

Author Instructions.

The Journal of the American Academy of Audiology (JAAA) publishes articles and clinical reports in all areas of audiology including audiological assessment, amplification, aural habilitation and rehabilitation, auditory electrophysiology, vestibular assessment, and hearing science. JAAA also publishes articles in other areas of science and health care that have great relevance to the field of audiology.

The journal is published online only. The 2024 volume year was the final year of the print edition of the journal.

JAAA Manuscript Types.

The journal accepts and publishes a variety of types of submissions:

- Research Articles
- Reviews
- Audiology Clinical Reviews
- Systematic Reviews and Scoping Reviews
- Case Studies with Discussion Questions
- Failed Replications/Null Findings Reports
- Brief Reports/Research Notes
- Letters to the Editor
- Editorials

A CLOSER LOOK

Research Articles published in JAAA report on primary research and present important new research results. They describe significant and original observations and must be reports of original work.

Audiology Clinical Reviews systematically evaluate and summarize current research and knowledge on a particular clinical topic, such as a disease, treatment, or diagnostic method. These are particularly helpful on topics where the knowledge has expanded rapidly or on topics that have great clinical significance. They are designed to provide clinicians with a comprehensive overview of the subject. Clinical reviews often synthesize findings from multiple studies to provide guidance on best practices. What distinguishes this type of review is that the intended audience is a clinical audiologist.

Systematic Reviews and Scoping Reviews are literature reviews focused on a research question that synthesizes all available high-quality research evidence relevant to that question. The subject must be clearly defined. The objective of a systematic review should be to arrive at an evidence-based conclusion. The Methods section should give a clear indication of the literature-search strategy, data-extraction procedure, grading of evidence, and type of analysis used. Authors of these reviews are strongly encouraged to comply with the [Preferred Reporting Items for Systematic Reviews and Meta-Analyses \(PRISMA\) guidelines](#).

Case Studies with Discussion Questions present a detailed examination of a specific clinical case, providing comprehensive information about a particular instance of a phenomenon, event, or issue. What distinguishes this type of case study is the inclusion of a minimum of three discussion questions at the end of the case narrative that highlight important aspects of the case. These questions are designed to stimulate critical thinking, analysis, and discussion among readers, making this format particularly useful for educational settings such as classrooms or clinical settings.

The discussion questions encourage active learning and help readers develop critical-thinking and problem-solving skills by engaging them in the process of analyzing real-world scenarios and considering various outcomes and strategies.

Discussion questions should be specific to the case at hand. The following discussion questions are provided as examples only and should not be used exactly as they appear here:

- What were the key factors that contributed to the outcome of the case?
- How could clinicians have approached the situation differently?
- What ethical issues are raised by this case and how should they be addressed?
- How does this case compare to similar cases in the literature and what can be learned from those comparisons?

Failed Replications/Null Findings Reports provide information on studies that do not replicate previous results or do not find statistically significant effects. These manuscripts are crucial for scientific transparency and progress, as they help to identify the robustness of findings and prevent publication bias. They provide valuable insights into the reliability and reproducibility of research and are of great value to clinicians seeking to implement new findings. These articles must report their study was adequately powered.

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Brief Reports/Research Notes present concise descriptions of either new findings/preliminary research results or short summaries of previously published data put into the context of audiological clinical care. These manuscripts are shorter than full-length research articles and can be used to quickly disseminate important data or insights and highlight findings for clinicians. Brief reports should contain essential information without extensive background or detailed methodological descriptions.

Letters to the Editor provide responses to papers previously published in JAAA. This is not a forum for publishing new research. Letters should reference a specific published manuscript. These submissions should be limited to 750 words or less, excluding references. One table or figure may be submitted with this correspondence.

Editorials offer a viewpoint on specific articles or on general subjects directly relevant to the journal. Editorials are typically written by an editor, a member of the journal team, or an invited guest.

Manuscripts must adhere to the following instructions. Manuscripts not in compliance with these instructions will be returned to the corresponding author for technical revision before undergoing peer review.

Manuscript Format.

Manuscripts must be submitted in Microsoft Word software. The word count should be no more than 5,000 words, however the appropriateness of the word count is considered on a case-by-case basis.

- Manuscript pages should have one-inch margins.
- All text, including the abstract, references, figures, legends, etc. must be double spaced.
- Authors are encouraged to use Times New Roman font at 12 point.
- Never use bold or italics, unless the content requires it.
- Headings must be used to designate major divisions of the paper and must include four main headings:
 - Introduction
 - Methods
 - Results
 - Discussion
- Up to three levels of subheadings may be used.
- Manuscripts must follow the Academy's language guidance, which is [available online](#) for review.

TITLE PAGE

Page one should include the date of submission, the title, and the names of all authors as they will appear in print, with academic degrees. This should be followed by a listing of the institutional affiliations of each author. This page should also include the name, address, telephone number, and email address of the author who will receive editorial correspondence (the corresponding author).

Also on page one, the author should cite if the paper was previously presented orally at a professional meeting, with the meeting name, date, and location.

Acknowledgments of support should be listed on this page, along with grant numbers if the study was supported by an agency.

STRUCTURED ABSTRACT

The Abstract must be 350 words or less. Do not cite references in the abstract. Limit the use of abbreviations and acronyms.

When applicable, abstracts should use all eight of the following subheads and must include the final subhead on clinical relevance:

Background: Describe the context of the study or the problem it addresses.

Purpose: State the objective or question addressed by the research.

Research Design: Describe the basic experimental design of the study.

Study Sample: State the number of subjects, relevant demographic variables, and how they were selected.

Intervention: Describe any intervention(s) studied.

Data Collection and Analysis: Describe how and when outcomes were measured, including any instruments employed and the statistical methods used to analyze data.

Results: State the main results and, if intervention was studied, the intervention's effects on measurable outcomes for the study sample and for subgroups.

Conclusions: State the conclusions that are directly supported by the data and any more general conclusions.

Clinical Relevance Statement: All articles published in JAAA (reviews, case studies, failed replication/null findings reports, brief reports/research notes) must include a clinical application and/or relevance statement in the Abstract summarizing the potential impact of the manuscript for clinical audiology. This section, made up of one to

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three sentences, must state how the conclusions are applicable to clinical audiology or how they have the potential to improve clinical audiology. This information should summarize the clinical relevance of the research findings for clinicians and the profession with potential practical implications. This statement should leave clinicians wishing to learn more about the topic and encourage them to read the full article. The statement is an opportunity to highlight the potential of clinical significance in all research, including translational and basic research.

LANGUAGE GUIDANCE

Objective, Neutral, and Scientific Language

The Journal of the American Academy of Audiology presents information for the audiology profession written in objective, neutral and scientific language. The journal follows the American Psychological Association's (APA) manual of inclusive language found here:

<https://www.apa.org/about/apa/equity-diversity-inclusion/language-guide.pdf>. Please carefully read this document before submitting a

manuscript, paying special attention to the section on the description of Deaf or hard-of-hearing people.

Use of the Term Normal

JAAA follows the American Medical Association (AMA) Manual of Style regarding use of the term normal in JAAA articles.

AMA states: "Examinations and laboratory tests and studies are not in themselves abnormal, normal, negative, or positive. These adjectives apply to observations, results, or findings. Avoid the use of *normal* and *abnormal* to describe persons' health status....Other tests display a pattern of activity rather than a single feature, and in these a range of normal and abnormal results is possible."

(<https://academic.oup.com/amamanualofstyle/book/27941/chapter/207567296>)

A range of normal and abnormal results on an audiogram, or other audiologic tests, are possible. Before describing results as normal or abnormal, the reference range must be defined first (e.g. range of normal test results are defined as auditory pure tone thresholds less than 25 dB HL). After the range is defined, the results can be described as "within normal" or "abnormal" / "outside normal limits", but those terms cannot be used to describe a health condition or a person. "Typical hearing" can also be used to describe hearing sensitivity that is within normal limits, after the normal limits have been defined.

Examples of appropriate usage:

Avoid	Prefer
✗ hearing test is normal	✓ findings from the hearing test are normal ✓ hearing thresholds are within the reference range
✗ hearing test is abnormal	✓ hearing test showed abnormal thresholds
✗ normal group vs abnormal group	✓ reference group vs hard-of-hearing group ✓ within normal limits vs outside normal limits ✓ typical hearing vs elevated hearing level

AI POLICY

Authors should disclose any use of AI in either the Methods or Acknowledgments section in their submission. They should include what tools were used, how they were used, and how they contributed to the content of the submission. Authors are responsible for the accuracy of the material as well as ensuring that the material is properly cited.

AI cannot take accountability for the work and therefore cannot "declare" authorship.

Editors may determine that the AI use is too extensive and reserve the right to reject the submission or request that the AI-generated material be reduced.

If AI is used to generate art, this should be noted in the caption as well as Methods or Acknowledgments sections.

KEY WORDS

Following the abstract, supply a short list of key words from the [National Library of Medicine Medical Subject Headings Thesaurus \(MeSH\)](#) that reflect the content of the article.

ABBREVIATIONS

Following the key words, provide a list of all abbreviations and acronyms used more than once in the manuscript, along with the fully spelled-out versions of each abbreviation and acronym.

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TABLES

There is a limit of 10 tables per article. All tables must be submitted in files separate from the article text file.

Two file formats are acceptable for tables: Microsoft Word and Microsoft Excel. Tables must be numbered consecutively using Arabic numerals. Each table should have a title that succinctly describes the contents of the table (e.g., Table 3. Mean Recognition Scores (and SDs) for the Conditions and Signal-to-Noise Ratios of Experiment 3). Be sure that all tables are cited in the text. Do not place vertical lines in any table.

FIGURES

There is a limit of 10 figures per article. All figures must be submitted in files separate from the article text file.

Before creating figures, become familiar with the various options available in your graphics program, especially the way font size is increased or decreased and how line thickness is increased or decreased.

Be sure that all lettering and symbols (e.g., circles, squares, triangles) are large enough to be easily readable after the figure has been reduced to one-column width (2 3/4 inches or 7 cm). Be sure that lines defining waveforms and trends are thick enough to be easily readable after reduction to one-column width.

If you are not sure about the size of the content, reduce the figure to 2 3/4 inches (7 cm) width on a copying machine with reduction capability. At this size, the lettering should be about the same size as the ordinary text on a journal page. Avoid the use of closely spaced gridlines.

Figures should be numbered consecutively in the order in which they appear in the manuscript, using Arabic numerals. A list of figure legends should be prepared on a separate page following the body of the manuscript. The figure legend should explain each figure in detail.

Do not provide figures in color, unless color is absolutely essential to convey the message of the figure. Be sure that all figures submitted are cited in the text. Figures will be placed just after the first citation.

Electronic Format Information: Figures that include text should, preferably, be submitted as vector .eps files. Figures that do not contain

text and are, therefore, less likely to require editing, can be submitted as .eps, .tif, .pdf, or .jpg files of at least 300 dpi (a figure must be 5 3/4 inches wide at this resolution).

Resolution of at least 300 dpi is crucial to producing illustrations that are clear in print; figures of insufficient resolution (less than 300 dpi) may appear clear on a computer screen, but may be indecipherable when reproduced.

PHOTOS/IMAGES

For many reasons, including HIPAA protections and the ubiquitous availability of facial-recognition software, the journal avoids publishing photographs of patients/clients. If you are having difficulty making a specific scientific point within the text of your article and are considering the use of a photograph to make that point, please contact the [journal's editorial office](#) for suggestions of alternative ways to present that information.

SUPPLEMENTAL FILES

Supplemental files (i.e., documents, tables, figures, etc.) that would have been prohibitive to print due to cost concerns are welcome in the journal's online platform. Please note, however, that supplemental files will not be copyedited or typeset; they will appear online as submitted.

Supplementary material (i.e., documents, tables, figures, audio files, video files, etc.) must be uploaded as separate files. It is important to keep in mind that readers/viewers/listeners must have the necessary software applications to access them. Audio and video files should be created using professional recording and editing software. MP4 files are preferred for video submissions. Contact the [journal's editorial office](#) with questions about file format or size.

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REFERENCES

References should be cited in the text by the surname(s) of the author(s) and the year of publication. For example, Smith (2020) or (Smith, 2020), depending on the context. Two or more works by the same author in the same year should be labeled with the suffixes a, b, c, etc., in the text and in the References section at the end of the manuscript. When several references are cited simultaneously in the text, they should be arranged in chronological order, for example: (Smith, 2021; Jones, 2022; Brown, 2023). References with two authors should be cited as (Smith and Jones, 2024). References with three or more authors should be cited as (Smith et al, 2024).

A list of the references cited in the text should follow the body of the text. The list should be double-spaced and in alphabetical order, according to the surname of the first author. Sample reference listings appear below.

Journal Article

Smith ST, Jones RW, Brown J. (2002) Infant screening for hearing loss: problems in follow up. *J Am Acad Pediatric Audiol* 14:233–241.

Book Chapter

Smith ST, Jones RW, Brown J. (2002) Infant screening for hearing loss: a formula for success. In: Schwartz RW, ed. *Issues in Infant Screening for Hearing Loss*. New York: Lucretius Press, 223–256.

Book

Smith ST, Jones RW, Brown J. (2002) *Infant Screening for Hearing Loss*. Chicago: Stein Press.

In all references, journal names should be abbreviated per [MEDLINE](#). pany or organization that creates or sells a product, service, or procedure mentioned in an article; an appointment to a governing board of a company or organization that creates or sells a product, service, or procedure that competes with a product, service, or procedure mentioned in an article; and other scenarios that indicate a conflict of interest.

Conflict of Interest Declaration

The Academy requires transparency in Conflict-of-Interest (COI) declarations. Authors must clearly state the nature of any and all conflicts of interest related to their submitted manuscript. This may include a

financial interest related to a product, service, or procedure mentioned in an article; a financial interest in a product, service, or procedure that competes with a product, service, or procedure mentioned in an article; employment (in a full-time or part-time staff or consulting capacity) with a company or organization that creates or sells a product, service, or procedure mentioned in an article; employment (in a full-time or part-time staff or consulting capacity) with a company or organization that creates or sells a product, service, or procedure that competes with a product, service, or procedure mentioned in an article; an appointment to a governing board of a company or organization that creates or sells a product, service, or procedure mentioned in an article; an appointment to a governing board of a company or organization that creates or sells a product, service, or procedure that competes with a product, service, or procedure mentioned in an article; and other scenarios that indicate a conflict of interest.

NIH Public Access Policy.

The National Institutes of Health (NIH) Public Access Policy mandates that all articles by NIH-funded researchers must be submitted to [PubMed Central](#) within 12 months of publication. NIH-funded authors published in JAAA are responsible for submitting their own articles. More information is available from [NIH](#).

Manuscript Submission.

Manuscripts must be submitted online via [ScholarOne](#).

Submission of a manuscript is taken as evidence that no portion of the text or figures has been previously copyrighted, published, or submitted for publication elsewhere, unless information regarding previous publication is explicitly cited, permission is obtained from the original copyright holder, and proof of permission to use is provided to the Academy before the article is prepared for publication.

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To ensure that your submission does not pose an antitrust violation, review the [Academy's Antitrust Policy and Guidelines](#).