DESCRIPTION

The Journal of Foot & Ankle Surgery is the leading source for original, clinically-focused articles on the surgical and medical management of the foot and ankle. Each bi-monthly, peer-reviewed issue addresses relevant topics to the profession, such as: adult reconstruction of the forefoot; adult reconstruction of the hindfoot and ankle; diabetes; medicine/rheumatology; pediatrics; research; sports medicine; trauma; and tumors.

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The Building Blocks of Good Clinical Evidence
(1) Explicitly defined research question, population, and endpoints; (2) Randomized treatment allocation and intention-to-treat analysis; (3) Participants and outcomes assessors blind to treatment allocation; (4) Use of a valid health measurement (quality of life) instrument; (5) Power and sample size determined a priori; (6) Statistical analyses compatible with type and distribution of the data; (7) Point estimate and 95% confidence interval reported (From Turlick MA, Kushner D, Stock D. J Am Podiat Med Assoc 93:392-398, 2003.

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Select the parameter, as well as the statistical test, based on the type and distribution of data.

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The results of a sensitivity analysis, such as that described by Greenland (Maldonado G, Greenland S: Simulation study of confounder-selection strategies. Amer J Epidemiol. 1993; 138: 923–936.), or that described by Rosenbaum (Rosenbaum PR. Sensitivity analysis for matched case-control studies.
Biometrics. 1991 Mar; 47(1): 87-100; and, Rosenbaum PR. Discussing hidden bias in observational studies. Ann Intern Med. 1991 Dec 1; 115(11): 901-5.), should be presented for retrospective studies where unmeasured independent variables may have potentially influenced the results.

Additional references that may be useful in regard to the description of the methods and the presentation of a statistical plan include:


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