Information for contributors

THE JOURNAL OF THE AMERICAN OSTEOPATHIC ASSOCIATION is the official scientific publication of the American Osteopathic Association. Articles are accepted with the understanding that they have not been published elsewhere and that they are not simultaneously under consideration by any other publication.

Concerning acceptable materials

JAOA has the dual functions of documenting osteopathic contributions in any clinical-scientific subject area and providing clinical teaching for its physician readers; papers are accepted which contribute to one of these goals. JAOA seeks to publish only the best scientific contributions of the osteopathic profession to medical literature. High standards of jurying and editing are therefore maintained.

Priority in publication is given to original work, whether for the specialist or for the general practitioner. An os-

teopathic slant is expected where appropriate.

For the guidance of osteopathic specialists who are considering where to submit their original work, the following might be offered: JAOA is interested in any clinical problem that a family physician or a specialist in another field might see first; or in any study for which the D.O. wishes to reflect credit upon his own profession. He might submit to a specialty journal papers on topics of specialty interest only.

Both general practitioner and specialist are considered to benefit from the presentation of original work, current reviews with an expert critical viewpoint, clinical research reports, and teaching materials in a variety of clinical fields. JAOA attempts to represent the osteopathic holistic concept in

the breadth of its coverage.

Basic science reports can be accepted only in abstract form unless they are specifically related to the clinical sciences. Reprints are used only in the rarest of instances. Letters to the editor, particularly of a kind supplementing or commenting upon scientific articles or providing new information on clinical topics, are encouraged. Book reviews are also welcome for consideration. All book reviews, letters to the editor, research abstracts, and guest editorials are limited to 500 to 1000 words, a maximum of ten references, and two illustrations, where appropriate.

Contributions are accepted from members of the American Osteopathic Association, faculty members in osteopathic colleges, and, in unusual circumstances, from others; in the latter category would mainly be guest lecturers at os-

teopathic meetings.

In all but rare instances, trainee papers must include the trainer as an author. The coauthorship implies review and additional material from the experience of the senior physician. When the trainee is the sole author, the implication is that the senior physician did not participate in management of the patient(s) or have any part in the construction of the paper. A footnote should identify the trainer in this instance, and this footnote implies the trainer's approval of release of the paper from his department.

Editorial review

All papers received for Jaoa consideration are submitted to referees in the field(s) of interest represented by the paper. Notification of acceptance or rejection usually is given within three months after acknowledgement of the paper; publication follows as soon as possible thereafter, depending on the

current backlog of papers.

When papers must be rejected for a correctable fault, the editor customarily provides reasons and suggestions. This is in line with a standing policy of the editorial department to give personal help and encouragement to D.O.s who are attempting to learn medical writing. Because of the large number of manuscripts considered by JAOA, however, some are necessarily rejected through no fault in the paper, but because of duplication of subject matter, a preference for

original material over some forms of review, or the necessity to establish priorities on the use of limited space.

Mechanical requirements

Manuscripts should be typed with a ribbon dark enough to be photocopied. The original and four copies should be sent to JAOA. A copy should be kept by the author. Manuscripts should be typed double-spaced (including references and tabular material), with ample margins on each side. All pages should be numbered consecutively. For manuscripts with more than one author, the correspondent should be indicated.

A 150-word abstract that provides a factual summary of the work should be included. This abstract is used in place of

a summary.

References are required for all material derived from the work of others. Reference numbers should be assigned in order of citation in the paper. Papers are limited to 30 references. However, if the author has additional references, a notation will be appended to the published paper indicating that readers may contact the author for a list of the additional references. References that are used as general source material but from which no specific information has been taken should be listed in alphabetical order following the numbered references. Each reference to a periodical must include the names of all authors, the complete title of the article, the name of the journal, volume number, date, and inclusive paging. For books, the editor, the name and location of the publisher, and the year of publication must be given. Exact page numbers must be given for all direct quotations.

Illustrations

Authors are encouraged to submit illustrations that increase understanding of the text. These can include figures, charts, and tables; medical drawings; and photographs, x-rays, or slides. When the point of the illustration can be conveyed in black and white, this is preferable; a limited number of colored illustrations are used, however, when the illustrative purpose would be lost without it.

Engravings can be made from original x-rays or slides, which are then returned unharmed to the author. There is considerable flexibility in the engraving process for photographs, but the preferred form would be 5×7 black and white

glossy prints with good contrast.

Medical art can be professionally done, with hand lettering. However, if an author does not have access to a medical illustrator, it is possible that JAOA can have redrawing and/or typesetting done to provide a professional finished product. Line drawings or charts are best done in India ink on white paper or poster board.

Illustrations should be numbered, with the top indicated, and cited in the text. Permission letters must be obtained for photos of patients if there is a possibility of identification. Captions must be included for all illustrations, and magnification and staining materials should be identified for pho-

tomicrographs.

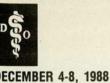
All illustrative material will be returned to the author. When illustrations have appeared elsewhere, permission is required from both publisher and author. Full information for citation is required by JAOA, as well as the permissions.

Editorial handling, reprints

All accepted articles are subject to copy editing. Referenced statements are verified with the original article in the literature. Authors receive a typescript (or galley proofs) and proofs of the illustrations for approval before publication. Authors are responsible for all statements, including those changes made by the manuscript editor.

Twenty-five tear sheets are provided free to each author and coauthor. Information for ordering reprints is supplied upon request. Three copies of the JAOA containing the author's article will be sent on request. Papers will automatically be entered for CME credit where appropriate.

No material may be reprinted from JAOA without the written permission of the editor and the author(s).



ADVANCE CONVENTION REGISTRATION FORM

93rd Annual Convention and Scientific Seminar American Osteopathic Association

See reverse side for instructions and further information



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CHECK YOUR REGISTRATION CATEGORY AND THE CAT EMBER of one of the following participating affiliated organizations. CH oup, check the ONE which you prefer to receive exhibit income credit	
PECIFY ALUMNI LUNCHEON	
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nerican Academy of Osteopathy	American Osteopathic Association
□ Member\$200†	□ Member
□ Guest	□ Adult Guest — With AOA tickets
nerican Osteopathic College of Allergy and Immunology	☐ Adult Guest — Without AOA tickets
☐ Member	☐ Juvenile Guest no fee + ☐ Intern no fee +
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□ Member\$240†	□ Student
☐ Guest \$125††	☐ Adult Guest of Intern, Resident or Student no fee +
nerican Osteopathic College of Dermatology	□ Associate Member\$50#
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nerican Osteopathic College of Radiology Member \$300†	* Includes tickets, for one person, to AOA President's Banquet and
☐ Guest	Entertainment and College Alumni Luncheon.
nerican Osteopathic College of Rehabilitation Medicine	** Includes tickets, for one person, to AOA President's Banquet and
□ Member	Entertainment and AOA Entertainment for Spouses.
□ Guest	† Includes tickets, for one person, to AOA President's Banquet and
search Conference Attendee \$210†	Entertainment, College Alumni Luncheon and all social functions planned by this individual group.
☐ Guest	†† Guests receive tickets to AOA President's Banquet and Entertain-
nerican Osteopathic College of Rheumatology, Inc. Member	ment, AOA Spouses Entertainment, and all social functions planned by this individual group.
Guest \$100**	
nerican Osteopathic Academy of Sclerotherapy, Inc.	+ Individual tickets for social functions may be purchased.
☐ Member \$205† ☐ Guest \$130††	# Includes ticket, for one person, to AOA President's Banquet and
nerican Osteopathic Academy of Sports Medicine	Entertainment.
☐ Member\$210†	See registration rules on reverse side.
□ Guest	

IMPLETE the above FORM (see instructions on reverse side), ATTACH CHECK for registration fee made PAYABLE TO THE AMERICAN OSTEOPATHIC ASSOCI-TION, to cover fees, and RETURN TO:

Convention Office • American Osteopathic Association • 142 East Ontario Street • Chicago, Illinois 60611

gistration packets will be mailed out prior to the convention to those who register in advance. Advance registration forms must be received no later than November 1, 88. There will be a \$25.00 late charge for registration on site in Las Vegas. Refunds on cancellations will be made if AOA is informed in writing.

or AOA office only: Amt. rec'd:

Date Received:

REGISTRATION INSTRUCTIONS

THOSE WHO MAY REGISTER

Members of the American Osteopathic Association, the American Association of Colleges of Osteopathic Medicine and registrants whattend the Research Conference, or the Canadian Osteopathic Association, their adult guests and children.

Osteopathic physicians who are NOT members of the AOA may register, but are required to pay a fee of \$450.00. Osteopathic physicians, if eligible, may thereupon apply for AOA membership at the registration desk and, if they are accepted into membership, \$275.00 of the Nonmember registration fee will be applied to their annual dues. Membership in the Canadian Osteopathic Association may substitute for AOA membership if the doctor is located in Canada.

Students and students' spouses.

Commercial and scientific exhibitors.

HOW TO SELECT REGISTRATION CATEGORY

Sections I, II, III, and IV

Check ONLY ONE category for your registration. Participating affiliated organizations are listed under Section I of the form. The American Osteopathic Association registration is under Section II, and other categories are listed under Section III and Section IV. Regardles of the category you check, you are entitled to attend ANY of the didactic sessions put on by ANY of the participating organization. Although membership in a participating affiliated organization is not a requirement to register for the group, AOA membership (or a doctor is from Canada, Canadian Osteopathic Association membership) is a requirement for registration in ANY of the practice affiliated under Section I, except for those who have paid the higher Non-member registration fee.

If you are a member of two of the participating affiliated organizations under Section I and wish to register for both, you may one so by paying TWO registration fees — one for each group. In such case, CME credit will be allowed for only ONE of the two groups.

GUESTS:

In addition to checking your category, check the category for all your guests (being sure to indicate the guest's name in the space provided on the form).

The full member's registration fee does NOT include tickets for anyone other than the member. Guests are to be registered either to paying a fee and receiving tickets, or by NOT paying a fee and NOT receiving tickets ("Adult Guest — NO tickets" category, und Section II of the form). If the member's guest is to have the same tickets as the member, then check the guest category for the grounder which the member is registering and pay the fee indicated. In such case, however, the member fee includes a College Alum Luncheon ticket, but the Guest fee does NOT, but may be purchased separately. In addition, the guest registration fee covers a tick to the AOA Entertainment for Spouses. Those guests who do not pay a registration fee may purchase separate tickets to meal function

TICKETS COVERED BY REGISTRATION FEE

The fees shown on the registration form are followed by symbols to indicate the tickets which are covered by the fees. To interpret the symbols, see "Key to Symbols," in the box below Section IV of the registration form.

A better alternative for hypertensives who are going bananas... Spare your patients the extra costin calories, sodium and dollars. Spare your patients the rigors of dietary K+supplementation. **25mg** Hydrochlorothiazide/**50mg** Triamterene/5Kf Effective antihypertensive therapy...without the bananas DAW 'DYAZIDE' AS WRITTEN.

Before prescribing, see complete prescribing information of SK&F CO. Illerature or PDF The following is a brief summary

hypokalemia on hydrochlorothiazide alone; in patients who require a thiazide hypokalemia on hydrochlorothiazide alone; in patients who require a thiazide diuretic and in whom the development of hypokalemia cannot be risked.

This fixed combination drug is not indicated for the initial therapy of edema or hypertension except in individuals in whom the development of hypokalemia cannol be risked.

'Dyazide' may be used alone or as an adjunct to other antihypertensive drugs; dosage adjustments may be necessary.

Contraindications: Concomitant use with other potassium sparing agents such as spinonolactore or amilioride, potassium supplements (except in presence of severe hypokalemia); anuria, acute and chronic renal insufficiencies or significant renal impairment; hypersensitivity to drug or other sulfonamide derived drugs; preexisting elevated serum potassium concentration.

Warnings: Abnormal elevation of serum potassium levels (greater than or equal to 5.5 mEghter) can occur with all potassium-conserving diumels combinations, including "Dysacide" Hyperkalemia is more likely to occur in patients with renal impairment, diabetes (even without evidence of enal impairment), elderly or severely ill patients. Since uncorrected hyperkalemia may be fatal, serum potassium levels must be monitored at frequent intense sespecially in patients first receiving "Dysacide", when dosages are changed or with any illored that my individuos may like vident.

If hyperkalemia is suspected, obtain an ECG and monitor serum potassium. If hyperkalemia develops, discontinue 'Dyazide' and initiate thiazide therapy if needed. Persistent hyperkalemia may require dialysis. Monitor serum electrolytes frequently in patients with mild renat dysfunction and in diabetic patients. In patients who may develop respiratory or metabolic acidosis, monitor complete but and acidosis hallows frements.

Procautions: The bioavailability of the hydrochlorothiazide and triamteene components of "Dyazide" is about 50% of the maximum obtainable with or therapy. Theoretically, a patient transferred from therapy with hydrochlorothiazide with or without triamteene might show an increase in blood pressure, third retention, or change in serum polassium. Extensive clinical experience with "Dyazide", however, suggests that these conditions have not been commonly observed in clinical practice. (See CLINICAL PHARMACOLOGY.) Use thiazides cauthously in patients with imparied hepatic function. They

can precipitate coma in patients with severe liver disease, potassium depletion induced by the thiazide may be important in this connection, administer 'Dyazide' cautiously and be elect for such early signs of impending coma as confusion, drowsiness and temor, if mental confusion increases, discontinue 'Dyazide' for a few days, attention must be given to other factors that may precipitate hepatic coma, such as blood in the gastrontestinal tract or preexisting potassium depletion. If patients develop hypokalemia, which is uncommon with 'Dyazide', increase potassium intake (e. with supplements or potassium-rich foods). If repeat determinations show serum potassium concentrations below 3.0 mEq.f., discontinue 'Dyazide' and initiate potassium concentrations below 3.0 mEq.f., discontinue 'Dyazide' and initiate potassium concentrations below 3.0 mEq.f., discontinue 'Dyazide' and initiate potassium concentrations below and the potassium concentrations frequently, especially in patients receiving digitals or those with a history of cardiac arrhythmias. Duratics may aggrevate existing electrolyte imbalances, especially at high dosages or in patients on sall restricted diets. Do periodic serum electrolyte determinations (particularly important in patients coming excessively or receiving parentaral fluids, Chloride replacement may be required in the treatment of metabolic acidosis. If diutional hyponathemia develops, esticit water intake. In acutal said depletion initiate sodium chloride replacement. Use 'Dyazide' cautiously in patients with

If hyperkalemia develops when treating for hypokalemia, take corrective measures. Also discontinue "Oyazide" and, if appropriate, substitute a thiazide diuretic until potassium levels return to normal. Do periodic BUN and serum creatinine determinations, especially in the elderly and in patients with suspected or confirmed renal insufficiency. Serum PBI levels may decrease without signs of thyroid disturbance. Discontinue thiazides before conducting parathyroid function tests.

Angiotensin-converting enzyme (ACE) inhibitors can elevate serum potassium, use with caution with Dyazide. Concurrent use with chlorpropamide may increase the risk of severe hyponatremia. A few occurrences of acute renal failure have been reported in patients on Dyazide when treated with indomethacin. Therefore, caution is advised in administraing nonstenidal anti-inflammatory agents with "Dyazide". Diuretics reduce renal clearance of lithium and increase the risk of lithium bacility. Clinically insignificant reductions in arterial responsiveness to norepinephrine have been reported. Thiazides have also been shown to increase the paralyzing effect of nondepolarizing muscle relaxants such as tubocurraine; therefore use cautiously in patients undepolarizing muscle or corticotropic concomitantly. Thazides may potentialle the action of other antihypertensive drugs. The effects of oral anticoaquilants may be decreased when used concurrently with hydrochiorothizatide, dosage adjustments may be needed. Dyazide may raise the level of blood uric acid, dosage adjustments of antiquul medication may be needed to control hyperunicemia and gout. The following agents given with triamterene may promote serum potassium may the renal insufficiency: blood from blood bank (may contain up to 30 mEq of potassium per litter of plasma or up to 65 mEq of potassium per litter of whole blood when stored for more than 10 days), low-sail milk (may contain up to 10 mEn of notassium per litter) on testime containing medications (such as

parenteral penicillin G potassium), and salt substitutes (most contain substantial amounts of potassium). Exchange resins, such as sodium polystyrene sulfonate, whether administered orally or rectally, reduce serum potassium concentrations by sodium replacement of the potassium, fluid retention may occur in some patients because of the increased sodium intake Chronic or overuse of laxatives may reduce serum potassium concentrations by promoting excessive potassium loss from the intestinal tract, laxatives may interfere with the potassium-retaining effects of tramferene. The effectiveness of methenamine may be decreased when used concurrently with hydrochloruthiazide because of alkalinization of the urine. "Dyazide" will interfere with the

There are no adequate and well-controlled studies in pregnant women. This drug should be used during pregnancy only if clearly needed. Thiazides and triamteene cross the placental barrier and appear in cord blood. The use of thiazides in pregnancy requires weighing the anticipated benefit against possible hazards, including fetal or neonatal jaundice, pancreatitis, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult Thiazides appear, and triamtener may appear, in breast milk. If use of the drug is essential, the patient should stop nursing. Safety and effectiveness in

Adverse Heactoris: The senious adverse effects associated with Tuyazide have commonly occurred in less than 0.1% of patients freated with this product. Anaphylaxis, rash, urbicaria, photosensitivity, cardiac arrhythmias, postural hypotension, diabetes mellitus, hypertalemia, hyperquisemia, glycosuria, hyperuricemia, hypokalemia, hyponatemia, acidosis, hypochloremia, jaundice andro liver enzyme abnormalities, pancreatitis, nausea and vomiting, diarrhea, constipation, abdornian pain, acute renal failure, interstita nephritis, renal stones composed primarily of triamterene, elevated BUN and purpura, megaloblastic anemia, muscle cramps, weakness, fatique, dizaness, headache, dry mouth, impolence, saladenitis, Thiazides alione have been shown to cause the following additional adverse reactions: paresthesias, vertigo, xanthopsia, transient blurred vision, altergic pneumonitis, pulmonary ederna, respiratory distress, nerotiziny vascultis, exacerbation of lupus, aplastic anemia, agranulocytosis, hemolytic anemia in neonates and infants. thombocytopenia and pancreatitis—rarely, in newborns whose mothers have received thiazides during pregnancy.

Supplied: Capsules containing 25 mg. hydrochlorothiazide and 50 mg. triamterene, in bottles of 1000 capsules; in Single Unit Packages (unit-dose) of 100 (intended for institutional use only); in Patient-Pak[®] unit-ol-use bottles of 100

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