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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.


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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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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 four 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

The Surgical Techniques section is an online-only section that provides step-by-step details of various surgical procedures relevant to clinical practice. Articles discuss indications and contraindications, surgical anatomy, surgical technique, postoperative management, pearls and pitfalls, and complications; many articles also provide a case illustration. Surgical Technique articles will be solicited from experts and are open for submission upon receipt of a Proposal. Articles should be no more than 2,500 words, and they should include a one-paragraph abstract. Videos and/or high-resolution photographs are strongly encouraged.

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**BEFORE YOU BEGIN**

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Please see our information pages on Ethics in publishing and Ethical guidelines for journal publication.

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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 [https://www.elsevier.com/__data/promis_images/jhsachart.gif](https://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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Restrict the manuscript to fewer than 3,000 words. In both the abstract and in the main body, avoid claiming priority of findings. For example, avoid statements such as, "This paper is the first to report..." Formatting, such as Greek letters, italics, superscripts, and subscripts, may be used. The coding scheme for such elements must be consistent throughout.

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In fewer than 500 words and in 3 to 4 paragraphs, include the study's background, rationale, questions or hypotheses posed, and novelty. Each of the questions or hypotheses should be sufficiently important to appear in the abstract.

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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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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.

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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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