DESCRIPTION

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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GUIDE FOR AUTHORS

INTRODUCTION
Authors are invited to submit manuscripts for review, in English, relating to any aspect of rehabilitation of the upper extremity. The Journal of Hand Therapy is interested in the publication of research spanning the entire spectrum of clinical, basic, and translational science, including (but not limited to): clinical practice, theory and outcomes; biomechanics, motor behavior, neuroscience, or epidemiology. A clear indication of clinical relevance is essential for publication.

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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You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.

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One author has been designated as the corresponding author with contact details:E-mail addressFull postal address

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**Manuscript Categories**

**Scientific/Clinical Research Reports**: A full-length report of an original basic, clinical or implementation/knowledge translation research investigation that advances the clinical science of upper extremity rehabilitation. This can include many different studies designs and types of research questions as outlined below.

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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**Practice Forum**: This section presents novel or timely ideas of clinical relevance. However, topics that are not original should represent a unique application of an existing idea and should be referenced and limited to less than 750 words. The idea should be supported by current best science and this should be referenced in the beginning of the submission. The Journal of Hand Therapy has a clinical audience and we will be asking authors to pay greater attention to knowledge translation. Make sure the description of your techniques is sufficient that a clinician could replicate it, provide either appropriate photographs or preferably a video on techniques- to assist clinicians in implementation. If you are describing an exercise program or another intervention make sure you provide the dosage.
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The term splint should no longer be used in preparing manuscripts. Orthotic should be used as an adjective or an adverb when pertaining to the practice and science of a rehabilitation management approach, i.e., an orthotic intervention, orthotic treatment plan, orthotic assessment, orthotic fabrication, orthotic device, and orthotic maintenance. The terms orthotic (singular) or orthoses (plural) should be used as nouns to refer to the custom fabricated device(s) typically referred to as a splint(s). Far from just a technical skill, the design and fabrication of hand and upper extremity orthotic devices require an in-depth knowledge of anatomy and pathology, as well as the healing and positioning requirements for the range of conditions and surgeries encountered. Hand therapists are uniquely qualified to design, apply, monitor, and modify orthotic devices as part of the rehabilitation treatment plan. In substitution for the noun(s) splint(s), authors should use the terms orthosis or orthoses, respectively.

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Researchers should insure that the results they report are explicit in how these have considered sex (biologic) and gender (social) factors in the conduct and analysis of their research. The SAGER guidelines (taken from the document linked here) are listed below and will be considered during the review process. More detail can be found at https://researchintegrityjournal.biomedcentral.com/articles/10.1186/s41073-016-0007-6

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1 Authors should use the terms sex and gender carefully to avoid confusing both terms. Where the subjects of research comprise organisms capable of differentiation by sex, the research should be designed and conducted in a way that can reveal sex-related differences in the results, even if these were not initially expected. Where subjects can also be differentiated by gender (shaped by social and cultural circumstances), the research should be conducted similarly at this additional level of distinction. General principles

1 Title and abstract: If only one sex is included in the study, or if the results of the study are to be applied to only one sex or gender, the title and the abstract should specify the sex of animals or any cells, tissues and other material derived from these and the sex and gender of human participants. Introduction: Authors should report, where relevant, whether sex and/or gender differences may be expected. Methods: Authors should report how sex and gender were considered in the design of the study, whether they ensured adequate representation of males and females,
and justify the reasons for any exclusion of males or females. Results Where appropriate, data should be routinely presented disaggregated by sex and gender. Sex- and gender-based analyses should be reported regardless of positive or negative outcome. In clinical trials, data on withdrawals and dropouts should also be reported disaggregated by sex. Discussion The potential implications of sex and gender on the study results and analyses should be discussed. If a sex and gender analysis was not conducted, the rationale should be given. Authors should further discuss the implications of the lack of such analysis on the interpretation of the results. Recommendations per section of the article

PREPARATION

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Article structure
Manuscript and Abstract
All Scientific/Clinical Research Report, Case Report and invited Literature Review manuscripts should include the abstract (250-word limit), main text, references, and figure legends. All authors should consult the uniform requirements for manuscripts submitted to biomedical journals: “Writing and Editing for Biomedical Publication” (www.icmje.org). Due to the double-blind review process the manuscript should not carry any author, facility, or institution identifiers.

Please be sure that the abstract includes terms that describe the type of research question and study design. Both the manuscript and abstract of Scientific/Clinical Research Report and Case Reports should be structured as follows:
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Methods
Results
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Key words

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Authors must submit the relevant reporting guideline checklist when submitting the initial version of the study for consideration for the specific study types list below. Authors are encouraged to submit reporting guideline checklists for other study designs from those available on the Equator website [http://www.equator-network.org/](http://www.equator-network.org/).

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For observational studies (cohort, case-control, cross-sectional studies), authors should use the STROBE statement [http://www.strobe-statement.org/index.php?id=strobe-home](http://www.strobe-statement.org/index.php?id=strobe-home) and submit a completed STROBE checklist with their submission.

Diagnostic test studies should use the STARD statement, checklist, and flow diagram, [http://www.stard-statement.org](http://www.stard-statement.org).


There are two studies designs where JHT has journal specific reporting guidelines: Case Studies and Short Reports of Cross-cultural Translations.

For cross-cultural translations, authors should follow our template listed at the end of these instructions (link here to those instructions placed at the end). JHT has a specific format for case studies. (insert link here and place those instructions at the end) Case studies should consult the CARE website [http://data.care-statement.org/wp-content/uploads/2016/08/CAREchecklist-English-2016.pdf](http://data.care-statement.org/wp-content/uploads/2016/08/CAREchecklist-English-2016.pdf), and use the CARE reporting guideline

**Statement of Research Design**

Authors should specific terminology when naming their study design in the abstract and methods. Some common study designs are listed below and should be used where applicable. We recognize that this list is not all-inclusive and that more appropriate descriptors might be suitable for some studies. Authors are encouraged to pick the most appropriate study design descriptors for their study. These suggestions are merely provided as a means of encouraging consistency, where it would be both useful and informative. The purpose of the research and the study design should be listed.

**Literature Synthesis:** formal structured literature synthesis studies can be described in terms of the specific type: Systemic Review, Scoping Reviews, Reviews of Reviews (Overviews or Umbrella Reviews), Met-analyses and others. Primary Clinical Studies can include a variety of designs to address research questions. The purpose of the research can be listed as: Descriptive, clinical measurement, epidemiology, etiology, natural history, prognosis, diagnosis, effectiveness, harm, economics or implementation.
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.

Basic science research. This includes mechanistic studies i.e. anatomy, biomechanics, electromyography, physiology. Where applicable the descriptors above may be used. At a minimum author must state whether data collection was observational or randomized and whether data was longitudinal: collected at multiple time points or Cross-sectional: collected on a single occasion.

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The headings of the abstract must include the following:
**Background:** One to 2 sentences that cite the key background or rationale that supports the need for
the current study.

**Purpose:** A specific purpose for the research which clearly states what research question(s) are being
answered. For example, for clinical studies the purpose should indicate what patients, interventions
comparisons, and outcome measures are being examined.

**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.

**Methods:** The key methods including sample, interventions, measures and statistical analyses should
be described.

**Results:** The key findings must be presented. For quantitative studies, the value that indicate the
size of the observed effects, not just the p-values. For all studies, the most salient data should be
succinctly presented.

**Conclusions:** The key conclusion, answer to the research question should be succinctly summarized.
Where a direct implication to practice can be made, it should be stated.

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and represent the work in isolation. For this reason, references and non-standard or uncommon
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Immediately after the abstract, provide a maximum of 6 keywords, using American spelling and
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