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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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, from any relevant perspective, 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, Literature Review (invited-only) Practice Forum and Letters to the Editor.

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

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This category also includes implementation studies that contain a detailed description of implementation of an evidence-based intervention with a focus on how a gap between research evidence and hand therapy practice was mitigated using a knowledge translation strategy that was formally evaluated to determine its impact on knowledge, behaviour or outcomes.

Case Report: A detailed description of the management of a unique clinical case(s), problem or implementation. For complete instruction on cases see Case-Reports.pdf.

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The *Journal of Hand Therapy* focuses primarily on clinically based research. To better understand the quality of research evidence in its published Scientific/Clinical Research and Case Reports a structured abstract that includes information on the study design, and the classification of the “level of evidence” is necessary. While no single piece of information or classification can signify the quality and clinical relevance of published studies, a consistent approach to communicating this information is a step towards assisting our readers in evaluating new knowledge.
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- Purpose of the Study
- Methods
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Authors should specific terminology when naming their study design. 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.

Study design options (these terms can be selected where they apply – this is not meant to an exhaustive list and author are free to choose the design label that best suits their study.

1. Systematic Review: a formal structured literature synthesis (Note other types of reviews are also considered including Scoping Reviews, Reviews of Reviews (Overviews or Umbrella Reviews), Meta-analyses and others)

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3. 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

4. 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

5. 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

6. 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

7. Case Series*: Data are collected on a single subgroup of patients (no comparison group)

8. Case Report: Data are collected on a single subject

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

Other Study Designs

1. Clinical measurement*: e.g., reliability, validity, responsiveness, clinimetric, psychometric, utility, etc.

2. Descriptive*: Includes surveys, other descriptive data collection

3. Economic Analysis

4. Consensus statements: Systematic processes used to define or develop consensus on clinical topics

5. Basic (experimental laboratory based) research*: biomechanics, electromyography, physiology

* may be sub-grouped as

a. Longitudinal: data were collected at multiple time points

b. Cross-sectional: data were collected on a single occasion
Qualitative Study Designs
1. Meta-syntheses: a synthesis of the better quality qualitative studies
2. Grounded Theory: research that seeks to understand and identify theoretical processes; themes used to develop an understanding and theoretical explanation
3. Case Study: an in-depth study of an individual lived experience and perspective
4. Descriptive: Studies that may use qualitative and quantitative method to describe a phenomenon without intention to develop theory or meaning
5. Ethnography: the description of the customs of groups or cultures.
6. Interpretive Description: inductive analytic studies designed to understand clinical phenomena with a view to applications

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