THE JOURNAL OF HAND SURGERY
An International Journal Devoted to Surgery of the Upper Extremity

AUTHOR INFORMATION PACK

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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.

Since January 2006, the Journal of Hand Surgery has incorporated the Journal of the American Society for Surgery of the Hand.

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ABSTRACTING AND INDEXING

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GUIDE FOR AUTHORS

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. 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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Special Features

**As of January 1, 2021, The Journal of Hand Surgery will no longer be accepting Case Reports. If you are interested in submitting a Case Report, please consider submitting your article to our Open Access publication, The Journal of Hand Surgery Global Online (JHS GO), here: https://www.editorialmanager.com/jhsgo/default.aspx.**

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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The *Journal of Hand Surgery* adheres to the ethical standards described by the Committee on Publication Ethics (http://publicationethics.org) and the International Committee of Medical Journal Editors (http://www.icmje.org/urm_main.html). Authors are expected to adhere to these standards.

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- **Cohort studies and patient series:** Authors should adhere to the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines (www.strobe-statement.org) and indicate in the manuscript that they have done so.

- **Diagnostic measure research:** Authors should adhere to the Standards for Reporting of Diagnostic Accuracy (STARD) guidelines (www.stard-statement.org) and indicate in the Materials and Methods section of the manuscript that they have done so.

- **Systematic reviews and meta-analyses:** Authors should adhere to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (www.prisma-statement.org) and indicate in the Materials and Methods section of the manuscript that they have done so.

A worthy meta-analysis will follow the PRISMA guidelines, be hypothesis driven to address a specific aspect of a topic, include sufficient (ideally at least 10) Level I and II evidence studies that can be supplemented with comparative Level III studies, and not include Level IV studies. The result should clarify the issue addressed. A repeat meta-analysis should follow the original study by at least 5 years, analyze at least 50% more data, and follow the above guidelines. A worthy systematic review will follow the PRISMA guidelines, be hypothesis driven, focus on a specific aspect of a topic, and may include low level evidence. The results should clarify the issue addressed.

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**Reporting sex- and gender-based analyses**

**Reporting guidance**

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**Definitions**

Sex generally refers to a set of biological attributes that are associated with physical and physiological features (e.g., chromosomal genotype, hormonal levels, internal and external anatomy). A binary sex categorization (male/female) is usually designated at birth ("sex assigned at birth"), most often based solely on the visible external anatomy of a newborn. Gender generally refers to socially constructed roles, behaviors, and identities of women, men and gender-diverse people that occur in a historical and cultural context and may vary across societies and over time. Gender influences how people view themselves and each other, how they behave and interact and how power is distributed in society. Sex and gender are often incorrectly portrayed as binary (female/male or woman/man) and unchanging whereas these constructs actually exist along a spectrum and include additional sex categorizations and gender identities such as people who are intersex/have differences of sex development (DSD) or identify as non-binary. Moreover, the terms "sex" and "gender" can be ambiguous—thus it is important for authors to define the manner in which they are used. In addition to this definition guidance and the SAGER guidelines, the resources on this page offer further insight around sex and gender in research studies.

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Note: If you received a grant from the American Foundation for Surgery of the Hand, then please acknowledge that grant on your Title Page.

Abstract
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 (for more information, visit: https://www.cebm.ox.ac.uk/resources/levels-of-evidence/oxford-centre-for-evidence-based-medicine-levels-. 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, submit a brief one-paragraph description of the manuscript contents.

Article structure
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.

Articles may use section subheadings within the following headings to clarify content.

Introduction
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.

Materials and methods
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.

Statistical methods should be described in detail, with particular emphasis on the statistical strategy that was used to analyze the data. The most appropriate strategy fits the collected data and addresses the research question/hypothesis stated in the Introduction.

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.

**Discussion**
In fewer than 1,000 words, briefly restate the rationale and the questions, then explore major limitations and compare and contrast the study's results with previous work. Include 1 paragraph for each question or hypothesis. Synthesize the current results with those previously published. It is the *Journal of Hand Surgery*'s style not to include a Conclusion section since this is typically redundant with the abstract.

**References**
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