Diving and Hyperbaric Medicine

Instructions for Authors (Revised January 2026)

Diving and Hyperbaric Medicine (DHM) is the joint journal of the South Pacific Underwater Medicine Society (SPUMS) and the European Underwater and Baromedical Society (EUBS). The journal publishes high-quality papers on all aspects of diving and hyperbaric medicine that are of interest to diving medical professionals, physicians of all specialties, scientists, members of the diving and hyperbaric industries, and divers themselves.

Manuscripts must be submitted exclusively to DHM, unless an authenticated copyright exemption accompanies the work. After editorial pre-screening all submissions chosen to progress are subject to peer review. Occasional exceptions to this are societal policy documents or the products of consensus or committee processes. Accepted manuscripts will be edited for clarity, style, and journal format.

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All submissions must be made through Manuscript Manager:
http://www.manuscriptmanager.net/dhm.

Authors must create a user account with a personal username and password, which should be kept for future submissions. Only the submitting author can correspond during the peer review process, and this role must remain unchanged throughout. The platform provides on-screen help to guide authors through each stage of submission.

Article types

DHM publishes several categories of articles, each with specific length and formatting requirements.

Original articles, technical reports, consensus reports and large case series should generally not exceed 3,000 words, with a maximum of 30 references. Longer submissions may be considered at the discretion of the Editor. These articles must include a structured abstract of up to 250 words (divided into *Introduction, Methods, Results, and Conclusions*), followed by the main text organised as *Introduction, Methods, Results, Discussion, Conclusions, References, Acknowledgements, Conflicts of Interest and funding.* Captions for tables and figures should be placed at the end of the manuscript.

Review articles should normally not exceed 5,000 words, with a maximum of 50 references. Abstracts must not exceed 300 words. The structure of both the article and the abstract is at the discretion of the author. DHM rarely accepts purely narrative reviews that do not describe a systematic search and filtering strategy with article selection summarised in a PRISMA diagram.

Short communications, small case series, and case reports are limited to 1,500 words and 20 references. Abstracts are usually unstructured, and contain no more than 200 words. There are no rigid criteria defining subject matter for case reports, but manuscripts describing unique, rare or highly interesting observations or cases are most likely to be accepted. Reports describing common clinical scenarios (such as the treatment of an established indication with hyperbaric oxygen) or cases with features that have often been reported previously are very unlikely to be progressed.

Letters to the Editor must not exceed 600 words and may contain a single table or figure, with up to five references.

The journal occasionally publishes "**World as it is**" articles, which report on matters of general interest to divers, especially where methodology is of insufficient rigour for an original study. These follow the length and reference limits of an original article but may be more flexible in structure. Abstracts are encouraged but not mandatory.

Supplements may be published occasionally for longer works or thematic collections. Proposals for supplements should be discussed with the Editor in advance.

Manuscript preparation

All manuscripts must be submitted in Microsoft Word (.doc or .docx) or Rich Text Format (.rtf). Text must be formatted in Times New Roman, size 11 or 12, with 1.5 line spacing.

Pages should be numbered consecutively, and line numbering must be continuous throughout. Do not use headers or footers.

Title page

The title page must include the full article title, full names of all authors with their institutional affiliations, and complete contact details for the first and corresponding authors. The corresponding author must supply an ORCiD ID, which should also be entered into Manuscript Manager.

Keywords

A maximum of seven keywords must be listed, chosen from the DHM keyword list (available on the journal website or Manuscript Manager). Terms already in the article title should not be repeated as keywords. Authors may propose new keywords consistent with MeSH terminology, https://www.nlm.nih.gov/mesh/meshhome.html/, subject to editorial approval.

Text structure

Original research articles should follow the structure outlined under "**Article types**." Review articles and other formats may adopt flexible structures but must remain clear and coherent. Section headings must conform to DHM style:

- Main section heading in bold and sentence case (e.g., **Introduction**)
- SUBSECTION HEADING 1 IN UPPER CASE
- *Subsection heading 2 in italic sentence case*

English spelling must follow the *Concise Oxford Dictionary* (11th edition or later).

Measurements

Measurements will normally be in SI units (mmHg are acceptable for blood pressure measurements) and normal ranges should be included where appropriate. Authors are referred to the online BIPM brochure, International Bureau of Weights and Measures (2006), The International System of Units (SI), 8th ed, available as a pdf at https://www.bipm.org/en/publications/si-brochure/. Atmospheric and gas partial pressures and blood gas values should be presented in kPa (atmospheres absolute [abbreviated as atm abs]/bar/mmHg may be provided in parenthesis). The ambient pressure should always

be given in absolute not gauge values unless there is a particular reason to use gauge pressure and the distinction is made clear. Water depths should be presented in metres of sea (or fresh) water (msw or mfw). Cylinder pressures may be presented as ‘bar’ or megapascals.

Abbreviations and equations

Abbreviations should be introduced in parentheses after the full term on first use, and separately in both the abstract and the main text. Only standard abbreviations should be used. Overuse of abbreviations is strongly discouraged.

Equations must be camera-ready, prepared in Times New Roman font, and submitted as TIFF files.

References

References must be numbered consecutively in the order they appear in the text, tables, or figures, and cited using **superscript numbers,**[2] please do not use [2] or (2). They should not appear in the abstract. References cited in tables or figures should continue the sequence from the main text. Punctuation should be before the reference number e.g., .[1] ,[1]

The reference style of DHM follows the recommendations of the International Committee of Medical Journal Editors (ICMJE). *Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals: Sample References* (updated June 2024). Journal names must be abbreviated according to PubMed. If a journal is not listed on PubMed write its name in full. Where available, all of doi, PMID, and PMCID identifiers (in that order) must be included for all journal articles. Do not include epub dates.

Examples:

- Journal article:
  Wilson CM, Sayer MDJ. Transportation of divers with decompression illness on the west coast of Scotland. Diving Hyperb Med. 2011;41:64–9.
- Journal article with identifiers:
  Doolette DJ, Mitchell SJ. In-water recompression. Diving Hyperb Med. 2018;48:84–95. doi: 10.28920/dhm48.2.84-95. PMID: 29888380. PMCID: PMC6156824.

- Book:
  Kindwall EP, Whelan HT, editors. *Hyperbaric medicine practice.* 3rd ed. Flagstaff (AZ): Best Publishing Company; 2008.
- Chapter in a book:
  Moon RE, Gorman DF. Treatment of decompression disorders. In: Brubakk AO, Neuman TS, editors. *Bennett and Elliott's physiology and medicine of diving.* Edinburgh: Saunders; 2003. p. 600−50.
- Workshop or conference proceedings:
  Vann RD, Mitchell SJ, Denoble PJ, Anthony TG, editors. *Technical diving conference proceedings*. Durham (NC): Divers Alert Network; 2009.
- NEDU technical reports:
  Goodman MW, Workman RD. *Minimal-recompression, oxygen-breathing approach to treatment of decompression sickness in divers and aviators*. Research Report NEDU TR 5-65. Washington DC: Navy Experimental Diving Unit; 1965.

For all material / reports / publications that are not books or journal articles and that are available online please provide a cited date and web address in the format:
[cited Year Mo Day]. Available from: http://www.xxxxxxxxxxxxxxxxxxxxxxxxxx. e.g., [cited 2018 January 02]. Available from: http://www.dtic.mil/get-tr-doc/pdf?AD=ADA452905.

Further examples are available on the ICMJE website and National Library of Medicine: https://www.nlm.nih.gov/bsd/uniform_requirements.html. Authors are responsible for checking all references against the original sources.

Abstracts from meeting proceedings should be avoided unless essential. Personal communications should be cited only in the text. EndNote and other reference managers may be used, but all field codes must be removed before submission.

Tables and figures

Tables must be submitted as separate Word documents, one file per table, and uploaded through Manuscript Manager under the "*Table*" category. Each file should be labelled with the first author's name and table number. Tables must be prepared using Word's table function, with framed cells (all borders showing), and without bold lines or shading. Please avoid using autoformatting functions in tables. Very large tables may be published online as supplementary material at the Editor's discretion.

Figures must be submitted separately as high-resolution TIFF or JPEG files, uploaded in numerical order. Each file should be named with the first author's name and figure number. Captions and legends must be provided at the end of the manuscript, not within the figure itself. Captions should normally contain fewer than 40 words and define all abbreviations used in the figure.

Graphs should use simple, clear formatting without 3D effects. Axis labels must use sentence case (not all capitalised words), and font sizes should remain legible when reduced for single-column presentation unless the graph obviously requires full page width. Graphs prepared in Excel should be submitted with their original data tables, uploaded as a separate Excel file. Please see data formatting guidelines below when preparing graphs because (for example) axes labels should also conform with these formatting guidelines.

All patient images must be anonymised.

The approximate positions of tables and figures should also be identified in the manuscript text e.g., "*Differences in rates of decompression illness were not significant (Table 1)*", etc.

Authors are responsible for obtaining permission to reproduce any figures, images, or tables from previous publications. This permission must be acknowledged in the figure caption using the format "*Reproduced with permission of …*" or as specified by the copyright holder.

Data formatting guidelines

- Express variability as **mean (SD)**, not *mean* ± *SD*.
- Use composite units like **g·L^{-1}** or **mL·kg^{-1}·min^{-1}**, not *g*/*L* or *mL*/*kg*/*min*.
- Add a space after symbols like **<, >, ≤, ≥** (e.g., **> 25**, not **>25**).
- Use decimal points, not commas (e.g., **2.5**, not **2,5**).
- Use commas in numbers > 1000 (e.g., **1,000** or **25,300,000**).
- Include a space between a number and its unit (e.g., **25 msw**).
- Italicise ***n*** (sample size) and ***P*** (P-values).
- Use spaces in expressions like ***n* = 25** and ***P* < 0.05**, not **n=25** or **P<0.05**.
- Use an en-dash (–) with no spaces for number or page ranges (e.g., **17–420**).
- Place the percent sign directly after the number (e.g., **51%**, not **51 %**).
- For numbers ≥ 10 use numerals. For numbers < 10 use words, unless the number appears before an abbreviated unit of measurement, e.g., 6 m, 6 h,

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Appendices and supplementary material

(Appended on the DHM website and linked in the text)
Submit appendices and supplementary material using the same formatting guidelines as tables or figures:

- **Figures**: Submit as TIFF or JPG files.
- **Tables**: Submit in Word format.
- **Other documents**: PDFs are also accepted.

Clearly label each file (e.g., *Appendix 1*, *Supplement 2*) and include a caption at the top. Be sure to indicate in the manuscript text where each appendix or supplement is referenced.

Other manuscript requirements and guidelines

General Standards:
DHM adheres closely to the *Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals* (ICMJE, Dec 2015). Authors are encouraged to read these recommendations and other resources on the ICMJE website: www.icmje.org/recommendations.

Study-Specific Guidelines:
Authors should follow appropriate guidelines for their study type (e.g., CONSORT for randomised trials, PRISMA for reviews, STROBE for observational studies). See: www.equator-network.org.

Trial design and reporting:
Before writing their manuscript, authors should review DHM's guidance on trial design, sample size, statistical methods, and results presentation: Trial Design and Analysis PDF

Ethics and consent:
Human studies must comply with the 1975 Helsinki Declaration (rev. 2013).
Interventional human studies: Include a statement of Ethics Committee/IRB approval (with approval number) at the beginning of the Methods section. A copy of the approval must be uploaded. Also, include a statement confirming written informed consent where applicable.
Observational human studies: Almost always require Ethics Committee/IRB approval, documented as above.
Retrospective human studies such as database mining: Typically require Ethics Committee/IRB approval but DHM recognises that some studies in some jurisdictions may

be exempt. However, author attestation to that effect must be confirmed by a suitable authority such as an ethics committee chair.
Animal Studies: Must follow NHMRC guidelines or equivalent in the country of research. Include a statement of Ethics Committee/IRB approval (with approval number) at the beginning of the Methods section. Details on animal welfare must not rely on past publications. For guidance, see: The Physiological Society's advice
Clinical trials: All trials started after 2011 must be registered with a recognized registry (e.g., ANZCTR, EudraCT). Registration details must appear in both the manuscript and the Mandatory Submission Form (MSF).
Case reports and series: For individual case reports, written patient consent for anonymous publication (clinical details/images) must be provided. A statement that the patient provided such consent must appear at the start of the case report section of the manuscript. For case series with only anonymous summary data, ethics committee review is likely required. Check with your local ethics committee if unsure.

Authorship:
Only those who made significant contributions should be listed as authors. See DHM's Authorship Guidelines. More than six authors must be justified. Additional contributors may be mentioned in Acknowledgements.

Mandatory Submission Form (MSF):
All submissions must include a fully completed MSF, signed by the first author and corresponding author (if different). Authors must be listed in publication order. The MSF requires full contact details for the first and corresponding authors. Download the MSF from: Author Instructions

Conflict of interest:
Conflicts must be summarised in the MSF. If the paper is accepted, detailed disclosures must be submitted using the ICMJE form: ICMJE Disclosure, one per author with a conflict. All financial or other conflicts (e.g., consulting, patents, data access limitations, or publication control) must be declared. DHM may request clarification. Conflicts, or a declaration of none, will be published with the article.
Omitting conflicts before peer review may delay or prevent publication.

Peer review and publication process

All submissions chosen by the editorial office for progression are subject to open peer review, generally involving Editorial Board members and external reviewers. In most cases, reviewers' names are disclosed to authors in the interests of transparency. Reviews are normally completed within four weeks, though this may vary depending on availability.

Most manuscripts require revision before acceptance. Revised manuscripts must be uploaded to Manuscript Manager using the "**resubmit**" function, not as a new submission. Proofs of accepted articles are sent as PDF files to the corresponding author. Authors must check proofs carefully and return corrections within the specified time.

Language and editing support

All manuscripts must be written in clear English. The editorial team may provide limited assistance for authors whose first language is not English, but responsibility for language clarity rests with the author. Independent editing services are available through the European Association of Science Editors (EASE).

Copyright and access

By submitting to DHM, authors agree to grant the journal a non-exclusive licence to publish their article in digital form, while retaining copyright. Articles remain under a one-year embargo, after which they are freely available on the DHM website and PubMed Central. Authors may deposit the restricted PDF version in institutional repositories during the embargo period. Immediate open access is available upon payment of a release fee set by the publishers.

No publication fees are charged for standard submissions. After publication, two PDF versions will be provided to the corresponding author: one restricted for institutional use and one unrestricted for later use.

Use of artificial intelligence

AI-generated content, including text or images produced by tools such as ChatGPT, may not be included in submissions without explicit approval from the Editor. If approved, such use must be fully documented in the Methods or Acknowledgements sections. DHM follows the COPE position statement on AI-generated content.

Submission checklist

At submission, the following files must be uploaded: the completed Mandatory Submission Form; ethics approval and patient consent documents, where relevant; the main manuscript; tables (one per file); figures (one per file); any supplementary material or appendices; Excel data files if graphs were generated in Excel; and a submission letter confirming that the article is offered exclusively to DHM.

Supporting documents, including keyword lists, authorship guidelines, reference samples, trial design advice, and ethics resources, are available on the DHM website.

For your convenience, we have provided a downloadable checklist to guide you through the submission process. Please ensure that all necessary steps are completed and that all required documents are included before submitting your manuscript to DHM. This checklist will help you verify that you have adhered to all guidelines and ensure a smooth submission process.