Lankan Journal of Allied Health Sciences.

Original research articles should include the following sections;

1. Title page
2. Abstract
3. Keywords
4. Introduction
5. Methods
6. Results
7. Discussion
8. Conclusions
9. Limitations
10. List of abbreviations
11. Funding statement
12. Ethical considerations
13. Declaration of conflicting interest
14. Author contributions
15. Acknowledgments
16. References
17. Supplementary materials (Optional)

1. Title Page

The title should be short and descriptive of the research.

Follow the instructions that are described under preparation of the common sections of all manuscripts.

2. Abstract

Abstract should be a non-structured one which contains 200-250 words. Abstract should present a concise summary of the objectives of the study, methods & statistical analysis, chief results and

the conclusions. Use of abbreviations should be minimal and avoid using cite references in the abstract.

3. Keywords

Three to five keywords should be indicated representing the main content of the article. They should be Italic and organized according to the alphabetical order.

4. Introduction

Introduction should describe a clear background and justification to the research carried out and its specific objectives or hypothesis. This should not be a comprehensive review of the literature. Details about methods, data, results, or conclusions should not be included in this section.

5. Methods

The methods and materials used in the study should be explained sufficiently in order to permit replication of the study. Experimental design, studly settings, sample size calculations and sampling methods, subject recruitment, exclusion/inclusion criteria, study instruments, details of the experimental procedures and data collection tools should be explained adequately. The product names and manufacturer of specialized materials, chemicals, drugs and instruments etc., are also needed to mention where appropriate. References for the methods established, statistical software and statistic tests /methods should be mentioned.

Details about the ethical approvals (with reference numbers) and clinical trial registration details etc., should be mentioned wherever applicable. Institutional approval should be obtained wherever applicable. Necessary permission should be obtained for using validated questionnaires for data collection.

6. Results

The results section should summarize and present the findings of the study to put them in context with the research question(s).

Results shall be reported using written text, tables, graphs, and other illustrations. Study findings should be presented in a logical sequence without attempting to analyze or interpret them. Data and findings that connect with the objectives of the study only must be indicated.

Preparation of Tables and Figures

Follow the instructions that are described under preparation of the common sections of all manuscripts.

7. Discussion

This section should discuss the implications of the findings in context of existing research and the potential shortcomings or limitations of the study.

8. Conclusions

Draw the conclusions based on the results of the study.

9. Limitations

10. List of abbreviations

If abbreviations are used in the text they should be defined in the text at first use, and a list of abbreviations should be provided.

11. Funding statement

12. Ethical considerations

13. Declaration of conflicting interest

A statement concerning the conflicts of interest of all authors is mandatory.

14. Author contributions to manuscript

Follow the instructions that are described under preparation of the common sections of all manuscripts.

15. Acknowledgments (Optional and should be very concise)

16. References

The total number of references should be less than thirty (30).

Follow the instructions that are described under preparation of the common sections of all manuscripts.

17. Supplementary Materials (Optional)

Additional data, additional tables, figures or appendices.

Word count

The entire manuscript should be of 3000-4000 words. This word count is exclusive of figures, tables, legends and references.

Systematic reviews and meta-analysis

Systematic review and meta-analysis articles should include the following sections;

1. Title page
2. Abstract
3. Keywords
4. Introduction
5. Methods
6. Results
7. Discussion
8. Conclusion
9. Limitations
10. List of abbreviations
11. Funding statement (if applicable)
12. Ethical considerations (if applicable)
13. Declaration of conflicting interest
14. Author contributions
15. Acknowledgments
16. References
15. Supplementary materials (Optional)

1. Title page

Follow the instructions that are described under preparation of the common sections of all manuscripts.

Title of the manuscript;

– Should clearly indicate it is a systematic review or systematic review and meta-analysis (e.g., "A Systematic Review of [Topic]" or "A Systematic Review and meta-analysis of [Topic]").

2. Abstract

Abstract should be a non-structured one which contains a maximum of 250 words. Abstract should present a concise summary of the objectives of the study, methods & statistical analysis, key findings and the conclusions. Use of abbreviations should be minimized and avoid using cite references in the abstract.

3. Keywords

Three to five keywords should be indicated representing the main content of the article. They should be Italic and organized according to the alphabetical order.

4. Introduction

Introduction should provide a context for the topic, highlighting its significance and relevance. Objectives of conducting the review should be included in the introduction stating the purpose of the review, often framed as a research question or hypothesis.

5. Methods

The methods and materials should describe the systematic approach used in detail, ensuring reproducibility. Key components include:

- Eligibility Criteria: Defines inclusion/exclusion criteria for studies (e.g., study design, population, intervention, outcomes).
- Search Strategy: Outlines databases (e.g., PubMed, Cochrane) and search terms used to locate studies.
- Study Selection Process: Explains how studies were screened and selected (e.g., PRISMA flow diagram).
- Data Extraction: Describes how relevant data were collected from included studies.
- Quality Assessment: Details tools or frameworks used to evaluate study quality and risk of bias (e.g., Cochrane Risk of Bias tool).
- Synthesis Approach: Specifies methods for summarizing data (e.g., qualitative synthesis, meta-analysis).

6. Results

The results section should summarize the number of studies identified, screened, and included, often using a PRISMA flow diagram.

- Study Characteristics: Describes key details of included studies (e.g., sample size, interventions, outcomes).
- Synthesis of Findings: Presents the main results, either narratively or in tables and figures.
- Meta-Analysis (if applicable): Includes pooled statistical analyses, forest plots, and heterogeneity assessments.

Preparation of Tables and Figures

Follow the instructions that are described under preparation of the common sections of all manuscripts.

7. Discussion

Discussion should highlight the main findings and their significance while comparing them with existing literature. Implications for practice, policy, or future research and the potential shortcomings or limitations of the study also should be included under the discussion.

8. Conclusion

The conclusion should provide a concise summary of the main findings and their relevance and may include recommendations for stakeholders or future studies.

9. Limitations

10. List of abbreviations

If abbreviations are used in the text they should be defined in the text at first use, and a list of abbreviations should be provided.

11. Funding statement

12. Ethical considerations

13. Declaration of conflicting interest

A statement concerning the conflicts of interest of all authors is mandatory.

12. Author contributions to manuscript

Follow the instructions that are described under preparation of the common sections of all manuscripts.

13. Acknowledgments (Optional and should be very concise)

14. References

Follow the instructions that are described under preparation of the common sections of all manuscripts.

The total number of references should be less than forty (40).

15. Supplementary Materials (Optional)

Should include additional information such as:

- Search strategy details
- Data extraction templates
- Risk of bias assessments

Word count

The entire manuscript should be of 4000-5000 words. This word count is exclusive of figures, tables, legends and references.

Case series/reports and Case studies

Case series/reports and case studies should include following sections;

1. Title page
2. Abstract
3. Background
4. Case presentation
5. Interventions and treatment
6. Outcome and follow-up
7. Discussion (optional)
8. Conclusions and recommendations
9. Limitations
10. List of abbreviations
11. Ethical considerations
12. Declaration of conflicting interest
13. Acknowledgements
14. References
15. Figures/Tables (optional)

1. Title page:

Title should describe the case or condition and be brief and clear.

Follow the instructions that are described under preparation of the common sections of all manuscripts.

2. Abstract:

The abstract should summarize the case, including key information about the patient, diagnosis, treatment, and outcome.

3. Background:

The background should include a context for the case and its significance and brief review of literature relevant to the case, highlighting the importance of the case.

4. **Case presentation:**

Case presentation should include;

- Patient Information such as age, gender, relevant medical history, presenting symptoms of the patient.
- Clinical Findings like physical exam results and key observations.
- Diagnostic Assessment such as diagnostic and imaging tests, lab results, and also the diagnosis criteria.

5. **Interventions and treatment:**

The treatments, or procedures the patient received including the rationale for the selected treatment should be described under this section.

6. **Outcome and follow-up:**

Details regarding the patient's reaction to treatment, any complications, final outcome of the treatment and any follow-up visits and results should be included in this section.

7. **Discussion (Optional):**

Under the discussion, the case should be analyzed with the context of existing literature and clinical knowledge indicating how this case may contribute in managing of similar types of cases. The significance of the and the limitations of the case and the need for further research or observation should also be included in this section.

8. **Conclusions and recommendations:**

The importance of the case and the recommendations for practice or future research should be summarized under the conclusion.

9. **Limitations**

10. **List of abbreviations**
11. **Ethical considerations**

12. Declaration of conflicting interest

13. Acknowledgments

14. References:

Follow the instructions that are described under preparation of the common sections of all manuscripts.

The total number of references should be less than twenty (20).

15. Figures/Tables (optional):

Preparation of Tables

Follow the instructions that are described under preparation of the common sections of all manuscripts.

Word count

The entire report should be 1000-1500 words. This word count is exclusive of figures, tables, legends and references.

Brief Report

Brief Report should include the following sections;

1. Title page
2. Abstract
3. Introduction
4. Methods (if applicable)
5. Results
6. Discussion
7. Conclusion
8. References
9. Figures/Tables (optional)

1. Title page:

The title should be a concise, informative title that reflects the key subject of the report.

Follow the instructions that are described under preparation of the common sections of all manuscripts.

2. Abstract:

Abstract should summarize the key problem, methodology and the findings. Word count should be less than 200 words.

3. Introduction:

Introduction should include a context for the problem and its significance and brief review of literature relevant to the problem, highlighting the importance of addressing the problem.

4. Methods (if applicable):

Methods should include a brief overview of the study design, case details, or data collection methods.

5. Results:

Key findings, often with a focus on new or unexpected information should be presented under results section.

6. Discussion:

Discussion should include interpretation of the findings, comparison to existing literature, and possible implications of the findings.

7. Conclusion:

The conclusion should summarize the key findings providing recommendations for practice or future research.

8. References:

Follow the instructions that are described under preparation of the common sections of all manuscripts.

The total number of references should be less than fifteen (15).

Figures/Tables (optional):

Follow the instructions that are described under preparation of the common sections of all manuscripts.

Word count for the brief report is 1500-2000 words, exclusive of figures, tables, legends and references.

Clinical audits

Clinical audits should include the following sections;

1. Title Page
2. Abstract
3. Background
4. Methods
5. Results
6. Discussion
7. Conclusions and recommendations
8. References
9. Appendices (if applicable)

1. Title Page:

Title should clearly describe the focus of the clinical audit.

Follow the instructions that are described under preparation of the common sections of all manuscripts.

2. Abstract:

The abstract should summarize the audit, including its aim, methods, key findings, and conclusions. Word count should be less than 200 words.

3. Introduction:

Introduction should include the overview of the clinical issue being audited, including its relevance and significance. The specific objective of the audit should be clearly indicated.

4. Methodology:

The methodology should include;

- Audit Criteria: The guidelines used as benchmarks for the audit such as best practices, national standards, institutional protocols.

- Audit Process: The steps followed in the audit, such as data collection methods, sample selection, time frame, and any tools or techniques used.
- Data Sources: Description of the collected data such as patient records, surveys, clinical outcomes.
- Institutional approval should be obtained wherever applicable.

5. Results:

Findings of the audit including quantitative data and qualitative observations should be clearly indicated while comparing them with the predefined audit criteria.

6. Discussion:

Discussion should summarize and analyze the key findings, suggest about current practices or outcomes and how the findings may influence clinical practice, patient care, or healthcare policies and the limitations of the audit.

7. Conclusions and recommendations:

A brief summary of the audit findings and their potential impact on practice or patient outcomes should be included in the conclusion.

Recommendation should suggest the improvements or changes based on the audit findings and Ideas for future audits or ongoing monitoring to track the progress.

8. References:

Follow the instructions that are described under preparation of the common sections of all manuscripts.

The total number of references should be less than fifteen (15).

9. Appendices (if applicable):

Additional material such as detailed tables, data sheets, protocols that support the audit.

Word count for the clinical audits is 1000 – 1500 words, exclusive of figures, tables, legends and references.

Study Protocols

Journal consider study protocols for proposed or ongoing research are considered for publication provided that provide a complete description of the study hypothesis, rationale, methodology and relevant ethical requirements are satisfied.

Study protocols should include the following sections;

1. Title Page
2. Introduction (explaining the purpose of the study and current knowledge on the topic)
3. Methodology (describing how the study will be conducted, study design, data collection process and data analysis)
4. Discussion (including related issues)
5. Conclusion
6. Ethical consideration (ethical approvals, trial registration etc.)
7. List of abbreviations
8. Declaration of conflicting interest
9. Author contributions to manuscript
10. Acknowledgments
11. References (including the references for analytical plan and statistical tests.) Follow the instructions that are described under preparation of the common sections of all manuscripts. The total number of references should be less than 20

Word count for the protocol papers is 1500 – 2000 words, exclusive of figures, tables, legends and references.

Editorials/Letter to editor and Commentaries

The journal considers the publication of above article types written on valuable, health science current topics, selected on authors own interest. The following contents may be included wherever applicable.

1. Background
2. Body of the article (Author's insights and perspectives. Suitable sub-topics can be used)
3. Conclusions (Key takeaways and recommendations)

Maximum word count for Editorials/Letter to editor is 1000 and for commentaries 500. The number of references should be five or less. References should be written following the Vancouver system as described under the common guidelines.