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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.

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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.

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

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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](Case-Reports.pdf).

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Introduction
Purpose of the Study
Methods
Results
Discussion
Conclusions
Key words
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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](http://www.elsevier.com/locate/jht). 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](http://www.elsevier.com/locate/jht): 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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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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- 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.
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- Provide captions to illustrations separately.
- Size the illustrations close to the desired dimensions of the published version.
• Submit each illustration as a separate file.
• Ensure that color images are accessible to all, including those with impaired color vision.

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