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DESCRIPTION

The *Journal of Hand Surgery* publishes original, peer-reviewed articles related to the *diagnosis, treatment, and pathophysiology* of *diseases and conditions* of the *upper extremity*; these include both clinical and basic science studies, along with case reports. Special features include Clinical Perspective articles, Comprehensive Review manuscripts, and Surgical Technique articles that provide an overview of hand surgery, technical aspects of surgery, and current controversial topics.

Beginning in January 2006, the *Journal of Hand Surgery* will incorporate the *Journal of the American Society for Surgery of the Hand*.

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ABSTRACTING AND INDEXING

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INTRODUCTION
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Aims and scope

The Journal of Hand Surgery publishes original, peer-reviewed articles related to the pathophysiology, diagnosis, and treatment of diseases and conditions of the upper extremity; these include both clinical and basic science studies along with case reports. Special features include Review Articles (including Current Concepts and The Hand Surgery Landscape), reviews of books and media, and Letters to the Editor. Before beginning to write for The Journal of Hand Surgery, prospective authors should read these instructions completely. Authors will also benefit from reading:


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Case Reports: The Journal receives far more case reports than space allows for publication. To be worthy of publication, a case report must have extraordinary teaching value to the readers. Typically we do not accept cases where 2 findings are associated since the findings are often coincidentally rather than causally related. Restrict the abstract to 150 words and highlight the unique features of the case. In sections identified as Introduction, Case Report, and Discussion and in fewer than 1,500 words, introduce the topic, present the case, and discuss its novelty and educational value. Limit references to 10 citations.

Review Articles

If you wish to submit a review article to The Journal of Hand Surgery but have not explicitly received an invitation to do so, please complete the Review Article Proposal and email it to the Review Deputy Editor, Dawn M. LaPorte, MD, at jhs@assh.org for consideration. We ask that you do not submit your unsolicited review article to the journal unless the review editor accepts your review topic in writing.

The review section of the Journal will feature Current Concepts articles on a monthly basis, as well as review articles in a monthly Hand Surgery Landscape section.
Current Concepts is designed to provide review articles that focus on up-to-date information covering essential topics on a three-year rotation. Authors are invited based on their expertise. Unsolicited material is considered after contacting the Review Deputy Editor, Dawn M. LaPorte, MD, at jhs@ assh.org with a completed Proposal.

Current Concepts articles are no more than 3,000 words and include a one-paragraph abstract. They must review recent developments and must emphasize the best evidence for management and treatment strategies. In addition to the article, the authors must provide four choice continuing medical education (CME) questions together with a rationale and references for the best answer. Include at least one reference to a "classical article" that has stood the test of time.

While the Current Concepts manuscript should be able to "stand alone" in the print version of the Journal, the digital version will be able to provide hyperlinks to videos and other articles. The authors are encouraged to submit a technical video with their article. Links may also be provided to other articles already published in JHS that may have described techniques or give reference to evidence-based medicine.

Finally, Current Concepts articles should have no more than three authors and generally have no more than 20 references.

The Hand Surgery Landscape articles are designed to generate interest and comment among readers. These articles present content that otherwise might be outside the traditional scope of a typical review topic for The Journal of Hand Surgery. Invitations to contribute articles for this series are made either by the Review Deputy Editor or the Editor-in-Chief. Unsolicited submissions must first be made as a proposal to the Review Editor using the template and sent to Dawn M. LaPorte, MD, at jhs@assh.org. Some, but not all, unsolicited manuscripts may be sent out for peer review. The focus will be on encouraging thought leaders in the areas described below.

This monthly feature has a word count of no more than 2,000 words and includes a one-paragraph abstract. There is no prescribed format other than the maximum word count. References are required for any statements that should be supported by outside sources.

The spectrum of content considered for this series will include:

- Innovative clinical topics
- Education
- Advocacy
- Practice management
- Certification matters

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**BEFORE YOU BEGIN**

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Do not include footnotes, statistical results, or references in the abstract. Type the abstract on a separate page. For peer-reviewed clinical studies, submit a structured abstract limited to 300 words and divided into 5 sections: Purpose, Methods, Results, Conclusions, and Level of Evidence (see table http://www.elsevier.com/__data/promis_images/jhsachart.gif). For peer-reviewed basic science studies, submit a structured abstract limited to 300 words divided into 5 sections: Purpose, Methods, Results, Conclusions, and Clinical Relevance. For review articles and case reports, submit a brief one-paragraph description of the manuscript contents.

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Present the study design clearly. Identify and describe the measurement parameters. Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify the reported results. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Avoid sole reliance on statistical hypothesis testing, such as the use of $P$ values, which fails to convey important quantitative information.

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In the analysis of categorical data, utilize exact methods wherever possible. Where the variable of interest cannot be assumed to have a normal distribution, use non-parametric methods of analysis. Report results with only as much precision as is of value. In general, the approach suggested in Bailar JC 3rd, Mosteller F. Guidelines for statistical reporting in articles for medical journals. Amplifications and explanations. *Ann Intern Med.* 1988;108:266-273 should be used.

$P$ values are required to support any statement indicating a statistically significant difference.

Ninety-five percent confidence intervals are required for any estimate appearing in the text or graphs. Use of the word correlation requires reporting of the correlation coefficient.

Do not identify any statistical software unless some aspect of the analysis was uniquely dependent on a particular software package.

Validated outcome instruments should be used wherever possible. Novel measurement scales should be used only if existing scales are deemed insufficient in some way to the needs of the study. References to psychometric characteristics of new scales, such as those related to reliability, must be included. If an outcome system leads to a categorical ranking (excellent, good, etc.), then the aggregate score for each patient should be provided.

**Results**

In less than 500 words, present the findings in the same order that you pose the questions or hypotheses in the Introduction. Data should be presented only once, in a text, table, or graph.
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References
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As of October, 2012, the Journal of Hand Surgery requires references to be formatted according to the latest edition of the American Medical Association's Manual of Style (http://www.amamanualofstyle.com).

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If a reference source is not yet published but has been accepted for publication, include the source in the reference list and submit the letter of acceptance along with the manuscript.

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