**Review article**

**Research in Vestibular Science: article title**

The basic structure of manuscripts reporting review articles should include the following: Abstract (unstructured abstract of no more than 250 words); maximum length: 3,000 words (not including abstract, tables, figures, acknowledgments, references).

**ABSTRACT**

The abstract should not exceed 250 words and must be written as one unstructured paragraph. Use neither bibliographic references nor references to figures or tables in the Abstract.

**Keywords:** Aaaaaa; Baaaaaaa; Caaaa; Daaaaaa

Three to six keywords should be listed. MeSH (https://www.ncbi.nlm.nih.gov/mesh/) is preferred for the keyword selection.

**INTRODUCTION**

**Abbreviation**

Abbreviations are strongly discouraged except for units of measurement. The full term for which the abbreviation stands should be used at its first occurrence in the text.

**Units**The use of International Standardized (SI) units is encouraged (https://physics.nist.gov/cuu/Units/index.html or https://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.330-2019.pdf).

**Citation of Reference**  
References should be numbered consecutively in the order in which they are first mentioned in the text. Each reference should be cited as [1], [1,4], or [1-3]. When quoting from other sources, give a reference number in bracket after the author’s name or at the end of the quotation. Examples are as follows:

1) K-HINT has been developed [1,2]  
2) Reiss et al. [5] reported---  
3) Leigh and Zee [7] reported---

**MAIN TEXT**

Subsection headings should be structured as follows:

SECTION HEADING

1. Secondary Subsection Heading

1) Tertiary subsection heading

*Quaternary subsection heading*

Tables and figures should be indicated in main text as follows: (Table 1), (Tables 1 and 2), (Tables 1-3), (Fig. 1A, B), (Figs. 1 and 2), (Figs. 1-3), (Fig. 1A, 3B), (Table 1, Fig. 2).

**CONCLUSIONS**

**REFERENCES**

References in the original article are limited to 30, and all cited references should be listed in the order of citation without any duplicated references.

- Journal article

1. Lee JY, Lee IB, Kim MB. Correlation between residual dizziness and modified clinical test of sensory integration and balance in patients with benign paroxysmal positional vertigo. Res Vestib Sci 2021;20:93-100.

2. Reiss LA, Ito RA, Eggleston JL, et al. Pitch adaptation patterns in bimodal cochlear implant users: over time and after experience. Ear Hear 2015;36:e23-34.

3. Yévenes-Briones H, Caballero FF, Struijk EA, et al. Association between hearing loss and impaired physical function, frailty, and disability in older adults: a crosssectional study. JAMA Otolaryngol Head Neck Surg 2021 Sep 23 [Epub]. https://doi.org/10.1001/jamaoto.2021.2399

- Entire book and book chapter

4. Leigh RJ, Zee DS. The neurology of eye movements. 2nd ed. Oxford University Press; 1991. p. 90-100.

5. Roland JT Jr. Vestibular and auditory ototoxicity. In: Cummings CW, Fredrickson JM, Harker LA, Krause CJ, Schuller DE, editors. Otolaryngology-head and neck surgery. 3rd ed. Mosby Year Book; 1998. p. 3186-99.

- Online source

6. Statistics Korea. Causes of death statistics [Internet]. Statistics Korea; c2020 [cited 2020 Dec 11]. Available from: https://kosis.kr/eng/

7. American Cancer Society. Cancer treatments and side effects [Internet]. American Cancer Society; c2023 [cited 2023 Aug 10]. Available from: https://www.cancer.org/treatment/treatments-and-sideeffects.html~~.~~

- Conference proceedings

8. Virolainen A, Saxen H, Leinonen N. Antibody response to pneumolysin in children with acute otitis media. In: Lim DJ, Bluestone CD, Klein JO, Nelson JD, Ogura PL, editors. Recent advances in otitis media. Proceedings of the 5th International Symposium on Recent Advances in Otitis Media; 1991 May 20–24: Ft. Lauderdale, Florida. Hamilton: Decker Periodicals; 1993. p. 205-6.

- Dissertation

9. Kaplan SJ. Post-hospital home health care: the elderly’s access and utilization [dissertation]. Washington University; 1995.

**Figure Legends**

Figure 1. Legend text.

Figure 2. Legend text.

Please note that the actual figures should be uploaded separately. Figures that are drawn or photographed professionally should be sent as JPG or PPT files. However, if an article receives approval for publication, files must be submitted as .tiff or .pdf. Each figure must have a caption explaining the figure. The preferred size of the images is 8 × 8 cm but 16.5 cm in width x 8 cm in length is also acceptable. It is authors' full responsibility to submit images of sufficient quality for accurate reproduction and to approve the final color galley proof. All images must be correctly exposed, sharply focused and prepared in files of 500 dpi or more.

**Table 1.** Degree of vertigo control according to hearing outcomes at short-term follow-up

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Variable | Hearing outcomes | | | *p*-value |
| Improveda) (n=5) | Stationaryb) (n=1) | Worsenedc) (n=11) |
| No. of vertigo (mo) |  |  |  |  |
| Preoperative | 3.8±1.5 | 3.8±3.3 | 4.9±2.6 | 0.615 |
| Short term | 0 | 0.5±0.8 | 2.0±2.3\* | 0.033 |
| Vertigo class |  |  |  | 0.552 |
| Improved | 5 (100) | 9 (81.8) | 7 (63.6) |  |
| Stationary | 0 (0) | 2 (18.2) | 2 (18.2) |  |
| Worsened | 0 (0) | 0 (0) | 2 (18.2) |  |

(if applicable)

Values are presented as mean±standard deviation or number (%). (general note)

AAA, aaa; BBB, bbb; CCC, ccc. (abbreviation)

Hearing gain of a)≥10 dB, b)≥‒10 and ＜10 dB, and c)‒10 dB. (notes on specific parts)

\**p*＜0.05 vs. improved group. (notes on level of probability)