TABLE OF CONTENTS

- Description p.1
- Impact Factor p.1
- Editorial Board p.1
- Guide for Authors p.3

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.

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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.

**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](https://www.editorialmanager.com/handthe/default.aspx).

**Expert Review (by invitation only)**: A comprehensive and analytical review of the literature, addressing a topic of interest and relevance to hand therapists. The Editor-in-Chief or Guest Editor must invite manuscripts submitted in this category. Self-nominations for an invitation to submit a literature review may be sent via email be to the Editor-in-Chief, and should include a cover letter describing the unique contribution of the planned submission, and a current curriculum vitae. It is the intention that these be written by experts in the field with a substantial clinical and/or research track record that they can synthesize and apply to critical reasoning with respect to hand therapy practice or research.

**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 of the intervention also. If there is a vested interest or a conflict of interest between the author(s) and any products listed in the manuscript, such information must be disclosed in the initial submission to the Practice Forum editor. Authors will be restricted to one Practice Forum publication per year. Submit any Practice Forum inquiries and/or manuscripts directly to the Practice Forum editor: Kristin Valdes OTD, OT, CHT at kvaldesotdcht@gmail.com.

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All Scientific/Clinical Research Report, Case Report and invited Literature Review manuscripts should include the abstract (300-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.

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Methods
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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.

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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 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.

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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.

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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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