JFAS Ms. #

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| Thank you for choosing to submit your manuscript to *JFAS*. The purpose of this template is to guide you through manuscript preparation, so that your report has the best chance of progressing through the peer review and analytic editing processes. In order to be published in *JFAS*, your submission must be in the proper format and it must contain the required elements. For this reason, we have produced this manuscript template for a case report or report of a series of patients. We hope that this is helpful.Authors must comply with the following manuscript rules:* This manuscript should be submitted as a separate electronic file without author or institution identifying information (which should be reserved for the title page)
* Review the Guide for Authors, as it contains specific information related to manuscript production, the use of which should limit required edits
* This template is designed to allow you to work directly from the document, and the instructions and information found in the instruction boxes, like this one, should be highlighted and deleted once you have incorporated the required elements into your manuscript
* Once we receive your manuscript we will assign it a manuscript number (Ms. #), and all correspondence thereafter will refer to the Ms. # for easy reference
* This template uses 12-point Arial font, and we ask that you retain this feature in the submitted manuscript and that you not use other fonts unless you employ italic for emphasis or to denote proper names
* Align left, and indent the first line of each new paragraph
* Use double line spacing, with 0 point spacing before and after each character
* Use the past tense when you refer to the care of the patient, or patients, and to the findings that you made, since your management of the patient, or patients, has already taken place
* Format the document so that the top, bottom, left and right margins are set at 1 inch
* Use the line numbering format (so that peers and editors can easily point to items)
* The main section headings for a report of Original Research include the Title, Abstract, Level of Clinical Evidence, Key words, Introduction, Patients/Materials and Methods, Results, Discussion, Acknowledgements, References, and the list of Tables and Figure Legends, and eOnly electronic add-on files (audio or video), and these main section headings should be depicted in bold font, capitalizing the first letter of each word (do not use all capital letters), and aligned to the left margin
* Subheadings within any of the above noted main sections should be written in italic font (non-bold), capitalizing the first letter of each word (do not use all capital letters), and aligned to the left margin
* Abbreviations are not to be used unless the term has first been spelled in full, and the abbreviation noted in parentheses immediately following the initial use of the full term. For example: “…deep peroneal nerve (DPN)”
* Each and every time that a proprietary term is mentioned it must include the required trademark (“®” or “™”), and authors must check the company’s literature to be certain that the correct symbol is used.
* The first time that a proprietary term is used in the Introduction, Case Report, or Discussion sections, it must include the required trademarks, as well as the company’s name, and the city, state and country of the company’s headquarters. Once the company name and location is presented, it need not be presented thereafter.
* Figures and tables are to be designated in sequential numeric order the first time one is mentioned, using “**Fig.**” and “**Table**” followed by the appropriate number. If just a single figure or table is presented, then simply call it “**Figure**” or “**Table,**” without an accompanying number
* In-text citations to previous publications are to appear in sequential numeric order

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**Title**

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| * The title should be informative, and generic terminology is preferred
* Capitalize the first letter of every major word in the title (use lower case for articles and conjunctions
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**Abstract**

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| * Summarize the contents of the article in a single paragraph of ≤ 250 words
* Do not denote subheadings for each section of the manuscript
* Succinctly state why the investigation was warranted (background and significance), describe the research methodology (randomized controlled trial, retrospective or prospective cohort study (N≥30), case-control study, cross-sectional study, analysis of secular trends), including the duration of follow up (which should be at least 1 year for analysis of surgical outcomes, or the primary efficacy endpoint).
* Do not use any abbreviations in the Abstract
* Do not use in-text citations to bibliographic references in the Abstract
* Comply with the rules related to mention of proprietary terms if any are used in the Abstract (see Guide for Authors)
* The Abstract should be submitted separately in the Elsevier Electronic System, and also in conjunction with the manuscript (in this document)

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**Level of Clinical Evidence:**

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| * Flawless randomized controlled trials = 1, meta-analysis of RCTs = 1, prospective and retrospective cohort studies (N ≥ 30 patients) = 2 or 3, case control studies = 3, and cross sectional studies and analyses of secular trends = 3 or 4, bench top, animal, cadaver, bone model or computer model studies = 5
* Use the Arabic numeral “4” (not the Roman numeral “IV”)

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**Key words:**

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| * Provide 5 to 7 key words or phrases for indexing purposes (keep in mind that electronic searches of the biomedical literature depend to a large degree on key words, so give this your consideration)
* Key words are to be spelled using lower case letters, unless representative of a proper name
* List key words/terms in alphabetical order separated by a comma (not a semicolon)
* Do not use abbreviations as key words, unless a proprietary name uses an abbreviation
* Proprietary terms that represent key items in the text should be mentioned in either the title or the list of key words/terms
* If a proprietary term is used as a key word, it must include the required trademark (“®” or “™”), and authors should check the company’s literature to be certain that the correct symbol is used
* *Do not repeat words or terms* here if they are already used in the title (since this reduces the opportunity to use different words that could be included in electronic searches, thus diminishing the likelihood of an electronic link to your published article)

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**Introduction**

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| * The introductory information should be succinct and contained within a few paragraphs
* The background and significance of the research should be made clear, preferably with citation to epidemiological reports of the prevalence or incidence of the condition or treatment, or costs related to the burden of the disease
* In-text citations to previous publications are to appear in sequential numeric order beginning with “1,” the first time that the reference is cited. Cited reference numbers are to be depicted using Arabic numerals, and must appear in parentheses either immediately after mention of the reference or its author/s in the sentence, or at the end of the sentence prior to the period ending the sentence. Do not use superscript font to denote in-text citations to previously published references. If you use software (e.g. Endnote®) to create your in-text citations and list of references, it would behoove you to instruct the software program to insert the information in the proper fashion so that it is compliant with JFAS requirements. Please disable the embedded in-text citations software algorithm (macro) prior to submitting your manuscript
* Avoid describing specific details of the research methodology in the Introduction (save the details of the methodology for the Patients/Materials and Methods section)
* The term “et al” may be used in the body of the text when a reference is cited; however, it is generally reserved for mentioning papers written by more than three authors (do not use “et al” in the List of References)
* Figures and tables are to be cited in sequential numeric order the first time one is mentioned, using “(**Fig.)**” and “(**Table)**” followed by the appropriate number. If just a single figure or table is presented, then simply call it “**Figure**” or “**Table**” without a specific number
* Each figure or table must be accompanied by a corresponding legend, describing what the author thinks is important in the image or table, and the list of legends is to appear in the manuscript following the list of references
* The final paragraph of the Introduction should tell the readers all of the following points: 1) your research question and hypothesis, 2) the primary and any secondary aims of the investigation, and 3) what you think was your research methodology and how it related to your research question. For example: “We were interested in determining if the use of a button and suture fixator or screw fixation would work best for stabilization of the tibiofibular syndesmosis. We hypothesized that screw fixation would provide more patient satisfaction following at least a 1-year postoperative follow up duration. Our primary aim was to measure patient satisfaction following ankle fracture repair, and our secondary aim was to determine the amount of motion between the tibia and fibula following open reduction and internal fixation of their ankle fracture. We undertook a retrospective cohort study to compare outcomes in patients who had undergone screw fixation to those who had undergone fixation using a button and suture fixation devices.”

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**Patients/Materials and Methods**

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| * Use the past tense when you describe the details of the investigation, since study has already taken place
* Clearly state the primary aim of the investigation (the primary aim is the aim for which the study was powered to determine)
* Clearly state any secondary aims of the investigation
* Indicate whether or not the investigation was conducted with Institutional Review Board approval (which is preferred, however may not be applicable in all settings)
* Do not present results in the Patients/Materials and Methods section
* Patient/participant population
* State the time period during which the patient/s was/were treated (mm/yyyy to mm/yyyy) (you must include month and year)
* State the source of the participants (RCT) or patients (any other investigation)
* State the time period over which the patients or participants were recruited, treated, or observed, indicating the starting month and year (mm/yyyy) and the ending month and year (mm/yyyy) (presenting the month with the year is mandatory in order to adequately account for the time period)
* Subjects in an RCT must be referred to as “volunteer participants” or “participants” and not “patients”
* Subjects in any other form of clinical investigation can be referred to as “patients”
* If the patients/participants came from an author’s practice, state this and denote the author’s initials in parentheses
* For a cohort study or report of a series of patients, state whether or not the patients were enrolled in the study consecutively (if not, then the bias must be explained)
* List all inclusion criteria in specific terms
* List all exclusion criteria in specific terms
* An *a priori* or *post hoc* power and sample size analysis should be described, including citation to prior publication/s that served as the source of results used in the power and sample size analysis
* For an RCT, the method of randomization (random number generator, sealed envelopes, coin flip) must be described
* For an RCT, the author is instructed to download and follow the guidelines described in the CONSORT statement (www.consort-statement.org)
* For an RCT, the author must disclose whether or not the trial was registered in an online repository (clinicaltrials.gov, or similar)
* Independent variables and outcomes (endpoints)
* Define the independent and dependent (outcome) variables of interest (e.g. age, age category, sex, BMI, BMI category, comorbidity, activity level, duration of disease, previous treatment/surgery, and so on; pain (10-cm visual analog scale), radiographic, MR, CT, range of motion, pressure, and any other meaningful measurements; valid foot-related quality of life score (ACFAS, Bristol, FFI, AOFAS, SF-36, etc.)
* All measurements must be described in terms that would explain to the reader how to make the measurement, and accompanied by an appropriate citation to a previous publication where the method is originally described
* Outcome measures should be explicitly defined in terms of how the variable was measured, who made the measurement, and whether or not the assessor was blind to the intervention (for an intervention trial)
* If a health measurement outcome has been previously shown to produce valid information, then the study describing the tests reliability must be cited
* Any and all variables mentioned in the Patients/Materials and Methods section must be mentioned (depicted) in the Results section and discussed in the Discussion section
* Items such as those listed above should be referred to as “variables” and not as “parameters,” since the term “parameter” should be reserved for statistical expressions that describe the data, such as the mean and standard deviation, or beta coefficients derived from a regression analysis
* Clearly state if outcomes were based on physical examination, chart review, telephone interview, questionnaire or radiographic films, or some other method
* Investigator derived questionnaires should be described in terms of reliability and validity, if such testing was undertaken by the investigators, or if it has been described in a previous publication
* For scales that rank categories (e.g., *mild*, *moderate*, *severe*) an aggregate score should be used.
* Assessors
* Members of the investigational team should be described in regard to their participation in the study, and denoted with their initials in parentheses if they are also coauthors; namely: 1) if they served as outcome assessors, 2) if they performed or assisted in an intervention or, 3) if they abstracted data from medical records, in the case of a retrospective study
* For studies in which subjective measurements are determined, such as measurements of radiographic angles, a method should be described for breaking ties and determining an outcome when indecision or uncertainty exists
* If outcomes assessors were blind to treatment allocation, this must be stated
* If outcomes assessors were participants in the intervention, such as members of the surgical team or treating clinicians, this must be stated
* Intervention
* The intervention must be explicitly described
* If participants were randomized to an active therapy that was compared to standard therapy, or to placebo, then each treatment arm needs to be described
* Do not write a narrative report of an operation for a standard procedure that can be referenced in any of a number of textbooks or published articles in peer-reviewed journals; instead, cite the prior publication
	+ Details of a surgical intervention should be described in adequate detail, including the position on the operating table, type/s of anesthesia, tourniquet use, a description of the surgical findings with enough detail to point out to readers the procedure that was carried out (do not write an operation report), closure, bandaging/splinting, and the postoperative plan (weight bearing or not, casting or bracing, and the like)
* The follow-up period must be detailed and include the total duration of follow-up which, optimally, should be at least 12 months, as well as the times to bone healing, resumption of regular activities, and any complications that may have been encountered
* Reference can be made, with an appropriate citation, to a standard procedure as it is described in a textbook; although variations from the standard procedure need to be described in detail
* Novel interventions, notable variations on standard procedures, decision points related to an intervention, and adjunct procedures should be thoroughly described
	+ Radiographic, CT and MR images, should be converted to grayscale or black and white, and cropped so as to display important features, prior to submission (do not submit radiographs that display green or blue hues; rather, the should contain only shades of gray)
	+ Reports of specific pathology, in particular neoplasms, must include low and high power figure images depicting the pathology, and accompanied by a corresponding legend that describes the specific power of magnification and the staining method used to prepare the pathologic slide (this is required)
* Generic drug names should be used wherever possible. When a brand name is used, the name and address of the manufacturer must be identified in parentheses immediately following the proprietary name
* The proprietary name should be used the first time that the medication or device is mentioned, and thereafter it should be referred to in generic terms
* Whenever medication use is described, complete dosing information (dose, method of administration, frequency and duration of use) should be included
* Statistical plan
* State the level at which a result was considered statistically significant (e.g. “Statistical significance was defined at the 5% (*p* ≤ .05) level.”)
* Pay attention to the “≤” versus “<” signs
* An RCT must include descriptive statistics and tests of the null hypothesis
* All other investigations must include descriptive statistics and tests of the null hypothesis and, preferably, and explanatory analysis (univariate and multiple variable regression, or other measures of association), and a sensitivity analysis to explain the potential influence of an unmeasured variable
* The descriptive statistical analysis should define parameters such as the measure of central tendency (mean or median average), and measures of dispersion (standard deviation or range)
* The parameter, as well as the statistical test, should be selected based on the type and distribution of the data
* Continuous numeric data that are normally distributed are suitable for representation using the mean and standard deviation, and may be analyzed using mean-based statistical tests (such as Student’s t-test).
* Categorical data, and data that are non-normally distributed, are suitable for representation using the median and range, and may be analyzed using median-based (nonparametric) methods such as the Wilcoxon matched-pairs signed-ranks test, sign test, Wilcoxon rank-sum test, and the Kruskal-Wallis equality-of-populations rank test, and other null hypothesis tests and methods of estimation
* For categorical data, Fisher’s exact method should be used whenever possible
* Univariate analyses should describe the association of independent variables with the outcome of interest (dependent variable), whereas multiple variable analyses should describe the association of all of the clinically important variables with the outcome of interest
* Continue to follow the rules for citation of figures and tables (see above, and the Guide for Authors), and be sure to include preoperative, intra-operative, and postoperative figure images (clinical, surgical, and radiographic)
* Continue to follow the rules for in-text citations to listed references (see above, and the Guide for Authors)

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**Results**

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| * The statement "no significant difference was found” between 2 or more groups should not be made unless a power analysis was done and the value of alpha (level of significance, typically 5%) or beta (the power to detect a statistically significant difference, usually 80% or 90%) is reported
* Use of the word “significant” requires reporting of a *p*-value (probability) or, preferably, the 95% confidence interval about a point estimate
* 95% confidence intervals are preferred whenever the results of survivor analyses are given in the text, tables or graphs
* Except when 1-sided tests are required by study methodology, such as in noninferiority trials, 2-sided *p*-values should be reported
* By convention, *p*-values larger than 0.01 should be reported to 2 decimal places, those between 0.01 and 0.001 to 3 decimal places, and *p*-values smaller than 0.001 should be reported as *p* < 0.001 (do not report *p* = 0.000)
* Use of the word “correlation” or the term “correlates with” requires that a correlation coefficient be calculated and reported, otherwise terms such as “association” or “associated with” should be used
* Quantitative information should be summarized in the text, and readers should be referred to relevant tables for more detailed information. As a rule, a minimum of three results tables should be presented, and designated Tables 1, 2, and 3
* Table 1 should show baseline demographic characteristics of the sample population, often categorizing the patients/participants by intervention or outcome, and showing whether or not statistically significant differences existed between the groups
* For randomized controlled trials, it is not necessary to depict statistically significant differences at baseline, since randomization distributes the characteristics by chance
* Table 2 generally depicts the results of the univariate analyses
* Table 3 generally depicts the results of the multiple variable analyses
* Additional tables can be helpful when the data warrant such detail
* Figures and tables used to report the results need to be complete with enough detail to stand alone, without the need for the reader to refer to the detailed text in order to fully understand the results. The sample size (with attention to the number of feet and the number of patients) should be stated in parentheses at the end of the title of the table or figure (for example, “(N = 73 feet in 61 patients)”). Therefore, the table title, headings and legends need to be thoughtfully phrased so that there is no ambiguity or lack of information
* For randomized controlled trials, the first figure should be the study flow chart (see CONSORT statement)
* For meta-analyses a Christmas tree diagram must be included
* Consistency and clarity is required when reporting results. As a rule, report means with standard deviations (using the ± symbol) and medians with the range (either minimum and maximum or 25th and 75th percentiles), and *always* report the proportion of the whole when presenting count data (for instance, “…4 (3.25%) displayed wound dehiscence…”)
* Report all results to at least 2 decimal places
* It is also crucial that authors remain clear and consistent when they report *denominators*, with a particular emphasis on clarity in regard to the number of patients versus the number of feet or ankles or extremities, since these numbers vary based on unilateral versus bilateral cases (have someone proofread your report to see if the numbers add up properly)
* Continue to follow the rules for citation of figures and tables (see above, and the Guide for Authors), and be sure to include preoperative, intra-operative, and postoperative figure images (clinical, surgical, and radiographic)
* Continue to follow the rules for in-text citations to listed references (see above, and the Guide for Authors)

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**Discussion**

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| * Review the previous literature as it relates to the report of your case, in the beginning of the Discussion section, and relate your report to the prior publication/s
* Continue to follow the rules for citation of figures and tables (see above, and the Guide for Authors)
* Continue to follow the rules for in-text citations to listed references (see above, and the Guide for Authors)
* Interpret the results of the investigation in your own terms
* Explain how their results fit into the general state of knowledge on the subject
* Describe the clinical relevance of the results of the investigation
* In the penultimate paragraph, you must acknowledge the limitations of the investigation that may have introduced bias, and discuss how the biases may have affected your conclusions (this is a requirement, and no report will be published without a discussion of the limitations of the investigation)
* In the final paragraph, clearly state your conclusions based on the results of your study
* Do not include a separate “Conclusion” subsection, as the final paragraph of the discussion should describe the authors’ conclusions (and the paragraph can start with a sentence that states: “In conclusion, we found…” or something to this effect)
* In the final sentence, indicate that the results of your investigation could be used in the development of future randomized controlled trials or prospective cohort studies that focus on the same or similar conditions

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**Acknowledgement/s**

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| * Acknowledge your appreciation of any other non-coauthor contributor to your report, if any
* Acknowledgments should be made to those who have informally contributed their expertise or assisted (proofread, for example), rather than to those who have contributed to the manuscript while performing the role of their regular occupation

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**References**

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| * List your references from 1 to N, in continuous numeric order, corresponding to the in-text citations
* Look at the specific examples in the Guide for Authors, so that you format the listed references properly (this is important, as it is a time consuming task, and improper formatting of the listed references will require revision)
* Do not list references alphabetically
* Unpublished sources must be included in parentheses within the body of the text, not in the List of References
* Abbreviations for journal titles should conform to those used by Medline ([www.ncbi.nlm.nih.gov/sites/entrez?db=pubmed](http://www.ncbi.nlm.nih.gov/sites/entrez?db=pubmed)). If Medline does not index a journal, then spell out the entire journal name in addition to listing the author name/s, title of the article, volume number, page numbers, and year of publication
* Always list all authors, and do not use "et al" in the List of References
* Textbook references must include the specific page or pages used
* Web site references must include the date when the site was last accessed
* You must punctuate your listed reference correctly, as follows:

For a journal article: 1. Mendicino RW, Orsini RC, Whitman SE, Cantanzariti AR. Fibular grove deepening for recurrent peroneal subluxation. J Foot Ankle Surg 40:252-263, 2001. For a textbook: 2. Trevino SG. Disorders of the hallucal sesamoids. In Foot and Ankle Disorders, pp 379-398, edited by MS Myerson, WB Saunders, Philadelphia, 2000.For an electronic version of a print journal: 3. Gardner MJ, Boraiah S, Hentel KD, Helfet DL, Lorich DG. The hyperplantarflexion ankle fracture variant**.** J Foot Ankle Surg [serial on the Internet] 46:*256-60, 2007.* Available at: <http://www.jfas.org/issues/contents>. For a Web page: 4. Clinical Practice Guideline Heel Pain Panel. Diagnosis and Treatment of Heel Pain. American College of Foot and Ankle Surgeons Web site. September/October 2001. Available at: <http://www.acfas.org/pubresearch/cpg/heelpain-cpg.htm>. Accessed July 20, 2007.For a personal communication:5. John A. Ruch, DPM; personal communication, dd/mm/yyyy.* Every author must be listed, and the first letter of the last name and all initials are upper case; the first letter of the first word of the title is upper case, and so is the first letter of any proper noun; the journal title is presented using abbreviations consistent with the Medline format for the journal name; the volume number is followed immediately by a colon, which is immediately followed by the first page number, then a hyphen (not at emdash or an endash), then the full final page number is followed by a comma, then a space, and then the year of publication followed by a period.

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**Table/s**

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| * Tables should be able to stand alone, with complete information without the need to refer to the body of the text
* List your tables here in sequential order from **Table 1** to **Table N**
* If there is only one table, label it “**Table**”
* Use bold font for the “Table N” designation, but non-bold font for the terms of the title, capitalizing the first word of the table title and any other proper nouns in the title
* Indicate the sample size in parentheses at the end of each table title (e.g. “…(N = 44 feet in 39 patients)” or “(N = 5 prior publications)” if presenting results of previous reports)
* Use plain black and white lines, without shading or special fonts, in the table
* Use the “insert table” command to make the table here
* Include the table in the manuscript file (created from this document)
* Do not use abbreviations in either the title or the table legend, unless the abbreviation is defined in the legend
* Abbreviations or footnotes should be explained in lower case alphabetical superscripts in the legend beneath the table
* **Table 1** in the report of an RCT, or a cohort study stratified by outcome, or a case versus control study, usually compares independent and outcome variable (column 1) by treatment or outcome or case-control group (columns 2 and 3), with the probability of the null hypothesis (column 4)
* All tables must be original, unless indicated otherwise and accompanied with permission to reproduce from the copyright holder

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**Figure Legend/s**

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| * Figures should be able to stand alone, with complete information without the need to refer to the body of the text
* List your figures here in sequential order from **Figure 1** to **Figure N**
* If there is only one figure, label it “**Figure**”
* Use bold font for the “Figure N” designation, but non-bold font for the terms of the title, capitalizing the first word of the table title and any other proper nouns in the title
* Indicate the sample size in parentheses at the end of each table title (e.g. “…(N = 44 feet in 39 patients)” or “(N = 5 prior publications)” if presenting results of previous reports)
* Submit each figure image file as a separate JPEG, TIF or GIF format, labeled appropriately
* Do not use abbreviations in either the title or the figure legend, unless the abbreviation is defined in the figure legend
* Abbreviations or footnotes should be explained in lower case alphabetical superscripts in the figure legend beneath the table
* Manuscripts that describe a pathological entity must be accompanied by a photomicrograph depicting the histopathology, with original magnification and staining technique indicated. For example: “**Figure 3** Histomicrograph of tendon fibrosis (original magnification 40x, hematoxylin and eosin)”
* Radiographic images should be submitted in grayscale format, with the projection spelled out in full (anteroposterior, lateral, medial oblique, Isherwood, etc.)
* Black and white line drawings are acceptable only if they are of professional quality
* All figures must be original, unless indicated otherwise and accompanied with permission to reproduce from the copyright holder

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Audio or Video Add-on/s

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| * Provide a legend for any audio or video files that you would like to accompany your report
* Upload the audio or video add-on file as a separate file when you submit your manuscript

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