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## Manuscript Submissions

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Manuscripts are to be submitted in triplicate as a complete set of all materials including the manuscript and all figures, tables and forms. Figures and tables should be submitted in both printed and data form. Authors are advised to retain copies of their submitted manuscripts and correspondence because they cannot be returned as a rule.

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1. Every submission is reviewed by the Editorial Board.
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3. The Editorial Board reserves a right to refuse any material for publication : final acceptance or rejection rests with the Editorial Board.

### Article types and limitations

Types	Limitations		
	Total words	Printed pages :	
Original Article	Title ≤50 words	≤3000	≤6
Review Article	250<Abstract≤400	≤3000	≤6
Case Report	Key words≤5 terms	≤2500	≤5
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\*The limitation for each manuscript includes abstract, references, figures, tables and legends.

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  - ( i ) Title page : The first page must include the title, full names of the authors with academic degrees, affiliation of the authors, the address for mailing proofs, phone number and fax number.
  - ( ii ) Abstract and key words : The second page must include these and the abstract should not exceed 400 words nor be less than 250 words. State succinctly and clearly the *Purpose, Methods, Results* and *Conclusions*. Particularly, disclose new and important aspects of the study. The key words you can run up to 5 words or short phrases which are in English or Latin.
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Provide briefly the purpose, reason and background of the investigation.

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Include a minimum of information concerning the specific methods used to prepare the data unless they have been disclosed already.

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Give a simple description.

### Discussion

Emphasize originality and state the importance of the investigation.

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Mizuno J, Nakagawa H, Inoue T, et al : Clinicopathological study of "snake-eye appearance" in compressive myelopathy of the cervical spinal cord. *J neurosurg (spine2)* **99** : 162-168, 2003

### Chapters in a Book

Nakagawa H, Mizuno J : Threaded interbody cage fixation for cervical spondylosis and ossification of the posterior longitudinal ligament. in Bensec EC (ed) : Spine Surgery : Techniques, Complication Avoidance and Management (2<sup>nd</sup> edition), Philadelphia, Elsevier Churchill Livingstone, 2005, pp363-369

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