JoS
JOURNAL OF STROKE

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Information for authors

Aim and Scope

The *Journal of Stroke (JoS)* is published 3 times a year on the last day of January, May, and September. The *JoS* offers clinicians and researchers working in stroke-related fields with peer-reviewed articles on clinical and basic investigation of cerebral circulation and associated diseases for enhancing patient management, education, clinical or experimental research, and professionalism. The scope of the journal encompasses any areas of stroke research including those on pathophysiology, risk factors, symptomatology, imaging, treatment, and rehabilitation. Research in basic science is considered only when it provides clinically relevant important information. Additionally, we are interested in studies that highlight the characteristics of stroke in the Asian population, as they are insufficiently represented in the literature.

The online version is considered the canonical version of the journal because it includes all content available to the reader. Supplementary issues are occasionally published. Some or all of the articles in this journal are indexed in SCI(E), Pubmed, PubMed Central, Scopus, KoreaMed, Komci, Synapse, Science Central, DOAJ, KPubs, Google Scholar and DOI/Crossref. The printed version of the journal is free if a reader is registered with the Korean Stroke Society, otherwise readers can access articles at the Journal homepage. The URL address of the journal is http://j-stroke.org and http://submit.j-stroke.org. The journal was supported by the Korean Federation of Science and Technology Societies Grant funded by the Korean Government (NEST).

Types of Manuscript

JoS is composed of 3 sections, in addition to articles commissioned by the Editorial Committee. All manuscripts are subject to peer review. All submitted manuscripts will be initially reviewed by the editors. The editors will assess the manuscript's quality including originality, methodology, result presentation, interpretation, clinical and/or scientific importance, and interest to readers. After the initial assessment, the editor-in-chief will decide whether the manuscript will undergo formal review by relevant experts or be promptly rejected without undergoing a review process. Final decision of acceptance, need for revisions or rejection will be made by the editors after taking into account the peer review.

Original Articles. These will present original clinical and laboratory research and related topics. Although there is no set limit on the length of an original article, it is recommended that they be no longer than 5,500 words including abstract, tables, figure legends and references. An abstract no longer than 250 words should be provided with the following headings: Background and Purpose, Methods, Results, and Conclusions. A total of 7 figures or tables are allowed; additional tables and figures may be provided using the online data supplement system.

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Ethical Policy

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Supplemental Data

Supplemental Data is content that the authors wish to make available online if the paper is accepted for publication.

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5. Conflict(s) of Interest and any Disclosure(s)
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7. Figure Legends
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Sample title and author information

Low-Molecular-Weight Heparin in Atherosclerotic Stroke: A Surprising Resurrection of Anticoagulants?

Oh Young Bang,[1] Jong S. Kim[2,3]

[1]Department of Neurology, Samsung Medical Center, Sungkyunkwan University, Seoul, Korea

[2]Stroke Center and [3]Department of Neurology, University of Ulsan, Asan Medical Center, Seoul, Korea

Title Page

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Abstract

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Between 3 and 6 keywords should be provided at the end of the abstract page. Important keywords can be selected from the Medical Subject Headings (MeSH) used to catalogue and index MEDLINE and Index Medicus.

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Acknowledgments

All sources of funding and financial or material support should be clearly identified in an acknowledgement. All authors are also required to report potential conflicts of interest, including funding and specific financial interests relevant to the subject of their manuscript in an acknowledgment.

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Sample References

1. *Journal article*

Ku KM, Song KB, Oh MS, Yu KH, Lee JH, Shin JH, et al. Clinical characteristics of acute ischemic stroke while sleep and awake. *Korean J Stroke* 2011;13:74-78.

Vuilleumier P, Bogousslavsky J, Regli F. Infarction of the lower brainstem. Clinical, aetiological and MRI-topographical correlations. *Brain* 1995;118(Suppl 1):1013-1025.

Maasland L, van Oostenbrugge RJ, Franke CF, Scholte Op Reimer WJ, Koudstaal PJ, Dippel DW; Netherlands Stroke Survey Investigators. Patients enrolled in large randomized clinical trials of antiplatelet treatment for prevention after transient ischemic attack or ischemic stroke are not representative of patients in clinical practice: the Netherlands Stroke Survey. *Stroke* 2009;40:2662-2668.

Ministry of Health & Welfare, Korea Center For Disease Control & Prevention. Korea Health Statistics 2010: Korea National Health and Nutrition Examination Survey (KNHANES V).

2. *Book*

Minematsu K, Bang OY, Uehara T. Risk factors. In: Kim JS, Caplan LR, Wong KS. Intracranial Atherosclerosis. 1st ed. Hoboken, NJ: Wiley-Blackwell, 2008;45-54.

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Web sites generally follow this format: Author names (if any). Title of information or page. Name of website. URL. Publication date (if any). Access date.

4. *Otherwise follow uniform requirements for manuscripts submitted to biomedical journals (http://www.nlm.nih.gov/bsd/uniform_requirements.html)*

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