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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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
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Methods
Results
Discussion
Conclusions
Key words

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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 and submit a completed STROBE checklist with their submission.


Surveys should use CHERRIES http://www.jmir.org/2004/3/e34/ as a guide to reporting.

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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, 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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A concise and factual structured abstract is required. It is imperative that the abstract clearly defines the purpose, methods and key data/findings. The abstract must be a concise (250-word limit) summary of the work.

The headings of the abstract must include the following:

Background: One to 2 sentences that cite they key background or rationale the 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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- Size the illustrations close to the desired dimensions of the published version.
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A detailed guide on electronic artwork is available.

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