# THE JOURNAL OF FOOT & ANKLE SURGERY

The Official Journal of the American College of Foot and Ankle Surgeons

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### 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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State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

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Provide sufficient details to allow the work to be reproduced by an independent researcher. Methods that are already published should be summarized, and indicated by a reference. If quoting directly from a previously published method, use quotation marks and also cite the source. Any modifications to existing methods should also be described.

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If the study is a clinical investigation involving human participants, use the heading "Patients and Methods." If the study involves animals, cadavers, or in vitro or computer models of any sort, use the heading "Materials and Methods." In general, the Methods section should describe the following elements of the investigation: (1) Aims; (2) Study population; (3) Assessors and other members of the investigational team, population, or sample; (4) Intervention; (5) Endpoints (outcomes); (6) Statistical methods used to determine the meaning of the results

**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 Podiatri Med Assoc 93:392-398, 2003.

**Assessors**
Describe members of the investigational team in regard to their participation in the study: (1) If they served as outcome assessors. (2) If they performed an intervention. (3) If they abstracted data from medical records, in the case of a retrospective study.

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The Methods section provides readers with an explicit description of the participant/patient population and the time period from which they were selected. The time period should delineate the month, day, year that the period started and the day, month, and year that the period ended (MM/DD/YYYY-MM/DD/YYYY). If the specific day is not know, it is acceptable to just use the month.

For Case Reports and Series and Cohort Studies, state whether or not the participants were enrolled consecutively, and clearly indicate inclusion and exclusion criteria.

Refer to subjects as "participants" if the diagnostic test or intervention is experimental and not yet approved for use by the US FDA. Refer to participants as "patients" for all other tests or interventions that are already known to be therapeutic, safe, and efficacious.

Intervention
Explicitly describe the intervention in any investigation.

If participants were randomized to an active therapy that was compared to standard therapy or to a placebo, you must describe each treatment arm.

Avoid presenting a detailed narrative report of an operative intervention for a standard procedure. Instead, cite a reference for that standard procedure. Describe variations on the procedure.

Thoroughly describe all novel interventions, notable variations on standard procedures, decision points related to an intervention, and adjunct procedures.

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Explicitly define outcome measures in terms of (1) how the variable was measured, (2) who made the measurement, and (3) whether or not the assessor was blind to the interventional (for an intervention trial).

Clearly state if outcomes were based on physical examination, chart review, telephone interview, questionnaire, radiographic films, or some other method.

Consider for analysis any variable that you consider to be important in regard to the treatment of patients, as it pertains to the investigation

"Hard" endpoints such as analytical measurements, clinical and microbiology laboratory results, and other specific measurements are preferred to "soft" endpoints. If "soft" endpoints such as quality of life (QOL) or foot-related QOL are used, it is preferred that health measurement instruments that have been previously shown to be reliable and provide valid information be used.

A health measurement instrument is not in and of itself valid, although the information gained from the use of the health measurement instrument should be used. QOL instruments should be specific to the foot and ankle (e.g., ACFAS, AOFAS, Bristol Foot Score, Foot Function Index).

Describe an investigator-derived questionnaire in terms of reliability and validity if such testing was undertaken by the investigators or if the questionnaire has been described in a previous publication.

For scales that rank categories (e.g., mild, moderate, severe), use an aggregate score. For measurements of pain, the 10-cm visual analog scale (VAS) is recommended.

Statistical Methods
Clearly describe the statistical plan. Include, at minimum, descriptive and inferential statistical analyses. Ideally, also include univariate and multiple variable statistical analyses.

In the descriptive statistical analysis, define parameters such as the measure of central tendency (mean or median average) and measures of dispersion (standard deviation or range).

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

Continuous numeric data that are normally distributed are suitable for representation using the mean and standard deviation and may be analyzed using mean-based statistical tests such as Student's t test.

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Use univariate analyses to describe the association of independent variables with the outcome of interest (dependent variable). Use multiple variable analyses to describe the association of all of the clinically important variables with the outcome of interest.

Present results with only as much precision as is of scientific value. For example, report measures of association (e.g., odds ratios, relative risks, risk differences) to 2 significant digits. Reserve the terms significant and significantly for when describing statistical differences. Do not make the statement "no significant difference was found" between 2 or more groups unless a power analysis was done and the value of alpha (level of significance typically 5% or p value < .05) or beta (the power to detect a statistically significant difference, usually 80% or 90%) is reported. Denote the probability of the null hypothesis using a lowercase italic p separated from the word "value" by a hyphen (specifically p value).

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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:


Results: The results section should provide quantitative information about the data collected, in the form of descriptive and inferential statistics.

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· Consistency and clarity is required when reporting results. As a rule, report means with standard deviations (using the ± symbol) and medians with the range (either minimum and maximum or 25th and 75th percentiles), and always report the proportion of the whole when presenting count data (for instance, “...4 (3.25%) displayed wound dehiscence...”), and report calculations to 2 decimal places.

· It is also crucial that authors remain clear and consistent when they report denominators, with a particular emphasis on clarity in regard to the number of patients versus the number of feet or ankles or extremities, since these numbers vary based on unilateral versus bilateral cases.

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