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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.

Benefits to authors

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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.

Submission checklist
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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Clinical research studies involving human subjects require ethics approval. There are rare exceptions that can be addressed by authors in their letter of submission. The name of the Institutional Review Board that approved the research protocol involving human subjects must be provided. Authors should
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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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- **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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Sex and Gender Equity in Research (SAGER) guidelines

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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It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very like that of conventional manuscripts (see also the Guide to Publishing with Elsevier). Note that source files of figures, tables and text graphics will be required whether you embed your figures in the text. See also the section on Electronic artwork. To avoid unnecessary errors, you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

Article structure
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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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Introduction
Purpose of the Study
Methods
Results
Discussion
Conclusions
Key words

Use of Reporting Guidelines
Authors should consult and use the reporting guidelines if there is one relevant to their study design. **Where possible authors should use reporting checklists to insure their manuscript contains all the elements expected in a scientific manuscript.** Please see the Equator website for information on reporting guidelines. [http://www.equator-network.org/](http://www.equator-network.org/).

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/).

Systematic reviews (with or without meta-analysis) should consult the PRISMA statement, include the checklist with their initial submission and include the flow diagram as a figure in their manuscript [http://www.prisma-statement.org/](http://www.prisma-statement.org/). If the review has been registered in a database such as PROSPERO [www.crd.york.ac.uk/PROSPERO/](http://www.crd.york.ac.uk/PROSPERO/), this number should be included in the study design section of the abstract and methods section. Registration of systematic reviews is not required.

For randomized controlled trials, authors must consult the CONSORT checklist and its related extension for trials of nonpharmacological treatments, submit a checklist, and include the flow diagram as a figure. See [http://www.consort-statement.org/](http://www.consort-statement.org/) and [http://www.consort-statement.org/consort-statement](http://www.consort-statement.org/consort-statement). CONSORT- extensions for specific designs are available at Equator. In addition, all randomized trials must be registered. Registration should take place prior to enrollment of subjects. The registration number should appear in the study design section of the abstract. See [https://clinicaltrials.gov/](https://clinicaltrials.gov/).

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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), Meta-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.

An abstract is often presented separately from the article, so it must be able to stand alone and represent the work in isolation. For this reason, references and non-standard or uncommon abbreviations should be avoided.

Ancillary Information

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Immediately after the abstract, provide a maximum of 6 keywords, using American spelling and avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes, and so best represent your work if they are terms likely to be searched and that are as specific as feasible.

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Electronic artwork
General points
- Make sure you use uniform lettering and sizing of your original artwork.
- Embed the used fonts if the application provides that option.
• Aim to use the following fonts in your illustrations: Arial, Courier, Times New Roman, Symbol, or use fonts that look similar.
• Number the illustrations according to their sequence in the text.
• Use a logical naming convention for your artwork files.
• Provide captions to illustrations separately.
• Size the illustrations close to the desired dimensions of the published version.
• Submit each illustration as a separate file.

A detailed guide on electronic artwork is available.

You are urged to visit this site; some excerpts from the detailed information are given here.

Formats
If your electronic artwork is created in a Microsoft Office application (Word, PowerPoint, Excel) then please supply 'as is' in the native document format.

Regardless of the application used other than Microsoft Office, when your electronic artwork is finalized, please 'Save as' or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):

- EPS (or PDF): Vector drawings, embed all used fonts.
- TIFF (or JPEG): Color or grayscale photographs (halftones), keep to a minimum of 300 dpi.
- TIFF (or JPEG): Bitmapped (pure black & white pixels) line drawings, keep to a minimum of 1000 dpi.
- TIFF (or JPEG): Combinations bitmapped line/half-tone (color or grayscale), keep to a minimum of 500 dpi.

Please do not:
• Supply files that are optimized for screen use (e.g., GIF, BMP, PICT, WPG); these typically have a low number of pixels and limited set of colors;
• Supply files that are too low in resolution;
• Submit graphics that are disproportionately large for the content.

Color artwork

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Figure captions

Ensure that each illustration has a caption. Supply captions separately, not attached to the figure. A caption should comprise a brief title (**not** on the figure itself) and a description of the illustration. Keep text in the illustrations themselves to a minimum but explain all symbols and abbreviations used.

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Please submit tables as editable text and not as images. Tables can be placed either next to the relevant text in the article, or on separate page(s) at the end. Number tables consecutively in accordance with their appearance in the text and place any table notes below the table body. Be sparing in the use of tables and ensure that the data presented in them do not duplicate results described elsewhere in the article. Please avoid using vertical rules and shading in table cells.

Tables should be carefully constructed to provide a clear representation of data. The table or figure should have clear labels, units and a title that conveys what the table/figure represents. Figure legends should provide any information or abbreviations needed to interpret the table. **Tables and Figures should be able to be interpreted independently.** We suggest that authors consult guides for formatting tables. Examples of guides are:

- [https://www3.nd.edu/~pkamat/pdf/graphs.pdf](https://www3.nd.edu/~pkamat/pdf/graphs.pdf)
References

Proper citation practices is a key element of scientific rigor. JHT expects the following:

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Relevant studies should be cited; but, indiscriminate inclusion of citations is discouraged. Authors should ensure the most salient citations are used. Authors should be clear when citing others whether they are citing a finding/fact or interpretation/opinion. The methods section should cite key foundational papers for the test/measures used. For patient-reported outcome measures or developed performance tests this includes the original development paper and any key references that document reliability and validity of the tests and measures in a similar population. Routine statistics do not need citations e.g. t-test; but more complicated study designs/analytical methods may.

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Please ensure that every reference cited in the text is also present in the reference list (and vice versa). Any references cited in the abstract must be given in full. Unpublished results and personal communications are not recommended in the reference list, but may be mentioned in the text. If these references are included in the reference list they should follow the standard reference style of the journal and should include a substitution of the publication date with either 'Unpublished results' or 'Personal communication'. Citation of a reference as 'in press' implies that the item has been accepted for publication.

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**Reference style**

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List: Number the references in the list in the order in which they appear in the text.

Examples:

Reference to a book:

Reference to a chapter in an edited book:

Reference to a website:

Reference to a dataset:

**Journal abbreviations source**

Journal names should be abbreviated according to the List of Title Word Abbreviations.

**Video**

The Journal of Hand Therapy encourages authors to submit video files that would allow readers to better understand the testing, intervention, skill or patient performance. These files will be associated the paper as a link.

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