The Journal of Hand Therapy is designed for hand therapists, occupational and physical therapists, and other hand specialists involved in the rehabilitation of disabling hand problems. The Journal functions as a source of education and information by publishing scientific and clinical articles. Regular features include original reports, clinical reviews, case studies, editorials, and book reviews.

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Manuscript categories for submission include: Clinical/Basic Research Studies, Case-Reports, Short Reports (Cross-cultural Translation, Literature Review (invited-only) Practice Forum and Letters to the Editor (published online only).

Inquiries for the Editor-in-Chief should be made to: Joy MacDermid, PT, PhD at editor.macdermid@gmail.com.

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*The purpose of the research should be listed as*: Descriptive, clinical measurement, epidemiology, etiology, natural history, prognosis, diagnosis, effectiveness, harm, economics or implementation. Where these do not apply, authors may propose another term. Further details on reporting the study design are listed below. Use of reporting guidelines for these studies are also described below.

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Introduction
Purpose of the Study
Methods
Results
Discussion
Conclusions
Key words

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Diagnostic test studies should use the STARD statement, checklist, and flow diagram. Surveys should use CHERRIES as a guide to reporting.

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JHT has a specific format for case studies. Case studies should consult the CARE website and use the CARE reporting guideline

Statement of Research Design
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Examples of study design include: Randomized Clinical/Controlled Trial: Patients are enrolled at a relevant baseline and allocated to different intervention arms based on a random concealed process; outcomes are ascertained prospectively. Where specific variants were used please state the subtype-such as Cross-over, Factorial, Equivalence, Non-inferiority, Expertise-based etc. Prospective Cohort: a longitudinal study where subgroups of patients are enrolled and research questions defined at
a relevant baseline point (prior to when outcomes occur); patients are followed forward in time for outcomes ascertainment. For treatment studies, at least 2 groups are defined at baseline; in prognostic studies, potential predictors are collected at baseline.

Retrospective Cohort: a longitudinal study where subgroups of patients are involved in a prospective data collection but the research questions (and variables) were defined retrospectively; treatment groups or prognostic factors may have been defined after data collections was initiated e.g. database research.

Case-Control: a longitudinal study where subgroups of patients are identified/enrolled after outcomes have been ascertained and data are collected retrospectively (recall or pre-existing data) on the treatment or prognostic factors of interest.

Cross-sectional: Study data are collected at a single time point.

N-of-1: A single patient is enrolled at a relevant baseline and allocated to cross-over different intervention arms based on a random concealed process; outcomes are ascertained prospectively.

Case Series: Data are collected on a single subgroup of patients (no comparison group). This can be cross-sectional or longitudinal.

Case Report: Data are collected on a single subject.

Repeated Case Study: a formal comparison of 2-5 cases, extending beyond summary data.

Qualitative Study Designs

Meta-syntheses: a synthesis of the better quality qualitative studies.

Grounded Theory: research that seeks to understand and identify theoretical processes; themes used to develop an understanding and theoretical explanation.

Case Study: an in-depth study of an individual lived experience and perspective.

Descriptive: Studies that may use qualitative and quantitative method to describe a phenomenon- without intention to develop theory or meaning.

Ethnography: the description of the customs of groups or cultures.

Interpretive Description: inductive analytic studies designed to understand clinical phenomena with a view to applications.

Mixed-Methods Designs include both quantitative and qualitative components that seek to address a common or complementary research questions. The components can be conducted concurrently or sequentially to expand, explain or triangulate findings of the other component. The author can explain the approaches using any of the design taxonomies described for mixed methods.

A summary of the questions and design is illustrated in the figure.

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**Study Design:** Using the information above the type of research, and research design should be stated. Where possible use the terminology above. For example, a clinical measurement, cross-sectional study or a qualitative, interpretive description study. 
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