

# Archives of Physical Medicine and Rehabilitation





# **Table of Contents**



#### Click to view

By the Numbers	
American Congress of Rehabilitation Medicine (ACRM)	2
Editorial Overview	
Readership	6
Print Distribution	6
Demographics	
Product Purchasing Power	9
Script Writing	10
Print Advertising Opportunities	11
Display Advertising	1
Print Rates & Closing Dates	12
Digital Advertising Opportunities	
Journal Website Banner Advertising (ROS)	13
Digital Advertising Opportunities	12
Journal Website Banner Advertising (Prestitial)	12
Table of Contents Email (eTOC) Advertising	14
Article-In-Press Email Alerts	16
Targeted Media Advertising Opportunities	17
Cover Wraps	17
Editorial Supplements	18
Reprint Capabilities	19
Specifications	21
Print Media	2
Digital Media	22
Contacts	27



# By the Numbers





**Print Circulation** 

12,507

Average Monthly Pageviews\*

92,643

Average Monthly Visits\*

58,518

Opt-in Email Subscribers†

6,582



<sup>\*</sup>Adobe Analytics, averages of Jan-Jun 2021 †Amazon SES, averages of Jan-Jun 2021

# American Congress of Rehabilitation Medicine (ACRM)



#### **About ACRM**

ACRM 6M™ MODEL BY THE NUMBERS

#### Membership

• 82,500+ from 65+ countries

#### Meetings

**ACRM Annual Conference** 

3,300+	- conference registrations
500+	research papers and posters
400+	hours of in-person/recorded CME/CEUs
250+	symposia
120+	exhibitors and sponsors
100	instructional courses
40	tracks on interdisciplinary rehabilitation content
20	Special sessions
50+	ACRM community group & networking meetings
4	impactful plenary sessions

#### Marketing

 The greatest global marketing reach in PM&R—in print, in person and online—with more than one million contacts

#### Mission

130+	ACRM community groups, committees, and task
	forces

#### Management

6.6%	management overhead; the lowest in the
	industry

#### Media

- The Archives is the 2nd largest advertiser in Kantar Report (2021)
- Archives of PM&R impact factor increase: 28% to 3.966
- Total journal article downloads: 3,100,000+ per year
- ACRM has the largest open access journal program in the PM&R space
- Social media: 65,000+ followers across 100+ channels
- ACRM.org website visits: average 61,935 per month and growing fast

#### ACRM membership

ACRM is a global community of researchers, clinicians, caregivers and their patients, in the field of physical medicine and rehabilitation. ACRM is the only professional association representing all members of the interdisciplinary rehabilitation team, including:

- Rehabilitation researchers
- Physicians
- Neurologists
- Physiatrists
- Psychologists/neuropsychologists
- Rehabilitation nurses
- · Occupational therapists
- Physical therapists
- Speech-language pathologists
- Audiology professionals
- · Therapeutic recreation specialists



\*2018 President's Address at the 95th ACRM Annual Meeting, Oct 2018

# American Congress of Rehabilitation Medicine (ACRM)



- · Case managers
- · Rehabilitation counselors
- · Vocational counselors
- · Disability management specialists
- Caregivers and others

ACRM launched a new, state-of-the-art membership system, allowing for significantly improved global access, record-keeping, and customization. As a result, membership grew from just over 10,000 to more than 82,500+ members as of October 2021 which includes the new eMember and trial member categories so that everyone can have access.

ACRM members participate in a number of our community networking groups that support the ACRM mission and provide a unique community where members gain leadership opportunities, career development support, and the chance to network and collaborate with peers all around the world. A complete list of our groups is <a href="here">here</a>.

ACRM also has the Institutional Support Program (ISP) with **top rated rehabilitation hospitals, institutions** and companies engaging at every level of ACRM.

#### **ACRM Meetings**

Every fall, ACRM hosts the largest hybrid (in-person, virtual + online) conference and tradeshow in the world for interdisciplinary rehabilitation research with

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≺	. 4	C	O+	conference	registrations

500+	research papers and posters,
250+	symposia, four amazing plenary sessions, special sessions,
50+	ACRM Community Group meetings
120+	exhibitors and sponsors
400+	hours of in-person/recorded CME/CEUs

In 2022, the <u>ACRM Annual Conference</u> will be hybrid (in-person, virtual and online) and will offer rehabilitation researchers, providers, administrators, students, and patients the opportunity to learn about cutting-edge research and its translation into clinical practice in 20+ research areas, across an industry milestone of 40+ tracks, including the core areas of brain injury, spinal cord injury, stroke, neurodegenerative diseases, cancer, chronic pain, limb loss and others.

ACRM also hosts a <u>spring meeting</u> each year that offers fantastic networking and educational content with CME/CEUs and meeting space for the ACRM Community Groups and Task Forces working on collaborative projects. This is where the greatest of the great come to gather and develop the next generation of research. It is, undoubtedly, the best meeting to gain one-to-one airtime with the global leaders in PM&R.

#### **ACRM Marketing**

ACRM has The Greatest Global Marketing Reach in PM&R — In Print, In Person and Online. The ACRM 365 sales team will help you reach your most-likely sales prospects and achieve your business goals. ACRM reaches a global community representing the WHOLE interdisciplinary rehabilitation team including buyers, decision-makers, key influencers and end users.

Please go to <u>ACRM.org/Sales</u> to get started. We will create a customized solution to meet your goals, from exhibiting to online advertising, to customized eblasts, sponsored webinars and more — any time of the year.

#### **ACRM Mission**

ACRM is a 100-year-old non-profit association with the mission of IMPROVING THE LIVES of those with disabling conditions through interdisciplinary rehabilitation research in the disciplines of brain injury, spinal cord injury, stroke, neurodegenerative diseases, cancer, chronic pain, limb loss, and others.



# American Congress of Rehabilitation Medicine (ACRM)



ACRM curates, translates, and disseminates world-class rehabilitation research in person (at the ACRM annual conference), in print (through its monthly journal, the Archives of Physical Medicine and Rehabilitation as well as its Gold Open Access journal the Archives of Rehabilitation Research and Clinical Translation) and ONLINE (at ACRM.org, ARCHIVES-pmr.org and ACRM.org/OpenArchives).

ACRM provides a forum for critical interdisciplinary exchange promoting quality rehabilitation research and its translation into clinical practice. ACRM is also an important advocate for adequate public funding of rehabilitation research and patient access to evidence-based treatment across the continuum of care. ACRM is an inclusive organization that embraces diverse opinions and thoughts in order to get the science into practice faster.

#### **ACRM Journals**

#### Archives of Physical Medicine and Rehabilitation (the Archives)

The Archives of Physical Medicine and Rehabilitation is the most highly recognized and decorated journal in its category. The Archives publishes original, peer-reviewed research and clinical reports on important trends and developments in physical medicine and rehabilitation and related fields. This international journal brings researchers and clinicians authoritative information on the therapeutic utilization of physical, behavioral and pharmaceutical agents in providing comprehensive care for individuals with chronic illness and disabilities.

### <u>Archives of Rehabilitation Research and Clinical Translation</u> (ARRCT)

ARRCT is the Gold Open Access journal from ACRM serving the entire rehabilitation research community. It is the most highly regarded open access journal in its category and publishes original, peer-reviewed research and systematic

and other reviews covering important trends and developments in rehabilitation with the goal of advancing the health of persons with chronic diseases and disability. Its goal is to expedite the transfer of quality rehabilitation research to all members of our field by making ALL published works **free** of cost to anyone in the world. In this way, lesser developed communities, anywhere in the world, have equal and unfettered access, hence bringing healing to the least advantaged.



### **Editorial Overview**





The highest ranked general medical journal in the field of physical medicine and rehabilitataion by Google Scholar Metrics\*

#### **Editorial Direction**

Archives of Physical Medicine and Rehabilitation (Archives) brings its readers authoritative information on the therapeutic utilization of physical and pharmaceutical agents in providing comprehensive care for persons with disabilities and chronic illnesses. Archives is the most influential journal on rehabilitation in the world—its papers have been cited more than any other rehabilitation journal.

Established	1920
Issuance	12 times per year
Circulation	12,817
Impact Factor <sup>†</sup>	3.996
5-yr Impact Factor <sup>†</sup>	4.489
CiteScore <sup>†</sup>	5.7
Website	www.archives-pmr.org

#### Impact Factor†

Archives of Physical Medicine and Rehabilitation	3.996
PM&R	2.298
American Journal of Physical	
Medicine and Rehabilitation	2.159
Physical Medicine and Rehabilitation	
Clinics of North America	1.784

#### **Editors-in-Chief**

Leighton Chan, MD, MPH, FACRM Allen W. Heinemann, PhD, ABPP, FACRM

#### Societies & Affiliations

ACRM | American Congress of Rehabilitation Medicine



<sup>\*</sup>Google Scholar Metircs http://bit.ly/2QlmX2n.

<sup>†</sup>Source: 2020 Journal Citation Report

## **Print Distribution**



#### Circulation\*

Archives circulation now includes reach to all office-based and hospital-based AMA Board Certified PM&R physicians

Archives of Physical Medicine and Rehabilitation	12,817
PM&R	8,999
The American Journal of Physical Medicine and Rehabilitation	2,577

#### Pass-Along\*\*

Pass-along readership is .4 readers/copy



12,817 (circulation) + 5,126 (pass-along) =

17,943

Total potential reach



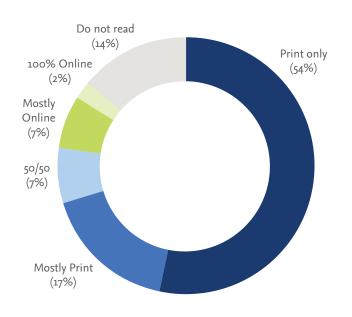
<sup>\*</sup>Elsevier Published Statements October 2021

<sup>\*\*</sup>Readex Research 2019

# Journal Readership & Value



#### Print and Digital Journal Readership



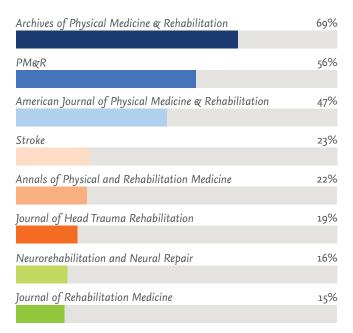
99% of all recipients say they read *Archives* on a regular basis

#### Of those that read:

54%	read the print version	
33%	read the journal online	

#### Readership Frequency, at least "Read Occassionally"

How frequently do you read each of these physical medicine and rehabilitation journals?



#### **Reader Value**

What is your level of agreement with each of the following statements about Archives of Physical Medicine & Rehabilitation?

Publishes articles important to understanding PM&R	80%
Is relevant to patient care	75%
Keeps me abreast of the latest information	73%
Publishes articles written by respected authorities	72%

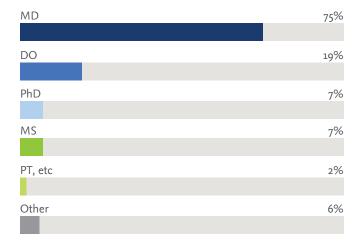


<sup>\*</sup>Readex Research, Readership Study, August 2019

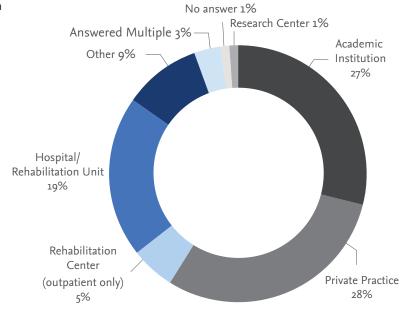
# Demographics



#### Degree(s)



#### **Practice Location**





<sup>\*</sup>Readex Research, Readership Study, August 2019

# **Product Purchasing Power**



## 78% of Archives physician readers are involved in advising, recommending, specifying, or approving purchases

#### Top Products include:

· ·	
Ambulatory devices	52%
Pain management	49%
Physical & occupational therapy modalities	47%
Orthotic & prosthetic devices	46%
Balance and gait assessment	45%
TENS	40%
Exercise equipment	32%
Electrodiagnostic equipment	29%
Beds	25%
Diagnostic ultrasound	23%
Musculoskeletal performance evaluation	22%
Functional electrical stimulation	22%
Case management services	21%
Prescription monitoring	21%
Lifts	21%
EHR/EMR	20%
Laboratory services	20%
Computer equipment and software	20%
Neurorehabilitation centers	20%
Wound care products	17%
Gait measurement	17%
Long-term rehabilitation centers	15%
Speech therapy products	15%

Imaging equipment	14%
Billing services	13%
Robotic exoskeleton	9%
Diathermy (ultrasound, short	9%
PENS	9%

#### Readers treat the following conditions and procedures

(Listed from most to least frequently managed or conducted as a regular part of practice)

- · Pain management
- Orthopedics
- Stroke rehabilitatio
- Neurologic disorders
- Spasticity management
- Brain injury
- · Amputee rehabilitation
- Spinal cord injury
- Electrodiagnosis
- Rheumatologic conditions (arthritis, connective tissue)
- Neurodegenerative diseases
- Multiple sclerosis
- Physical therapy
- Aphasia
- Geriatrics
- Parkinson's disease

- Cancer and cancer rehabilitation
- Anxiety
- Peripheral vascular disease and diabetes
- Speech-language and swallowing
- Wound care
- Pediatrics
- Neurostimulation
- Alzheimer's disease
- Vertebroplasty/ kyphoplasty
- ADHD
- Drug and alcohol addiction
- Bi-polar disorders
- Borderline personality disorders
- Schizophrenia

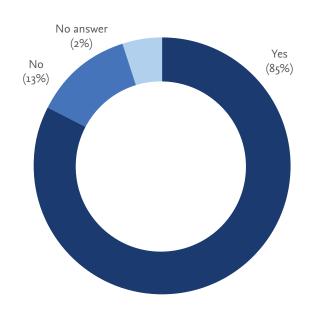


<sup>\*</sup>Readex Research, Readership Study, August 2019

# Script Writing



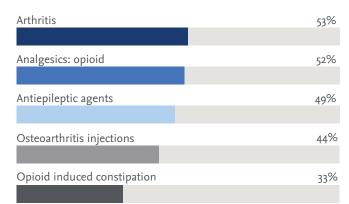
#### **Readers Who Write Prescriptions**



82% of Archives physician readers write prescriptions

#### **Top Categories include:**

Analgesics: non-opioid	69%
Muscle relaxants	66%
NSAIDS	63%
Muscle spasm	61%
Antidepressants	58%



#### Other Categories include:

- Gastrointestinal
- Spinal injections
- DVT agents
- Infectious disease

- Urological
- Cardiovascular
- Diabetes
- Multiple sclerosis

- Dermatological
- Alzheimer's
- Cancer treatment
- Osteoporosis injections



<sup>\*</sup>Readex Research, Readership Study, August 2019

# Display Advertising





### Run-of-Book Advertising

- · Premium positions
- Pre-printed inserts
- Business reply card (material is mailed with the Journal)

#### Rate

See page 11 for print rates

### **Cover Tip Programs**

An eye-catching and cost-effective way to get your message in front of an engaged audience of 4,000 physicians.

#### Rate

Cover Tips: \$8,100 Outserts: \$8,600

#### Outserts

Effectively distribute your promotional materials with our highly respected, specialty-leading journals. Capture a reader's attention before they even open the journal with promotional brochures, conference collateral, CDs/ DVDs, and more.

#### Rate

\$8,000 + printing costs (Applicable taxes may apply)

#### List Matching

#### Rate

Contact your Sales Representative.



<sup>\*</sup>All ads must go through an approval process.

# Print Rates & Closing Dates



### Black & White Rates

Frequency	Full Page	1/2 Page
ıx	\$2,190	\$1,515
6x	\$2,080	\$1,400
12X	\$2,020	\$1,255
24X	\$1,890	\$1,200
Color Rates		
6. 1.16.1		¢/

Standard Color	\$670
Matched Color	\$750
4 Color	\$1,685

#### **Premium Positions**

Cover 4	50% B/W page rate
	Jo /o b/ w page rate
Cover 2	35% B/W page rate
Cover 3	25% B/W page rate
Opposite TOC	25% B/W page rate
First right hand page	25% B/W page rate
Other preferred positions	10% B/W page rate

#### **Cover Tips**

\$8,100 + printing costs

Client Provided (standard size, 2-sided); please contact your sales representative for larger unit pricing.

#### Outserts

\$8,600 + printing costs

Client Provided (Up to 4 pages); please contact your sales representative for larger unit pricing.

### **Closing Dates**

Issue	Space Closing	Print Materials Due	Inserts Due
103/1	12/1/21	12/6/21	12/13/21
103/2	1/4/22	1/7/22	1/14/22
103/3	2/1/22	2/4/22	2/11/22
103/4	3/4/22	3/9/22	3/16/22
103/5	4/4/22	4/7/22	4/14/22
103/6	5/4/22	5/9/22	5/16/22
103/7	6/3/22	6/8/22	6/15/22
103/8	7/6/22	7/11/22	7/18/22
103/9	8/5/22	8/10/22	8/17/22
103/10	9/2/22	9/8/22	9/15/22
103/11	10/6/22	10/11/22	10/18/22
103/12	11/2/22	11/7/22	11/14/22



<sup>\*</sup>All ads must go through an approval process.

# Journal Website Banner Advertising (ROS)





# Maximize your reach by adding a digital advertising campaign to your print schedule.

The Elsevier online journal platform offers a variety of advertising banner options and customizable solutions, enabling advertisers to target specific healthcare professionals with a single campaign. Digital advertising delivers your message

and drives traffic to your website while users are actively seeking and viewing specialty content. Metrics are sent on a monthly basis.

#### **Banner Positions**

#### Homepage

Top Leaderboard (desktop/tablet)	728 x 90
Top Leaderboard (mobile)	320 X 50
Right Skyscraper	160 x 600
Right Rectangle	300 x 250
Rest of Site (ROS)	
Leaderboard, top	728 x 90
Rectangle, right <sup>†</sup>	300 X 250
Skyscraper, right <sup>†</sup>	160 x 600

#### **Sticky Banners**

Leaderboard remains in place during scroll for 8 seconds. and Skyscraper on ROS pages remains in place on right side throughout scroll.

#### Monthly Metrics\*

#### www.archives-pmr.org

Pageviews	95,000
Unique Visitors	48,000
Visits	61,000

#### Rate

\$100 CPM



<sup>\*</sup>Adobe Analytics, averages of Jan - Jun 2021 †Based on responsive design

# Journal Website Banner Advertising (Prestitial)





- · Ad displays at page load
- Auto Closes after 7 seconds
- · Can be click off anytime
- Ad appears on any Home Page, Table of \* \* Contents or Article page
- Frequency of Ad: 1 view per user in a 6 Hour time period, for each campaign
- Only available on Desktop, Mobile not supported

#### **Banner Positions**

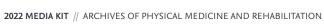
#### Homepage

Medium Rectangle	300 x 250
Large Rectangle	480 x 640
Monthly Metrics*	
US Banner Impressions	3.900/month

#### Rate

\$1,000/month 100% SOV

<sup>\*</sup>Adobe Analytics, averages of Jan-Jun 2021 †Based on responsive design



# Table of Contents Email (eTOC) Advertising





### Monthly eTOCs

Each month, registered subscribers receive the Table of Contents email (eTOC) for Archives of Physical Medicine and Rehabilitation providing a preview of what's coming in their next issue. Metrics are sent on a monthly basis.

eTOCs deliver increased reach and visibility for your brand, providing a strong and tactical component to your overall marketing strategy.

#### **Banner Positions**

Leaderboard	728 x 90
Skyscraper	160 x 600
Rectangle	300 x 250

#### Metrics\*

Opt-in Distribution	6,600
Average Open Rate	12%
Rate	
Banner Sizes	
Leaderboard (top):	\$1,500
Skyscraper (right side):	\$1,250
Medium Rectangle (bottom):	\$1,000



<sup>\*</sup>Amazon SES, averages of Jan - Jul 2021

# Article-In-Press Email Alerts





### Monthly AIP Email Alerts

Each month, *The Archives* sends out an average of 12 article-in-press alerts to a separate list of opt-in subscribers.

#### Banner Positions (2 available)

Leaderboard	728 x 90
+ Select one of these other two sizes: Skyscraper (right side)	160 x 600
Medium Rectangle (bottom)	300 X 250
Metrics*	
Opt-in Distribution	1,278
Average Open Rate	21%

#### Rate

\$3,000/month for 100% SOV 2-month minimum



<sup>\*</sup>Amazon SES, averages of Jan-Jul 2021

# Cover Wraps





Strategically position your brand alongside trusted, relevant content

### **Cover Wraps**

Cover wrap advertising is designed to target a specific sub-set of *APM&R* subscribers with high impact print advertising.

#### Rate

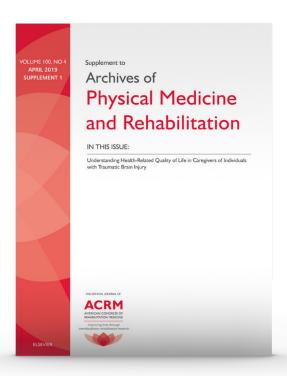
Please contact your Sales Representative.



<sup>\*</sup>All targeted solutions are subject to society and Editor approval.

# **Editorial Supplements**





Strategically position your brand alongside trusted, relevant content

### **Editorial Supplements**

A supplemental publication containing a group of papers on a specific topic, which is then mailed with the publication and also available online.

#### Rate

Please contact your Sales Representative.



<sup>\*</sup>All targeted solutions are subject to society and Editor approval.

## Reprint Capabilities





### The Power of Credibility

### Reach targeted HCPs with original, authoritative content

Whether you are launching a new product, trying to increase sales of existing products or repositioning established ones, Elsevier article reprints provide an exclusive and distinctive way to promote your brand using the strengths of our multimedia programs and your published work.

### **Hard Copy Reprints**

#### **Customizable Options**

#### **Printing**

- Article translation
- Inclusion of: company/brand logo, prescribing information & ISI, and inventory number

#### **Packaging**

- Resizing: Pocket/Digest
- Article Collections/Supplements
- Shrink-wrapping
- Polybagging—Outserts provided to targeted HCPs



# Reprint Capabilities (continued)





### **Digital Reprints**

#### **E-Premier**

Seamlessly incorporate page-flipping digital media features into your journal-branded reprints

#### View a demo

#### Linkards:

Further enhance the digital reach of your reprint with these business card-sized handouts showcasing the citation of the article alongside your branding. Recipients can access the reprint via an exclusive URL or QR code.

#### **QR Codes**

Integrate QR codes into your advertising to allow quick mobile access to your reprint.

#### **Tablet Program**

Install a suite of articles on a tablet for display during rep details, conferences, or on the fly.

#### **Targeted Email Marketing**

We offer the opportunity to distribute your ePrint via Elsevier's specialty email lists or your own email list.

#### Order Reprints Online

Visit us at <u>www.reprints.elsevier.com</u> where selecting and ordering your reprints is simple:

- Search for articles by journal, specialty, keyword, and more
- Receive your quote online in 24 hours or less
- Place your order online, and track the production process



### Print Media



### **Mechanical Specifications**

Ad Size	Non Bleed	Bleed
Trim	8-1/4" x 11"	<del></del>
Full Page	7-3/4" x 10-1/2"	8-1/2" x 11-1/4"
Spread	15" x 10"	16-3/4" x 11-1/4"
1/2 Horizontal	7" × 5"	8-1/2" x 5-3/4"
1/2 Vertical	3-1/2" x 10"	4-3/8" x 11-1/4"
1/4 Page	3-1/2" x 5"	_

Keep live matter 1/4" from all trim edges.

Binding	Perfect; jogs to head
Printing process	Web
Halftone screen	Cover, 150 line screen Text, 150 line screen

### **Print Ad Specifications**

#### **File Format**

PDF or PDF/X-1a compliant files, saved as PDF version 1.3. Transparencies within the supplied PDF(s) will be warned. The transparent elements contained in your file(s) must be converted within the native layout application or flattened in Acrobat using the High Resolution Flattener Presets to avoid overprint issues. Saving your PDF to Acrobat 4 (PDF 1.3) compatibility will ensure transparent elements are flattened. If the ad contains spot colors that are not converted to process colors (CMYK) before flattening, overprint and/or trap issues may occur.

The following layout applications yield the optimum results for creating a print-compliant PDF and are expected to follow all requirements listed in this document.

- Adobe Indesign CS6 or higher
- Adobe Illustrator\* CS6 or higher

Additional costs may apply if problems are encountered.

\*When using Adobe Illustrator it is preferred to have all fonts converted to outline/paths, and files submitted as EPS files.

#### Images

All high-resolution images and fonts must be included. TIFF & EPS files must conform to the following minimum resolution specifications:

- Grayscale and Color images: 300 dpi
- Combination Grayscale and Color images: 500-900 dpi
- Line art (Bitmap) images: 900-1200 dpi

Higher image resolutions are acceptable as they exceed the minimum requirements, but in some cases unnecessary resolution will be discarded to achieve smaller file sizes.

#### **Fonts**

Use of PostScript Type 1 fonts is encouraged. Include fonts for any embedded graphics. DO NOT use Type 3 or Multiple Master fonts. Avoid using menu-stylized fonts, Macintosh "city" fonts (Chicago, Geneva, etc.) and Microsoft Outlook fonts (Tahoma, Impact, etc.).

#### Page Layout

Regardless of the file format supplied, all ads must conform to the following specifications:

- Final size must meet journal trim size and include 1/8" bleed image on all four sides.
- Files will include trim marks with a minimum 3/16" offset
- Supply as single page files only
- Right Reading, Portrait Mode, 100% size, No rotation.
- No content is to be within 1/4" of all trim edges.



Note: Failure to meet insert specifications & packaging guidelines may result in additional charges and/or delays with insertion.

### Print Media (continued)



- All fonts and graphics must be either embedded or included with the files and conform to the format type listed above. Images must also conform to the specifications above for minimum image resolution.
- All color ads should be supplied as composite files.
- Reverse type should be no less than 6pt. Fine lettering (thin lines, serifs) should be restricted to one color.
- Embedded images should not be scaled, cropped/ masked or rotated within the page layout application but instead should be manipulated in a proper image editing program (ex. Photoshop) and then imported into the page layout program at proper size and position.
- · DO NOT nest EPS files within EPS files.
- All lines and line art images should be of a minimum 1/3
  pt thickness (1/2 pt for reverses) at final size to reproduce
  effectively on press.
- Crop marks and SWOP color bars must be included and positioned 1/2" outside trim.

#### **Color Space**

All color images and files are to be supplied as CMYK with a Total Area Coverage (TAC) not to exceed 300% for the darkest area of an image. Files supplied as RGB will be automatically converted to CMYK.

#### **Spot Colors**

Spot colors are to be identified using the standard Pantone naming convention and not a custom color such as "Dark Blue." PMS colors will be converted to process unless otherwise specified. When using both art and layout programs be sure spot color naming is consistent in all applications (ex. Do not define both PMS 201CV and PMS 201CVC).

NOTE: Any non-intended spot colors will be converted to CMYK.

#### **Trapping and Screening**

Overprints and knockouts should be defined. Files are NOT to be trapped or prescreened. Our Prepress service provider will use industry recognized trapping software to auto-trap your files for optimum performance and reproduction on press and will apply the appropriate screening. Note that these trap settings may force small text and fine graphics to overprint to hold registration on press.

#### **Proofs**

All color ads require a SWOP-certified contract color proof, which includes a SWOP proofing bar or a GATF proof comparator. All proofs must be produced from the final file submitted. Proofs must be imaged at 100% scale and in accordance with SWOP specifications. For a list of current SWOP-approved proofs visit <a href="www.swop.org/certification/">www.swop.org/certification/</a> systemlist.asp. Proofs generated from any of the approved devices are acceptable. Desktop inkjet printer proofs do not meet SWOP specifications. Elsevier cannot guarantee color match unless acceptable proof is provided. If a contract color proof is not supplied Elsevier will run to standard ink densities and dot gains. Revised proofs must be supplied whenever a text or design change is made. Any alteration to a file will require output of a new proof at cost to the customer. All black & white or grayscale ads supplied require 100% size lasers for confirmation of ad content.

#### Delivery

Submit PDF ad files to Elsevier ad portal at <a href="https://www.ads4els.com">www.ads4els.com</a>

#### **Conformance to Specs**

Variances from the above specifications may not yield results that conform to Elsevier quality control standards.



Note: Failure to meet insert specifications & packaging guidelines may result in additional charges and/or delays with insertion.

### Print Media (continued)



#### **Insert Requirements:**

moore requirements.	
2-page insert	8 1/2" x 11 1/4"
4-page insert	17" x 11 1/4", furnish folded to 8 1/2" x 11 1/4"
Trimming	1/8" trimmed off top, bottom, gutter and face. Keep all live matter 1/4" from all trim edges. Note that a 1/2" safety must also be applied to both sides of the gutter/spine.
Insert Stock Weight	For 2 page 80# text preferred; 4 to 8 pages – 60# text minimum; 80# text maximum. Inserts that do not meet these minimum/maximum weights must be sent to the publisher two weeks prior to advertising close date for evaluation and print compatibility.
Closing Date for Booking Inserts	Same as ad space closing
Insert Delivery Date	See Insert due dates. All inserts must be submitted to Publisher for approval of stock, design and other mechani- cal specifications. Copy of insert must accompany insertion order.
Insert Quality	Contact Ad Sales Services. For conference copy distribution, contact Ad Sales Services.

#### **Insert Packing & Shipping Instructions**

Inserts packed one up, folded if four pages, flat if two pages. All inserts must be delivered to the printer in cartons, with journal title, quantity, product & issue date (month/year) clearly marked. If shipping inserts for more than one issue date, inserts must be packed separately and clearly marked indicating journal title, issue date (month/year) and quantity.

#### **Insert Shipment Address**

Archives of Physical Medicine and Rehabilitation Sheridan NH 69 Lyme Road Hanover, NH 03755 Attn: Elsevier Team

### Disposition of Reproduction Material

All digital ad files will be held for twelve months only unless otherwise notified. Left over inserts will be held until the issue mails. After issue mailing is completed any unused inserts for that issue will be destroyed unless otherwise indicated on the insertion order. Excess inserts held in storage beyond completion of insertion date will be subject to storage charges.



Note: Failure to meet insert specifications & packaging guidelines may result in additional charges and/or delays with insertion.

# Digital Media





#### Journal Website Banner Ads

#### **Creative Sizes**

Placement: Journal pages. Leaderboard can be configured to load on full-text and abstract pages on journal-by-journal basis only. This is not an automatic placement so a special request must be made. Ad will appear on all abstract and FT pages (for all issues).

Skyscraper	160 x 600
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Placement: Journal pages. Right hand column of journal page, displays on all noncontent pages (content pages = abstract and full text articles\*)

#### Large Rectangle 300 x 250

Placement: Journal pages. Bottom center of the page, displays on HOMEPAGE only (content pages = abstract and full text articles\*)

#### **Specifications**

Desktop/Tablet	HTML5, 150kB
Size	200KB max
Rotation	Accepted
Animated GIF	Max 3 loops of animation, up to 15 seconds per loop
File Format	.gif, .jpg or .swf [rich media]
Required Resolution	72 dpi
Rich Media and HTML5	Yes. Supplied as 3rd party tags only
Target URL	Required



<sup>\*</sup>Generic list of non-content pages available upon request though will vary by journal

# Digital Media (continued)





### Rich Media Expanding & HTML In-Page Ads†

#### **Creative Sizes**

Leaderboard	728 x 90
Expands ▼ down (maximum size)	728 x 315
Skyscraper	160 x 600
Expands ◀ left (maximum size)	300 x 600
Large Rectangle	300 X 250
Expands ▶ right (maximum size)	600 x 250

### Rich Media Specifications

Desktop/Tablet	HTML5, 150KB
Initial Size	150KB
Subsequent Size	2.2 MB
Back-up .gif	200KB
Animation	15 seconds or 3 loops of 5 seconds
Video	No
Max Video File Size	N/A
Expansion Method	On click
Hotspot requirements	Not to exceed 1/4 size of original ad
Close Button Requirements	8pt - 16 pt (11px - 21px)

#### **Additional Notes:**

- · Third party tags accepted
- Ads served via DFP by Google



<sup>\*</sup>Rich media expanding and HTML in-page ads are subject to approval and testing. Creative must be received 5 business days before launch.

# Digital Media (continued)





### Table of Contents (TOC) Email Banner Ads

#### **Creative Sizes**

Leaderboard	728 x 90
Wide Skyscraper	160 x 600
Large Rectangle	300 x 250

#### **Email Specifications**

Size	40KB (200KB max)
Rotation	No
Required Resolution	72 dpi
Acceptable File Format	.gif or .jpg
Rich Media	No
Animation	No
Target URL	Required
3rd Party Tags	No



### Contacts



### **Display Advertising**

#### Lauren Morgan

American Medical Communications 630 Madison Ave. Manalapan, NJ 07726

Tel: 267-980-6087

Email: Imorgan@amcmediagroup.com

Visit <u>www.elsmediakits.com</u> to view other media kits and rate cards.

# Contracts, Insertion Orders & Production Materials

#### Le-Andrea Sylvester

Elsevier 230 Park Avenue New York, NY 10169

 Tel:
 212-633-3649

 Fax:
 212-633-3846

 Email:
 le.sylvester@elsevier.com

Send new print ad files and submit pickup ads to www.ads4els.com

### Recruitment & Classified Advertising

#### Lauren Morgan

American Medical Communications 630 Madison Ave. Manalapan, NJ 07726

Tel: 267-980-6087

Email: Imorgan@amcmediagroup.com

#### **Recruitment & Classified Production**

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