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.

Ensure that the following items are present:

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

All necessary files have been uploaded:
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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.

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

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*Manuscript Terminology Related to Orthotic Devices*

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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**Recommendations per section of the article**

*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.

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*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
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Introduction
Purpose of the Study
Methods
Results
Discussion
Conclusions

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.

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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.

Many other reporting guidelines and author resources are available on the Equator website.

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 for Short Report for Cross Cultural Translation Studies. Case studies should consult the CARE website and use the CARE reporting guideline.

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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.

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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.

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.

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